The Paradox of Medical Marijuana: An Exploration of the Legalities and Therapeutics of Tetrahydrocannabinol and Cannabidiol

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Doug Fine (2013) states in Too High to Fail: Cannabis and the New Green Economic Revolution that to fully understand marijuana prohibition and legalization, one needs to approach it sociologically as well as scientifically. To gain a better understanding of the subject, I conducted an extensive literature review that included Fine (2013); Room, Fischer, Hall, Lenton, and Reuter (2010), Cannabis Policy: Moving Beyond Stalemate; Earleywine (2002), Understanding Marijuana: A New Look at the Scientific Evidence; and Clark and Merlin (2013), Cannabis: Evolution and Ethnobotany.

Historically, the cannabis plant has been used to support the economy and heal the sick. However, in recent years it has been used as a weapon to incarcerate and fine millions of farmers, caretakers, ill people, and recreational users (Fine, 2013; Room, et al., 2010). Although the outlawed status of cannabis has stymied its potential for experimentation, research on two of the plant’s cannabinoids, tetrahydrocannabinol and cannabidiol, has shown that they have potential use as medical treatments that greatly improve the quality of life for humans and other mammals that suffer from both chronic and acute conditions such as spasticity, chronic nausea and vomiting, and chronic pain due to cancer (Clark & Merlin, 2013; Earleywine, 2002). Because of this, cannabis and cannabinoid scientists argue that cannabis should be declassified as a Schedule I drug and legalized (Clark & Merlin, 2013).

Both marijuana activists and the Global Commission on Drug Policy claim that legalization of cannabis would increase the quality of life and decrease physical pain for millions of citizens, as well as bring millions of dollars into the U.S. economy (Fine, 2013). Cannabis has medical value beyond its isolated cannabinoids, and the Global Commission on Drug Policy admits that the war on drugs has failed (Clark & Merlin, 2013; Fine, 2013). Law Enforcement Against Prohibition, a national activist group consisting of former antidrug law enforcement agents who seek to end marijuana prohibition, issued the following statement via former officer Chad Padgett: “Marijuana prohibition does not work and never has. . . . We can prioritize violent crime . . . [or] we can continue to prioritize a war on drugs which has not succeeded by any measure” (Clark & Merlin, 2013).

Research advisor Harold Pinnick writes: “Whitney has generated a thoughtful overview of the status of marijuana in the United States. This includes not only the current status, but also the historical background of this interesting topic. This work should help stimulate future discussions about this important commodity.”

MEDICAL MARIJUANA IN THE U.S.

Twenty-three states and the District of Columbia allow use of marijuana for medical purposes. In 11 other states, lawmakers have OK’d low THC, high cannabidiol (or CBD) products for certain medical reasons.