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Tod H. Mikuriya

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EDITORIAL

Marijuana: Medical, Social, and Moral Aspects

TOD H. MIKURIYA, M.D.

Everett A. Gladman Memorial Hospital
Oakland, California

Medicine once knew much more about cannabis than it knows today. Marijuana used to be prescribed as a medicine for diverse maladies, and was used primarily as a sedative and hypnotic. Physicians were quite familiar with its effects and side effects. Predictably, when the use of marijuana for medical purposes declined following the discovery and popularization of synthetic analgesics and sedatives at the turn of the century, knowledge of its effects dwindled as well. Knowledge of a subject, like a muscle, atrophies when it is not used. Contemporary medicine is suffering from amnesia concerning the therapeutic uses of cannabis.

Marijuana's psychoactive principle, delta 1,9-tetrahydrocannabinol (THC) is a nontoxic water insoluble, resinous safe material with low liability for abuse or serious side effects. Side effects are mild in nature and are closely dose related. As with any drug there are occasional cases of hypersensitivity or intolerance.

Marijuana is also a relatively safe drug because the results of an overdose are often unpleasant. Perceptual distortion, especially that of time, loss of memory, and fear or paranoia are predictable effects in a manner that appears to be closely dose related. Recent descriptions of so-called psychotic reactions may be either precipitation of anxiety attacks or unearthing of latent mental illness, but are usually cases of simple overdose with accompanying anxiety in

inexperienced users. These reactions have been described innumerable times in both lay and medical literature for over 130 years.

If marijuana is taken at moderate "socializing" dose, there is virtually no impairment of ability to drive after the individual is familiar with its effects. If higher doses of marijuana are taken, time distortion, short-term memory loss, and paranoia make the individual disinclined to be active.

Marijuana usually has the effect of decreasing aggressiveness in the user, contrary to alcohol, which stimulates the acting out of passions.

The smoking of marijuana, while adding an admittedly undesirable source of lung irritation, is probably less noxious to the body than the smoking of nicotine cigarettes in quantities encountered in general use, or from urban smog. Since relatively few inhalations of marijuana are required to achieve desired effects, the stronger the smoked preparation, over all, the less lung irritation is apt to be incurred during the fewer puffs necessary to reach the desired psychic effects. Thus concentrated forms of cannabis, such as hashish or hashish oil, may be less noxious to the user than less potent forms of plain marijuana.

"The stronger the preparation the greater the danger" is a common contemporary fallacy. The usual comparison made is between weak North American marijuana and hashish. Because onset of the effects from smoking takes from two to five minutes, the experienced user is easily able to adjust his dose by abstaining or taking another puff when the pipe or "joint" is offered. Today, the young person learns to "hold his pot" much as members of the older generation learned to handle their booze.

While many authorities have stressed adverse reactions to cannabis, a realistic perspective is given by a recent survey of 90,733 admissions to the Los Angeles County Hospital, University of Southern California Medical Center, between July 1, 1966 and June 30, 1967. In this study only three admissions could be directly attributed to marijuana misuse. In each of these cases there were other mitigating factors that explained the admission.

The amazing fact that marijuana use causes so little trouble corroborates similar findings by many earlier group inquiries and commissions, beginning with the Indian Hemp Drug Commission Report of 1893-94. This seven-man commission spent two years traveling throughout India where marijuana use is widespread, taking testimony of a total of 1193 witnesses, both professional and nonprofessional. Collateral animal experiments were also performed along with scrutinization of court, prison, and mental

hospital records for possible adverse effects of marijuana. It is stated in the conclusion of this report that

. . . viewing the subject generally, it may be added that the moderate use of these drugs is the rule and the excessive use is comparatively exceptional. The moderate use practically produces no ill effects.

The U.S. Army in the 1930s was interested in the possible deleterious effects of marijuana use among soldiers stationed in the Panama Canal Zone. The Army observed:

Delinquencies due to marijuana smoking which result in trial by military court are negligible in number when compared with delinquencies resulting from the use of alcoholic drinks which may also be classed as stimulants and intoxicants.

