It Is Time for Marijuana to Be Reclassified as Something Other Than a Schedule I Drug

George D. Lundberg, MD, *Editor-in-Chief; Adjunct Professor of Health Policy*

For many decades, marijuana has been the American poster child for how not to deal with a troubling psychoactive substance. By US law, a Schedule I substance is one with no recognized medical use and great potential harm to the user. Marijuana has been classified as a Schedule I substance for many decades,[1] along with heroin and LSD. Judging from its easy availability, low cost, and widespread current use, such a restrictive classification has failed to retard its use. In fact, enforcement of unrealistic laws regarding marijuana has probably caused more harm than marijuana itself. Although far from harmless by toxicologic or pathologic criteria, marijuana is much less dangerous than many other substances in less restrictive schedules, like morphine and cocaine, not to mention the unscheduled legal mass killers tobacco and alcohol. Of course, marijuana does have proven medical usefulness for some conditions.[2] People obey laws they believe to be just; they do not obey the marijuana laws because they know they are unjust, even absurd. Kids quickly see through lies. Many kids may discount the proper scare tactics about really dangerous drugs, like heroin and PCP, because the dangers of marijuana have been so overstated. Ninety percent of Americans believe that the federal government should not prosecute medical users of marijuana, despite the newest "federal foolishness" of the recent Supreme Court decision against it.[3] This commonsense position of the people should give pause to any zealous prosecutors who might have real trouble finding a jury that would convict a seriously ill user of medical marijuana. The court decision now provides the Congress and the Drug Enforcement Administration with a sterling


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opportunity to join with the population they are supposed to be serving and with the good science of the 10 states that have authorized the controlled use of medical marijuana and reclassify it at some level other than Schedule I.

That's my opinion. I'm Dr. George Lundberg, Editor of MedGenMed.

Readers are encouraged to respond for the editor's eye only or for consideration for publication via email: glundberg@medscape.net. Please include the title of the Webcast Video Editorial that you are responding to in the subject line of your email.

References


Readers' Responses (continued) to "It Is Time for Marijuana to Be Reclassified as Something Other Than a Schedule 1 Drug"

Robert Clendenning, MD, CCFP(EM)

To the Editor,

As a practicing general physician in Ontario, I was delighted to see some light come out of the smoke and heat that surround the use of what, in the final analysis, is a harmless, rather interesting herb, with many beneficial effects for the sufferers of a number of chronic debilitating illnesses. [1]

I have seen patients who have reported benefit from its use in migraine, multiple sclerosis, Huntington's chorea, essential tremor, global anxiety disorder, epilepsy, anorexia and nausea (both primary, as in AIDS and cancer, and iatrogenic), nociceptive pain, and neuropathic pain of several etiologies.

Unfortunately, the 2 cannabis-related pharmaceutical products that are available in Canada (at great cost) have only a minuscule effect, it seems, compared with the "real thing," smoked Cannabis sativa leaves and buds. They are also inordinately expensive. It is clear to me that much research remains to be done to illuminate the pharmacology of smoked pot, and it is certain that many beneficial drugs, derived from cannabis, will eventually come to the market and clinical use.

In the meantime, it is both comical and tragic to see the blind fury with which the American justice system pursues the patently unwinnable "war on drugs" to the ruination of many young lives, and to the creation of a huge, artificially inflated illegal market economy. The dollar value of the trade in cannabis is in direct proportion to the dollar cost of the totally wasted, and destructive "war," and clearly, will remain so; longer jail terms lead only to an escalation of the street value of the banned product. It is so obvious to the dispassionate observer that the "war," like most wars, is driven by misplaced and misguided moral outrage, and is as damaging and cruel as is any other war.
Clearly, as a physician, I cannot wholeheartedly endorse the inhalation of smoke of any sort, but I can certainly raise my voice against absurdly classifying cannabis along with crack cocaine and crystal meth, both of which, in an addicted victim, can produce a lethal spiral into violent paranoia and a potentially lethal withdrawal syndrome. Pot, on the other hand, can lead to the giggles and "munchies." This is akin to lumping a Mickey Mouse cartoon together with "Snuff Flicks" and hardcore "kiddle porn."

Sincerely,

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References


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Readers' Responses (continued) to “It Is Time for Marijuana to Be Reclassified as Something Other Than a Schedule 1 Drug”

Nathan Wagstaff, MD

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Disclosure: Nathan Wagstaff, MD, has disclosed no relevant financial relationships.

To the Editor,

I want to point out the flawed thinking (thinking? – probably not) of the individuals who are citing the "gateway drug" theory that says that we should keep the cannabis plant illegal despite its relative safety, even as a recreational drug, compared with the currently legal recreational drugs.[1] When the gateway drug theory is put to scientific study, it is consistently found that there are 3 of these, which are (in order of importance):

- Tobacco;
- Ethanol; and
- Cannabis.

It is not surprising, given the amount of money that is spent on miseducation, that even physicians are not able to distinguish science from ideology.

Most importantly, marijuana fits the definition of a Schedule I drug much, much less than tobacco or ethanol.[2] If we are going to pretend to be objective, we need to at least be consistent.

References
