

# THE DRUG SCENE 2

**A. LIES ABOUT POT  
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With their dramatic new report on the alleged dangers of marijuana, the American Medical Association and the National Research Council have dimmed the hopes for a liberalization of the drug laws. The AMA-NRC pronouncement also seems to have frightened many laymen who take a doctor's word as sacrosanct. It is important to note, therefore, that the report brought to light no new findings and was compiled not by research physicians but by men who move in the remote worlds of administration, academics and medical politics.

At the press conference announcing publication of the report in the June 24 Journal of the American Medical Association, its spokesmen — a University of California pharmacologist and a Harvard psychiatrist, neither of whom has done research on marijuana or has had sustained contact with users — stressed that there was "danger" in the drug. The taking of any drug, of course, or any biologically active substance, always involves some danger. This goes for aspirin and antibiotics as well as mind-altering substances like marijuana and alcohol.

The "new" research on which the AMA and the NRC based their conclusion was completed many months ago — and has already been covered in the national press. At the federal hospital in Lexington, Kentucky, a small number of former narcotics addicts were given varying oral doses of an extract of crude marijuana, ordinary smoking marijuana, and a recently synthesized sub-component of tetrahydrocannabinol (THC), the active principle in marijuana. With low doses of each of these substances, the subjects experienced the same "high" that follows social marijuana smoking. With larger doses of either the synthetic THC or the concentrated crude extract, most of the subjects showed marked perceptual changes or abstractions, labeled "hallucinations" by the experimenter and "psychotic reactions" in the AMA-NRC report. What this shows, of course, is that higher doses of a drug bring about stronger responses — an axiom of pharmacology.

Another axiom borne out in the recent study is that the same dose will have a different effect on different individuals. At a cocktail party, for instance, if people of the same age range and background consume like quantities of alcohol in the same time period, they may behave in vastly different ways, ranging from passivity to aggressiveness, impotence to satyromania. With marijuana, as with other mind-altering drugs, the effect depends upon a complex interaction between the dose taken, the social setting, and, most important, the personality of the drug user, including his or her state of mind, attitudes and expectations.

When an individual consumes alcohol, barbiturates, amphetamines, marijuana, LSD or another such substance, he is apt to experience an illusion (a misinterpretation of an actual sensation) or an hallucination (a perception arising internally but felt by the perceiver to have originated in the environment). There is also a finite possibility that underlying emotional instabilities or already existing psychoses will come to the fore; i.e. that a disintegration of the personality and loss of contact with reality will occur. The chances of this happening increase with the dosage. The most common example of psychosis in connection with the drugs listed is the permanent breakdown caused by excessive use of alcohol, which accounts for about 20 per cent of the patients in U.S. mental hospitals.

In contrast, there have only been a small number of fleeting "psychotic" reactions reported in U.S. professional literature in association with marijuana use — an infinitesimal number in view of the millions of users.

I have seen a few instances of this kind of reaction, each lasting about eight to twelve hours.

From countries where marijuana use is widespread there have come occasional reports of "cannabis psychosis," and these are widely cited by U.S. foes of the drug. Visits to the institutions from which these reports emanate show that they are anecdotal, uncontrolled and unverifiable. In parts of India, Morocco, Egypt and Nigeria where cannabis use is widespread, it is standard practice at mental hospitals (where there may be only one psychiatrist for several thousand patients) to attribute most non-specific psychoses to cannabis, even though the proportion of hospitalized citizens who regularly use it is often lower than the proportion of users in the total population.

Given the undeniable evidence of the dangers of alcohol and nicotine consumption, the AMA-NRC anti-marijuana campaign seems surreal and its puritan tone hypocritical. There are more alcoholics in the San Francisco Bay Area than there are narcotics addicts in the entire United States. Six million Americans have an unshakable dependency on alcohol. It leads to some 25,000 deaths and a million injuries on the highway each year. Fifty per cent of our prison population committed their crimes while drunk.

Some 60 million Americans smoke cigarettes, which contribute to hundreds of thousands of deaths and disabilities each year from lung cancer, heart disease, hypertension, emphysema and bronchitis. Sedatives, stimulants and tranquilizers are used by about 20 million, most of them in the middle and upper classes, most over thirty. An estimated 200,000 are or are becoming barbiturate addicts or victims of amphetamine psychosis. Millions of law-abiding people use narcotics prescribed by their doctors — morphine, codeine, Percodan and Demerol — for temporary relief of coughs and pains. Countless others take caffeine in coffee, tea and Coca-Cola, and use pseudo-sedatives such as Compoz.

America is the most drug-ridden society in history. The average "straight" American adult consumes from three to five mind-altering drugs a day. With such adults as role-models, it should not surprise us that so many young people accept with equanimity the wide range of opportunities for the alteration of their lives and lives. From infancy onward, children are directly and indirectly taught by parents, television, movies and advertising that every time they have a pain or a problem, they should "solve" it by taking something. The alcohol, tobacco and pill industries spend hundreds of millions of dollars annually to encourage and promote maximum use of their products, each associating its drug with youthfulness and happiness.

