References:


The Uniform Narcotic Drug Act (1932) and the Marijuana Tax Act (1937) marked the culmination of the reform movements.8 The Federal Bureau of Narcotics and its serving chief, Anslinger, set the precedent for passing tax legislation.9 Similar to anti-narcotic crusaders, Anslinger guided public discourse towards linking the great danger drugs could inflict upon civilization, due to their intoxicating and addictive effects. The tax, while it did not specifically prohibit by law medical marijuana use, due to the imposed tax upon its use, by 1942, the drug was removed from the United States Pharmacopoeia.10

In 1970, the Comprehensive Drug Abuse Prevention and Control Act, also known as the Federal Controlled Substance Act replaced previously existing marijuana and other drug laws by placing all controlled substances into five schedules or categories.11 Marijuana was placed in Schedule I, committed by targeted ethnicities, thus linking malignant behavior as drug induced. The Director of the Federal Bureau of Narcotics, Harry J. Anslinger, testified to Congress in a 1930’s hearing about the dangers of marijuana. He stated, “Here we have a drug that is not like opium. Opium has all the good of Dr. Jekyll and all the evil of Mr. Hyde. This drug, marijuana, is entirely the monster Hyde, the harmful effect of which cannot be measured.”12 Anslinger and his contemporaries believed that marijuana led to insanity, addiction and criminal behavior as a result of the mind-altering effects.

The history of marijuana in the United States goes as far back as 1611 when the plant was used in hemp production by Jamestown settlers.13 In 1850, historical facts detail hemp was entered into the United States Pharmacopoeia as Cannabis and was prescribed as a therapeutic agent by physicians and pharmacists for a variety of illnesses, including neuralgia, gout, rheumatism, tetanus, convulsions, and uterine hemorrhage.14 The medical use of marijuana was accepted without any national debate, while the leisure activity of smoking the leaves, at this time in history, lacked national recognition.15 Opium and cocaine were the prominent drugs that were of the greatest concern to the nation’s social fabric.15

The legal classification of marijuana has been altered over the years with the passage of the Controlled Substances Act of 1970, which replaced the earlier scheduling laws with a five category system. Marijuana was placed in Schedule I, in the cannabis plant (Cannabis sativa L.), where all preparations and extracts are classified together with other potent and dangerous drugs such as heroin and LSD. In Schedule II are those drugs that have a high abuse potential and are dangerous to abuse, but have a medical use in the treatment of serious conditions such as cancer. Schedule III drugs are those with a moderate level of abuse potential and are not usually dangerous to abuse, but may have a legitimate medical use. Schedule IV drugs are sometimes used in the management of severe conditions and have a lower abuse potential than those in Schedule III. Schedule V drugs are the least dangerous and have the lowest abuse potential and are used mainly for the treatment of minor conditions.

Marijuana was placed in Schedule I, mainly due to its high abuse potential and the fact that it is considered a Schedule I drug. This classification has been controversial and has led to debates about the legal status of marijuana. The debate continues to this day, with some arguing for its decriminalization and others for its prohibition. The classification of marijuana as a Schedule I drug has significant implications for the regulation of its use and distribution, and for the availability of research and development in the field of marijuana research and development. The classification system is complex and involves a range of factors, including the risk of abuse, the potential for dependence, and the potential for medicinal use. The classification of marijuana as a Schedule I drug is an important consideration when discussing the legal status of marijuana and its potential for use in medical and recreational contexts.

Marijuana has been used for centuries for its psychoactive and medicinal properties, and its use persists today in various forms, from traditional herbal remedies to modern pharmaceutical products. However, its legal status in many countries remains complicated, with different laws governing its cultivation, possession, and use. The classification of marijuana as a Schedule I drug has significant implications for research and development, and for the potential use of marijuana in various contexts, including medicine, recreation, and industry. The debate about the legal status of marijuana continues, with many advocating for its decriminalization or legalization, while others call for increased regulation and control.

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Does Everyone Smoke?  
By Gerri Duru

The use of marijuana had been an increasing trend on university campuses throughout the 1990s. In 2000, marijuana use among college students approached 44%, declining to 30% in 2006. This flux is attributed to many different factors involving social norms, school of choice and how students spend their time (socially and academically) and socio-demographic factors. According to the CSULB Health Status Survey (2008), 31% of students used marijuana once or more times in their lives and 15% used in the past 30 days. Studies evaluating the effects of social norms and marijuana use indicate students who have close friends that smoke marijuana are more likely to smoke marijuana themselves. Also, these students are more likely to have a misconception of marijuana use among their fellow college students. Similar findings detail a misconception discovered in relation to alcohol use among college students. Studies indicate that “most college students misperceive and consistently over estimate the percentage of students who use marijuana on college campuses.” Both marijuana users and nonusers had higher estimates. Many marijuana users falsely believed almost 98% of college students used “pot”, when in reality, over two thirds refrain from marijuana use. Social norms and perceptions regarding one’s friends significantly affect a student either using or refraining from marijuana use.

