

Legalizing Marijuana in Texas

Common Uses of Marijuana (Excerpted from Live Science June 23, 2014):

With medical marijuana legal in 22 states and the District of Columbia—in addition to the legalization of recreational marijuana in Colorado, Alaska, Washington state and the District of Columbia—more people may turn to marijuana as a treatment option for many ailments...and recreational purposes.

Cannabis contains about 60 active ingredients called cannabinoids (chemicals unique to marijuana). The primary psychoactive chemical in marijuana is THC, or tetrahydrocannabinol. THC offers feelings of euphoria and “floating” and has pain-relieving properties. These properties may benefit people with chronic pain, nausea from chemotherapy and the effects of progressive diseases such as glaucoma and multiple sclerosis (MS).

For example, researchers at the American Academy of Neurology found that medical marijuana in the form of pills or oral sprays appeared effective in reducing stiffness and muscle spasms in MS. The medications also eased certain symptoms of MS, such as pain related to spasms, and painful burning and numbness, as well as overactive bladder, according to the study published in the journal *Neurology*.

One of the most common uses for medical marijuana is to ease the symptoms of nausea from chemotherapy. Two FDA-approved cannabis-based drugs, dronabinol and nabilone, have been shown to reduce chemotherapy-related nausea and vomiting in cancer patients. Medical marijuana has also been used to treat glaucoma, which is an elevated pressure in the eyeball that can lead to blindness.

While smoking marijuana may reduce intraocular pressure, some debate the effectiveness of marijuana use because it must be consumed numerous times during the day to have the desired effect, which can have mood-altering implications and impact the patient’s ability to function, according to the American Cancer Society. A well-known effect of marijuana use is the “munchies,” so it has also been used to stimulate appetite among HIV/AIDS patients and others who have a suppressed appetite due to a medical condition or treatment.

Problems with Marijuana Use

With cultivation, the potency of marijuana usually increases over time. The University of Mississippi has grown marijuana for several decades for provision to licensed researchers through the National Institutes of Health. Through 2007, the level of delta-9-tetrahydrocannabinol in the marijuana they cultivate has increased from 1% to 4%. Growers cannot assess the strength of their marijuana, because assay procedures are difficult and require highly specialized equipment.

When adults bring their legally purchased marijuana into the home, others in the home will have ready access. The current problems we are experiencing with opiate use among adolescents has occurred in part because of access to parents’ medications stored in the home.

First time marijuana users frequently experience panic and anxiety associated with detachment from surroundings as well as altered perceptions. Legalization of marijuana may increase exposure to naïve users.

Marijuana can produce profound short-term memory impairment, particularly in younger users. These effects can seriously impair school performance, and with chronic marijuana use they can become severe. Additional marijuana metabolites besides delta-9-tetrahydrocannabinol have psychoactive activity and may be present in the brain after acute intoxication subsides.

Legal authorities are unable to make determinations of recent marijuana exposure, since they do not have the equipment or technological expertise to determine such. Some tests can determine if marijuana is present in the urine, but marijuana can be detected in urine days after use. If regular marijuana users stop smoking, it may take up to a month to have no detectable levels in their urine. People associating with marijuana users may also test positive for marijuana in their urine.

Economics of the Marijuana Trade (From the Cato Institute October 19, 2010):

Jeffrey A. Miron, senior lecturer on economics at Harvard University and a senior fellow at Cato, and Katherine Waldock, professor of economics at New York University, estimate that legalizing drugs would save the government approximately \$41.3 billion annually on expenditures related to the enforcement of prohibition. Of those savings, \$25.7 billion would accrue to state and local governments, while \$15.6 billion would accrue to the federal government.

Miron and Waldock estimate that of that \$41.3 billion in savings, about \$8.7 billion would result from the legalization of marijuana alone and \$32.6 billion from the legalization of other drugs, like cocaine and heroin. Just as important, drug legalization would translate into higher tax revenues generated by the sale of these newly-legalized products in the open commercial marketplace.

