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5 Controversial Questions About Marijuana Featured

Written by [Michelle Leach](#) | font size | [Print](#) | [E-mail](#)

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The New Year marked the opening of the country's first legal marijuana store in Colorado. Washington is slated to open the first of its 300-plus pot shops as early as summer 2014, while pro-legalization campaigns in Alaska, Arizona, California, Maine, Massachusetts, Montana and Nevada are poised to move marijuana from the shadows of the underground market to legitimate enterprise within the next two years. But for every study touting the plant's medicinal qualities, there is another survey or organization calling attention to marijuana's alleged dangers — as a gateway to harder drugs, or path to addiction and other diseases, including cancer.

With the marijuana debate so mired in politics, what's a person with no agenda to do? Answer: Consider each of the pros and cons associated with the following five most common arguments about marijuana use and legalization.

5. Is Marijuana Use Bad For the Brain?



Protesters in Lincoln, Nebraska, turn out for a rally in support of marijuana legalization; Jonathan Reyes

No. In addition to a number of older studies, marijuana reform lobby [NORML](#) highlighted 2005 Harvard Medical School

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research that found “no significant differences” between the brains of 22 long-term (20,000-plus smoking episodes) cannabis users and 26 controls with no history of smoking. Further, the National Academy of Sciences challenged claims that marijuana changes the brain the same way heroin or cocaine use does — asserting that these findings were based exclusively on animal studies. This is a big distinction, as the academy’s Institute of Medicine arm reports that, in humans, the main psychoactive ingredient, THC, has a long half-life and is slowly released from the body, effectively preventing negative withdrawal symptoms. What symptoms do suggest structural changes in the brain were reported only in rare settings, such as research trials whereby volunteers are administered THC each day.

Yes. The [National Institute of Drug Abuse](#) reports that marijuana use has been linked to depression, anxiety and personality changes among genetically predisposed youth. It also asserts that because THC (and other compounds in cannabis) “mimic the body’s own cannabinoid-like chemicals,” mothers who use may have babies with poor attention spans, problem-solving skills and impaired memory.

4. Does the Increased Potency of Marijuana Pose Risks?



Anti-marijuana groups claim the increased potency of pot today makes it more dangerous; FotoblogRare

Yes. The [Partnership at Drugfree.org](#) points to a CNN report in which addiction specialists such as Dr. Mahmoud ElSohly found that, of the marijuana seized by the feds and tracked at his lab at the University of Mississippi, THC potency had climbed from less than 1 percent in the early 1970s to 13 percent as of 2013. The most potent strains ranged from 25 to 37 percent. Why is this important? The partnership believes that such “high-potency” weed has both a higher addictive potential as well as a greater risk of dangerous behavior (i.e. “intoxicated driving”), especially among young users who smoke too much, too soon, or those heavy users trying to get as much of a high as possible.

No. On the other hand, the [Drug Policy Alliance](#) contends any factual increases in potency have been “vastly overstated” and, moreover, that the link between potency and some of the aforementioned dangers isn’t supported by evidence. In fact, the organization points to the U.S. Food and Drug Administration’s approval of Marinol, an appetite stimulant that contains 100 percent THC. The chemical has also been used to treat nausea, vomiting and symptoms related to “wasting diseases” such as AIDS.

3. Does Marijuana Use Affect Driving Ability?

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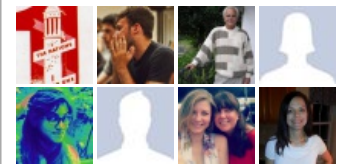
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Studies differ on whether or not marijuana use impairs driving.

Yes. **NIDA** claims that the danger of pot when driving comes from its ability to “seriously impair judgment and motor coordination.” Analyzing what was characterized as data from several studies, the Institute found that marijuana use doubles the risk of a driver being in an accident. Combined with alcohol, the level of impairment is greater than with either substance alone. And NIDA notes that high-potency pot raises the level of disorientation for drivers.

No. NORML contends the true road threat lies with alcohol, not marijuana abuse. Leveraging U.K. and Canadian government studies published between 1999 and 2004, the lobby reports that marijuana’s impact on psychomotor skills is both mild and brief. Researchers behind on-road and driving simulator studies also noted that those impaired subjects were conscious of any limitations, compensating by slowing down or heightened focus — a response in contrast to drunk drivers, who tend to not be aware of their intoxication and, in turn, exhibit risky driving behaviors. In 2002, the Canadian Senate summarized: “Cannabis alone, particularly in low doses, has little effect on the skills involved in automobile driving.”