The cigarette industry has taught our society that it is desirable to stick a dried plant leaf in one's mouth, set it on fire and inhale its fumes. One legacy of this mass inculcation is that Americans have tried smoking various leaves, including the leaves of the female cannabis sativa plant: **marijuana**. It does not, as its most zealous advocates claim, quickly produce creativity, insight, happiness and sexual prowess. Nor does it, as its detractors insist, transform contented, socially responsible individuals into murderers, rapists, heroin addicts and psychotics. The fact is that for most users there is no mind-altering effect.

A special technique of smoking must be learned, the effects of the drug must be perceived and related to the drug, and what is perceived must come to be subjectively interpreted as pleasurable if a person is to become a regular user. It is a process of learned behavior not much different from learning to use alcohol. Relaxation, euphoria, increased sociability, heightened awareness, quietude, perceptual changes, thirst and hunger, anxiety — each or all of these can occur within ten minutes of smoking, increasing over the next 30 to 45 minutes, and lasting up to several hours. With more than minimal doses, as with alcohol, coordination and reaction time are slowed. With excessive doses, whatever joyful effects the user has learned to feel are usually dissipated, and thus most users are content with perhaps a half a cigarette at a time. Heavy use on one single occasion produces gross intoxication or "drunkenness" with drowsiness or sleep. But even heavy use over many years produces no known damage to the liver, brain or other body organs.

What is it about our society, then, that proscribes this one drug and prescribes the others? In the mid-1930's a small group of under-

employed former prohibition agents led by Harry J. Anslinger, head of the Federal Bureau of Narcotics, began lobbying for tougher anti-marijuana laws. At that time marijuana was a little known substance used chiefly by Mexican-Americans in the Southwest, some urban Negroes, jazz musicians and other outcasts of society. Congress held hearings on the drug at Anslinger's urging, and in 1937 the Marijuana Tax Act was passed. No medical, scientific or sociological evidence was introduced at the hearings, and it was Anslinger himself who testified as to the drug's alleged effects. To enforce the Marijuana Tax Act and the state laws which followed and made it a crime to sell the leaf without remunerating the government, Anslinger built an intricate system of national, state and local "drug police." He has now retired from the Narcotics Bureau, which has been made a branch of the Department of Justice.

The present federal laws impose sentences of two to ten years in prison for a first conviction for possessing even a small amount of marijuana; five to 20 years for a second conviction; and ten to 40 years for a third. The usual discretion that judges are given to grant probation or suspended sentences for most real crimes is taken from them by the laws for most pot offenses. For any sale — regardless of the amount and no matter whether from friend to friend or from "pusher" to "victim" — the federal penalty for a first offense conviction is five to 20 years, ten to 40 for a second.

As sociologists and criminologists have repeatedly pointed out, laws directed against status crimes, or crimes without victims (sex, drugs, gambling), in addition to creating a new crop of criminals by definition, drive the trade underground, making it profitable to organized crime. Thus, marijuana came to be supplied by the same operators who supplied heroin, and an individual growing up in an urban ghetto came into contact with both drugs from the same source at the same time. In actual fact, there is no inherent or casual relationship between marijuana use and any other drug, in the United States or in any other country — such as India, where millions regularly use cannabis in beverage or smoking forms but where heroin use is nonexistent.

As the "stepping stone" myth has been demolished, a new worry has been created: "psychological dependence." The concept is identical with that of "habituation," and it means becoming so used to something psychologically that when the thing is absent, one becomes ill at ease and irritable. Indeed, this does occur with some marijuana users, just as it occurs with some alcohol, caffeine and nicotine users — and with some television viewers when the tube suddenly burns out. It is a perfectly valid charge against marijuana — and a perfectly hypocritical one.

It is apparent that marijuana has assumed symbolic values far beyond its actual importance as a drug both for those who wish to use it and those who wish to restrict its use. Indeed, it is probably the main symbol of the widening generation gap. How we deal with it in the next few years will have implications reaching far beyond the drug laws.

Marijuana and the laws relating to it play a major "smoke screening" role in American society, enabling police, politicians and the mass media to hide real drug, health, criminal and social problems which are difficult, embarrassing and interwoven with powerful interests. There is also an important scapegoating function: marijuana laws provide leverage for attacking youth, Negroes, Spanish-Americans, dissenters and intellectuals who might otherwise succeed in changing the status quo. Pot serves the purpose of those in power so well that they are evidently willing to pay the price of keeping it illegal: the rapid manufacture of tens of thousands of criminals through the imprisonment of otherwise well adjusted people; the breeding of disrespect for laws and police; the waste of tens of millions of tax dollars for ineffective — and often harmful — narcotics agencies, jails, court costs; the sustaining of organized crime; and the deployment of police away from dealing with the rapidly increasing crimes of violence.

Although spelled out as a basic goal in our Declaration of Independence, the pursuit of happiness is somehow looked upon as immoral and unacceptable by a considerable number of Americans who are able to rationalize alcohol and tobacco use, television watching and extramarital sex so as not to be uncomfortable. Marijuana use and youth are both attacked by an attitude of puritanism well defined by H. L. Mencken: "The haunting fear that someone, somewhere may be happy."