Drug legalization would yield tax revenues of \$46.7 billion annually, assuming legal drugs were taxed at rates comparable to those on alcohol and tobacco, they said. Approximately \$8.7 billion of this revenue would result from the legalization of marijuana, \$32.6 billion from legalization of cocaine and heroin, and \$5.5 billion from legalization of all other drugs. "Legalization would reduce state and federal deficits by eliminating expenditure on prohibition enforcement -- arrests, prosecutions, and incarceration -- and by allowing governments to collect tax revenue on legalized sales," Miron and Waldock wrote.

Excerpted from the Washington Post (George Will) April 4, 2012 and April 22, 2012

The costs—human, financial and social—of combating (most) drugs are prompting calls for decriminalization or legalization. America should, however, learn from the psychoactive drug used by a majority of American adults—alcohol.

Mark Kleiman of UCLA, a policy analyst, was recently discussing drug policy with someone who said he had no experience with illegal drugs, not even marijuana, because he is of "the gin generation." Ah, said Kleiman, gin: "A much more dangerous drug." Twenty percent of all American prisoners—500,000 people—are incarcerated for dealing illegal drugs, but alcohol causes as much as half of America's criminal violence and vehicular fatalities...

Another legal drug, nicotine, kills more people than do alcohol and all illegal drugs—combined. For decades, government has aggressively publicized the health risks of smoking and made it unfashionable, stigmatized, expensive and inconvenient. Yet 20 percent of every rising American generation becomes addicted to nicotine.

So, suppose cocaine or heroin were legalized and marketed as cigarettes and alcohol are. And suppose the level of addiction were to replicate the 7 percent of adults suffering from alcohol abuse or dependency. That would be a public health disaster... Still, because the costs of prohibition—interdiction, mass incarceration, etc.—are staggeringly high, some people say, "Let's just try legalization for a while." Society is not, however, like a controlled laboratory; in society, experiments that produce disappointing or unexpected results cannot be tidily reversed.

Legalized marijuana could be produced for much less than a tenth of its current price as an illegal commodity. Legalization of cocaine and heroin would cut their prices, too; they would sell for a tiny percentage of their current prices. And using high excise taxes to maintain cocaine and heroin prices at current levels would produce widespread tax evasion—and an illegal market.

Furthermore, legalization would mean drugs of reliable quality would be conveniently available from clean stores for customers not risking the stigma of breaking the law in furtive transactions with unsavory people. So there is no reason to think today's levels of addiction are anywhere near the levels that would be reached under legalization.

Regarding the interdicting of drug shipments, capturing "kingpin" distributors and incarcerating dealers, consider data from the book "Drugs and Drug Policy: What Everyone Needs to Know" by Kleiman, Jonathan Caulkins and Angela Hawken. Almost all heroin comes from poppies grown on 4 percent of the arable land of one country—Afghanistan. Four South American countries—Colombia, Ecuador, Peru and Bolivia—produce more than 90 percent of the world's cocaine. But attempts to decrease production in source countries produce the "balloon effect." Squeeze a balloon in one spot, it bulges in another. Suppress production of poppies or coca leaves here, production moves there...

America spends 20 times more on drug control than all the world's poppy and coca growers earn. A subsequent column will suggest a more economic approach to the "natural" problem of drugs.

Amelioration of today's drug problem requires Americans to understand the significance of the 80-20 ratio. Twenty percent of American drinkers consume 80 percent of the alcohol sold here. The same 80-20 split obtains among users of illicit drugs. About 3 million people—less than 1 percent of America's population—consume 80 percent of illegal hard drugs. Drug-trafficking organizations can be most efficiently injured by changing the behavior of the 20 percent of heavy users, and we are learning how to do so. Reducing consumption by the 80 percent of casual users will not substantially reduce the northward flow of drugs or the southward flow of money...

More Americans are imprisoned for drug offenses or drug-related probation and parole violations than for property crimes. And although America spends five times more jailing drug dealers than it did 30 years ago, the prices of cocaine and heroin are 80 to 90 percent lower than 30 years ago.

In "Drugs and Drug Policy: What Everyone Needs to Know," policy analysts Mark Kleiman, Jonathan Caulkins and Angela Hawken argue that imprisoning low-ranking street-corner dealers is pointless: A \$200 transaction can cost society \$100,000 for a three-year sentence. And imprisoning large numbers of dealers produces an army of people who, emerging from prison with blighted employment prospects, can only deal drugs. Which is why, although a few years ago Washington, D.C., dealers earned an average of \$30 an hour, today they earn less than the federal minimum wage (\$7.25).