2. Is Marijuana Addictive?



There is bitter disagreement on whether or not pot is addictive; Morgan200 via Flickr

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No. The National Academy of Sciences, by way of NORML, found that while 15 percent, 17 percent and 32 percent of alcohol, cocaine and cigarette users, respectively, present symptoms of drug dependence, fewer than 10 percent of marijuana users exhibit what the American Psychiatric Association deems as “symptoms of dependence.” This branch of the Institute of Medicine has asserted that weed lacks the “dependence liability” associated with other drugs. As such, those animal study subjects who were given the opportunity to administer cannabis themselves could “take it or leave it” -- opting to forego the drug at will. The Canadian Senate report went on to conclude users typically stop smoking by their early 30s for “health or professional concerns” or to start families. The government asserted that withdrawal, too, is “less severe and less frequent” than symptoms associated with alcohol or nicotine cessation, and isn’t profound enough to push former users back into the behavior.

Yes. An affiliate of the National Institute of Health, NIDA’s researchers note the rate of addiction is correlated with the age at which the user begins smoking marijuana. In all, they report about 9 percent of users will become addicted — a number that almost doubles to 17 percent of those users who start as teenagers. According to NIDA, 25 to 50 percent of daily users” are also addicts. The organization characterizes withdrawal symptoms — including irritability, insomnia, anorexia, aggression and anxiety — as similar to those experienced by other drugs such as nicotine. The aforementioned increased potency, the group contends, also puts users at greater risk of addiction as they are exposed to higher and higher doses of THC on a regular basis.

1. Is Marijuana Use Harmful to Your Health?



Marijuana advocates say the substance is perfectly safe, but many health experts disagree; Levent Konuck/Shutterstock.com

Yes. Nonprofit Foundation for a Drug-Free World starts with the immediate effects — racing heart, impaired coordination, depressed mood, panic attacks and sleeplessness. Beyond that, it reports long-term adverse impacts associated with THC, claiming a joint contains 50 to 70 percent more cancer-causing substances than a cigarette. Drug-Free World.com: “One major research study reported that a single cannabis joint could cause as much damage to the lungs as up to five regular cigarettes smoked one after another.” Aside from bronchitis and aforementioned brain changes, the foundation claims that marijuana deforms men’s sperm cells and upsets women’s menstrual cycles. The organization says cannabis is “one of the few drugs” linked to abnormal cell division — predisposing a baby to birth defects, mental abnormalities and even increased risk of bone cancers like leukemia.

No. Pro-pot groups have cited a study published in 2008 in the U.S. National Library of Medicine that went so far as to find an inverse association between marijuana use and cancers, with a “significant lower risk” of developing lung cancer among marijuana-only smokers versus their tobacco-only counterparts. Notably, those users who smoked both joints and cigarettes

developed lung cancer at a lower rate than their counterparts who only smoked cigarettes. Not only has the Drug Policy Alliance cited studies finding no link between weed and skin, prostate, breast, cervix, head and neck, or colorectal cancers, but much has been made of the medicinal properties associated with marijuana — effectively reducing stomach upset among chemo patients, decreasing eye pressure associated with glaucoma and improving musculoskeletal condition and function related to neurological diseases like Parkinson's.

One More: Is Marijuana a Gateway Drug?

No. Citing government studies and reports in trades like Addiction from 1992 to 2002, the Drug Policy Alliance notes the country's most popular drug is a "terminus," rather than a "so-called gateway" to other drugs — with the vast majority of users starting and ending their illicit drug journey with marijuana. NORML highlights both Canadian and U.S. government findings from between 1999 and 2002 that concluded: "Cannabis itself is not a cause of other drug use." Stateside, the Institute of Medicine went so far as to say that such smoking isn't even a "significant predictor" of serious abuse, let alone a gateway to harder drugs. Further, it noted that most users tried both cigarettes and/or alcohol before smoking a joint for the first time.

Yes. DrugFreeWorld.org says otherwise. The reasoning goes like this: Tolerance builds up with marijuana. When that happens, users look to heavier drugs to achieve the same high or to eliminate the unwanted feelings or situations that led to smoking pot in the first place. In contrast to NORML's argument, the Foundation claims that 12- to 17-year-olds who used marijuana were 85 times more likely to use cocaine. It also highlights that harder drugs may be combined with weed, such as joints which are dipped in PCP — a potentially lethal hallucinogenic powder or liquid linked to violent behavior, seizures and coma.

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Michelle Leach's love of writing has taken her to Sydney, Australia, London, U.K. and other exotic locations like Grand Island, Neb., and Clio, Mich. She has developed pieces for TV and radio stations, PR departments, newspapers and magazines. A graduate of Northwestern University and Lake Forest College (also in Illinois) she enjoys running marathons and likes to say when not writing, she's running—but she tries not to mix the two activities.

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