In response to the federal legislative enactment of the 1937 Marijuana Tax Act, Mayor Fiorello La Guardia of New York City set up a comprehensive study of marijuana, which, in 1944, concluded that:

the sociological, psychological, and medical ills, commonly attributed to marijuana have been found to be exaggerated insofar as the City of New York is Concerned.

In 1967, the President's Task Force on Narcotics and Drug Abuse, showing how much could be forgotten in 25 years, noted:

Basically research has been almost non-existent, probably because the principal active ingredient in marijuana has only recently been isolated and synthesized. Yet the commission believes that enough information exists to warrant careful study of our marijuana laws and the propositions on which they are based.

The large numbers of young Americans and Canadians that began to use marijuana in the early 1960s led to belated, but large scale studies into the effects of the drug. Not unexpectedly, national commission studies by both the American and Canadian governments replicate the British/Indian Hemp Drugs inquiry conclusions.

In both comprehensive efforts, extensive chemical, pharmacological, and sociological research similarly revealed no specific adverse effects from the use of marijuana per se.

By contrast, the American and Canadian national commissions pointed up the effects of contemporary social response: creation of many effects far worse than could be imagined by actual use of the

drug. Both commissions recommended some form of decriminalization of marijuana use.

Most recently, a California Senate Select Committee has released a report emphasizing the high costs of enforcement of the marijuana laws both in dollars and in less tangible but important social costs.

The Canadian commission properly recognized the constitutional and moral implications of the prohibitory laws.

Drug problems are more broadly of a political and philosophical nature than questions of pharmacology. It is apropos that we review the words of John Stuart Mill, the political philosopher, commenting on the rights of the individual and the proper role of government and public institutions:

Unless the conscience of the individual goes freely with the legal restraint, it partakes either in a great or small degree of the degradation of slavery. Scarcely any degree of utility short of absolute necessity will justify a prohibitory regulation unless it can be made to recommend itself to the general conscience; unless persons of ordinary good intentions believe already, or can be induced to believe, that the thing prohibited is the thing which they ought not wish to do. (from Mill's Political Economy)

Marijuana use in America is reminiscent of the era of Prohibition, in that almost 30 million people have smoked pot and the police of the 180 million other Americans are trying to prevent them from doing so. Despite vigorous efforts of society to regulate by deterrent legal sanctions, they have obviously failed. The use continues to escalate. In fact, marijuana has become a permanent part of American society. Since those who try and continue to use pot find it enjoyable, and many more people are trying it all the time, marijuana use is clearly here to stay.

The time has passed when prohibition against personal use and possession should have been repealed. We are experiencing a condition of minority group abuse in the tradition of the Spanish Inquisition, the Salem witch trials, the crushing of the Indian, the subjugation of the Negro and Latino, and the incarceration of the West Coast Japanese.

"The horse has been let out of the barn." It will do no good to attempt to lock the door behind it. We must face up to the fact that marijuana use will be here on a continuing basis, and institutions existing for the protection of public health and safety must respond appropriately to this new situation.

We must maintain faith in the ability of our democratic institutions to show an appropriate responsiveness to social change. If we do not take steps to adjust governmental functions by making them more socially responsible, we may look forward to further polarization and worsening of problems surrounding real drug abuse.

Hopefully we may look forward to more effective and humane responses from our leaders as they become more educated concerning actual versus imagined liabilities incurred in the use of marijuana and other illicit mind-altering drugs.

Tod H. Mikuriya, M.D.

Berkeley, California
August 23, 1974

A psychiatrist in private practice, Dr. Mikuriya has studied the issues involved with marijuana use since 1959. He was former director of marijuana research for the National Institute of Mental Health and a consultant to the National Commission of Marihuana and Drug Abuse. In addition to working for social remedy by political means, he most recently provided research on fiscal costs of marijuana law enforcement to the California State Senate Committee studying the effects of marijuana use and prohibition.

He is the editor and publisher of Marijuana: Medical Papers, a compendium of clinical and scientific studies of the drug.