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The Myth of “Harmless” Marijuana

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Last December the University of Michigan released its annual survey “Monitoring the Future” which measures drug use among American youth. Very little had changed from the previous year’s report: most indicators were flat. The report generated little in the way of public comment.

Yet what is brought to light was deeply disturbing. Drug use among our nation’s teen remains stable, but at near-record levels, with some 49 percent of high school seniors experimenting with marijuana at least once prior to graduation—and 22 percent smoking marijuana at least once a month.

After years of giggling at quaintly outdated marijuana scare stories like the 1936 movie “Reefer Madness,” we’ve become almost conditioned to think that any warning about the true dangers of marijuana are overblown. But marijuana is far from “harmless”—it is pernicious. Parents are often unaware that today’s marijuana is different from that of a generation ago, with potency levels 10 to 20 times stronger than the marijuana with which they were familiar.

Marijuana directly affects the brain. Researchers have learned that it impairs the ability of young people to concentrate and retain information during their peak learning years, and when their brains are still developing. The THC in marijuana attaches itself to receptors in the hippocampal region of the brain, weakening short-term memory and interfering with the mechanisms that form long-term memory. Do our struggling schools really need another obstacle to student achievement?

Marijuana smoking can hurt more than just grades. According to the Department of Health and Human Services, every year more than 2,500 admissions to the District of Columbia’s overtaxed emergency rooms – some 300 of them for patients under age 18—are linked to marijuana smoking, and the number of marijuana-related emergencies is growing. Each year, for example, marijuana use is linked to tens of thousands of serious traffic accidents.

Research has now established that marijuana is in fact addictive. Of the 4.3 million Americans who meet the diagnostic criteria for needing drug treatment (criteria developed by the American Psychiatric Association, not police department or prosecutors) two-thirds are dependent on marijuana, according to HHS. These are not occasional pot smokers but people with real problems directly traceable to their use of marijuana, including significant health problems, emotional problems and difficulty in cutting down on use. Sixty percent of teens in drug treatment have a primary marijuana diagnosis.

Despite this and other strong scientific evidence of marijuana's destructive effects, a cynical campaign is underway, in the District and elsewhere, to proclaim the virtues of "medical" marijuana. By now most Americans realize that the push to "normalize" marijuana for medical use is part of the drug legalization agenda. Its chief funders, George Soros, John Sperling and Peter Lewis, have spent millions to help pay for referendums and ballot initiatives in states from Alaska to Maine. Now it appears that a medical marijuana campaign may be on the horizon for the District.

Why? Is the American health care system—the most sophisticated in the world—really being hobbled by a lack of smoked medicines? The University of California's Center for Medicinal Cannabis Research is currently conducting scientific studies to determine the efficacy of marijuana in treating various ailments. Until that research is concluded, however, most of what the public hears for marijuana activists is little more than a compilation of anecdotes. Many questions remain unanswered, but the science is clear on a few things. Example: Marijuana contains hundreds of carcinogens.

Moreover, anti-smoking efforts aimed at youth have been remarkably effective by building on a campaign to erode the social acceptability of tobacco. Should we undermine those efforts by promoting smoked marijuana as though it were a medicine?

While medical marijuana initiatives are based on pseudo-science, their effects on the criminal justice system are anything but imaginary. By opening up legal loopholes, existing medical marijuana laws have caused police and prosecutors to stay away from marijuana prosecutions.

Giving marijuana dealers a free pass is a terrible idea. In fact, thanks in part to excellent reporting in *The Post*, District residents are increasingly aware that marijuana dealers are dangerous criminals. The recent life-without-parole convictions of leaders of Washington's K Street Crew are the latest evidence of this.

As reported in *The Post*, the K Street Crew was a vicious group of marijuana dealers whose decade-long reign of terror was brought to an end only this year after a massive prosecution effort by Michael Volkov, chief gang prosecutor for the U.S. Attorney's office. The K Street Crew is credited with at least 17 murders, including systematic killings of potential witnesses. (It should not be confused with the L Street Crew, a D.C. marijuana gang that killed eight people in the course of doing business.)

Says prosecutor Volkov: "The experience in D.C. shows that marijuana dealers are no less violent than cocaine and heroin traffickers. They have just as much money to lose, just as much turf to lose, and just as many reasons to kill as any drug traffickers."

Skeptics will charge that this kind of violence is just one more reason to legalize marijuana. A review of the nation's history with drug use suggests otherwise: When marijuana is inexpensive, as it would be if legal, use soars—bad news for the District's schools, streets and emergency rooms.

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