In addition to social norms, school of choice, student activities and socio-demographics are related to marijuana use. Students attending a commuter school, coeducational or a large campus (more than 10,000 students) are more likely to use marijuana.

Marijuana in Your Body by Esmeralda Camarena

Marijuana use psycho actively and physiologically affects the human body. There are over 400 chemicals in the plant; however, the main mind-altering psychoactive ingredient is delta-9-tetrahydrocannabinol (9THC). Immediate short-term physical effects experienced generally include: increased heart rate and a faster heartbeat, an increase in the desire to laugh, dry eyes, increased appetite (the munchies); slowed thinking and reflex reaction; and a dry mouth and throat. Marijuana distorts perceptions of sights, sounds, time and touch. It can cause chest pain in people who have a poor blood supply to the heart. The total short-term duration of marijuana intoxication is based on the potency and how much is smoked. Effects last two to three hours for one gram smoked.

Psychologically, 9THC acts upon cannabinoid receptors found in the neurons of the brain, setting off a series of cellular reactions which cause the “high” or a euphoric state. Studies on marijuana’s mental effects indicate the drug impairs or reduces short term memory; alters sense of time; and reduces the ability to do tasks which require concentration, rapid reactions, and coordination. These impairments may make it dangerous to drive a car and/or operate machinery. A common negative reaction to marijuana is the “acute panic anxiety response.” Students describe this reaction as an extreme fear of losing control or having a panic attack lasting for several hours. Long-term effects are less clear; but regular users can become psychologically dependent, or addicted.

Cont. on pg. 3

The legalization of marijuana, less commonly known as Cannabis sativa, has stirred controversy in the United States for many years. A recent CBS news poll indicates in the last thirty years there was a dramatic increase of Americans who favor marijuana legalization; rising from 27% to 41%. In spite of this rise, the people’s majority maintains that legalization should not be allowed, while 7% are unsure. In order to further clarify, it is crucial to examine the pros and cons of marijuana legalization. Drugs is expensive. Through legalization, the court system will be less congested and prison costs are reduced because of the reduction of convictions.

On the other hand, the opposition for legalization presents legitimate reasons. Marijuana, while it might not be as harmful as alcohol or tobacco, may lead some to further experimentation with more serious and detrimental drugs. Protection of children and adolescent developing brains, many claim this is sound reasoning for maintaining marijuana at an illegal status. Finally, there is evidence researched that clearly indicates marijuana does affect memory loss and over a long period of use can lower one’s ceiling of ambition. A student’s career goals and hopes could be negatively altered through marijuana use.

The U. S. Drug Enforcement Administration claims that it is important to present a balanced approach of prevention, enforcement, and treatment as the key to fighting against drugs. It is important to remember that smoking marijuana is not scientifically approved as a medicine. However, Marij, the legal version of medical marij, is approved by science. Although marijuana is illegal, some states allow it for medical use. Research based evidence specifies that medical marijuana use benefits those affected by appetite loss (due to chemotherapy and AIDS), glaucoma, and Tourette’s syndrome. A medical marijuana card or “green card”, prescribed by a doctor, allows one to purchase marijuana legally. However, CSULB, a drug free campus, does not honor these cards and those students who are using will be cited by the university police and will appear before a Long Beach City judge to argue their case.

While other universities, such as University of Colorado’s Boulder Campus, hold an annual “420” event at which there were over 10,000 people in attendance for 2009. This is the largest celebration in the United States promoting the legalization of marijuana. So, what do you think, “For or against?”

References:


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The Legalization of Marijuana  
By Erik Carpio

For marijuana legalization. It appears in the near future, citizens may be voting on this legalization issue, therefore, we need to know the facts for either “yes” or “no.”

Supporters offer many reasons for legalization. In general, many consider marijuana less harmful than tobacco or alcohol, if used in moderation. A stronger argument for legalization is that the price drops and the marijuana black market is weakened. If the U.S. controls and sells marijuana, this financially benefits the depressed state of California as well as the nation’s overall economy. Another debilitating economic fact is that the War on Drug Legalization today.