Dealers, a.k.a. "pushers," have almost nothing to do with initiating drug use by future addicts; almost every user starts when given drugs by a friend, sibling or acquaintance. There is a staggering disparity between the trivial sums earned by dealers who connect the cartels to the cartels' customers and the huge sums trying to slow the flow of drugs to those street-level dealers. Kleiman, Caulkins and Hawken say that, in developed nations, cocaine sells for about \$3,000 per ounce—almost twice the price of gold. And the supply of cocaine, unlike that of gold, can be cheaply and quickly expanded. But in the countries where cocaine and heroin are produced, they sell for about 1 percent of their retail price in the United States. If cocaine were legalized, a \$2,000 kilogram could be FedExed from Colombia for less than \$50 and sold profitably here for a small markup from its price in Colombia, and a \$5 rock of crack might cost 25 cents. Criminalization drives the cost of the smuggled kilogram in the United States up to \$20,000. But then it retails for more than \$100,000.

People used to believe enforcement could raise prices but doubted that higher prices would decrease consumption. Now they know consumption declines as prices rise but wonder whether enforcement can substantially affect prices. Kleiman, Caulkins and Hawken urge rethinking the drug-control triad of enforcement, prevention and treatment because we have been much too optimistic about all three.

And cartels have oceans of money for corrupting enforcement because drugs are so cheap to produce and easy to renew. So it is not unreasonable to consider modifying a policy that gives hundreds of billions of dollars a year to violent organized crime. Marijuana probably provides less than 25 percent of the cartels' revenue. Legalizing it would

take perhaps \$10 billion from some bad and violent people, but the cartels would still make much more money from cocaine, heroin and methamphetamines than they would lose from marijuana legalization...

In 1990, 24 percent of Americans supported full legalization. Today, 50 percent do. In 2010, in California, where one-eighth of Americans live, 46 percent of voters supported legalization, and some opponents were marijuana growers who like the profits they make from prohibition of their product. Would the public health problems resulting from legalization be a price worth paying for injuring the cartels and reducing the costs of enforcement?

Excerpted from the New York Times July 26, 2014:

It took 13 years for the United States to come to its senses and end Prohibition, 13 years in which people kept drinking, otherwise law-abiding citizens became criminals and crime syndicates arose and flourished. It has been more than 40 years since Congress passed the current ban on marijuana, inflicting great harm on society just to prohibit a substance far less dangerous than alcohol. The federal government should repeal the ban on marijuana...

There are no perfect answers to people's legitimate concerns about marijuana use. But neither are there such answers about tobacco or alcohol, and we believe that on every level—health effects, the impact on society and law-and-order issues—the balance falls squarely on the side of national legalization. That will put decisions on whether to allow recreational or medicinal production and use where it belongs—at the state level. We considered whether it would be best for Washington to hold back while the states continued experimenting with legalizing medicinal uses of marijuana, reducing penalties, or even simply legalizing all use. Nearly three-quarters of the states have done one of these. But that would leave their citizens vulnerable to the whims of whoever happens to be in the White House and chooses to enforce or not enforce the federal law.

The social costs of the marijuana laws are vast. There were 658,000 arrests for marijuana possession in 2012, according to F.B.I. [figures](#), compared with 256,000 for cocaine, heroin and their derivatives. Even worse, the result is racist, falling disproportionately on young black men, ruining their lives and creating new generations of career criminals.

There is honest debate among scientists about the health effects of marijuana, but we believe that the evidence is overwhelming that addiction and dependence are relatively minor problems, especially compared with alcohol and tobacco. Moderate use of marijuana does not appear to pose a risk for otherwise healthy adults... There are legitimate concerns about marijuana on the development of adolescent brains. For that reason, we advocate the prohibition of sales to people under 21.

Creating systems for regulating manufacture, sale and marketing will be complex. But those problems are solvable, and would have long been dealt with had we as a nation not clung to the decision to make marijuana production and use a federal crime.