

Reefer: Madness or Medicine?

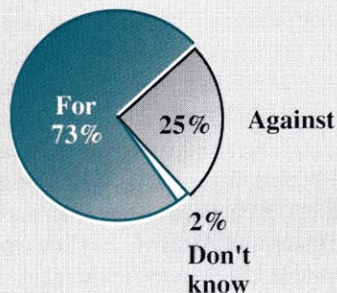
Taking sides on the medical use of marijuana

By David M. Wilber

In the past two election cycles, ballot measures to legalize the medicinal use of marijuana have been considered in six states, and all such measures have passed in spite of the federal government's unyielding opposition to these actions. One explanation emerging from polling data for public support for medical legalization is the humanitarian desire to ease the pain of those suffering from severe illnesses. A second significant, albeit smaller, source of support is the portion of the electorate already favoring the legalization of more "liberal" marijuana use. The federal government, for its part, concerned that any such legislative development might jeopardize efforts to curb recreational drug use, has come down hard on the side opposing the legalization of medical marijuana.

Figure 1

Question: Would you vote for or against making marijuana legally available for doctors to prescribe in order to reduce pain and suffering?



Source: Survey by the Gallup Organization March 19-21, 1999.

A solid majority of Americans supports legalizing the medical use of marijuana. In a March 1999 Gallup Poll, 73% of adults surveyed said they would vote for "making marijuana legally available for doctors to prescribe in order to reduce pain and suffering" (see Figure 1). Support was highest among 18- to 29-year-olds (77%), followed by 30- to 49-year-olds (75%), and 50- to 64-year-olds (72%); the nation's senior citizens—those 65 and over—provided the least support (63%). As might be expected, independents (79%) and Democrats (76%) were most supportive of medical marijuana use, while Republicans were the least supportive; even so, a noteworthy 63% of Republicans approved of such a measure.

Two years earlier, in a 1997 CBS News survey, 62% of respondents had said "doctors should be allowed to prescribe small amounts of marijuana for patients suffering from serious illness." Support was highest in the West (69%), among liberals (75%), and from those earning over \$75,000 annually

(73%). Support was lowest among Southerners (56%), the elderly (46%), and conservatives (53%).

Although skeptics might suggest that these support levels are slightly inflated because question wording mentioned the need to ease patient "pain and suffering," other data explicitly *not* referencing patient discomfort confirm the findings. A May 1997 ABC News/Discovery Channel poll found 69% thought doctors should be allowed "to prescribe marijuana for medical purposes to treat their patients;" only 27% did not. And when these 27% were asked if they would change their opinion if scientific research showed marijuana was effective in treating some illnesses, nearly one-third (29%) said they would support doctors being allowed to prescribe marijuana, thus bringing total support for medicinal use to 77% (see Figure 2).

Critics argue, and initial demographic profiles suggest, support for legalizing the medical use of marijuana comes primarily from the nation's most socially liberal populations, which are also the groups most likely to endorse legalization for recreational use. Yet a more detailed look at the data paints a picture that is far more complex. Only 29% said, in the same March 1999 Gallup survey mentioned above, that they would vote to legalize marijuana generally. While 28% supported both recreational and medical use, 43% endorsed medical use only, and 25% opposed both options for marijuana use¹ (see Figure 3).

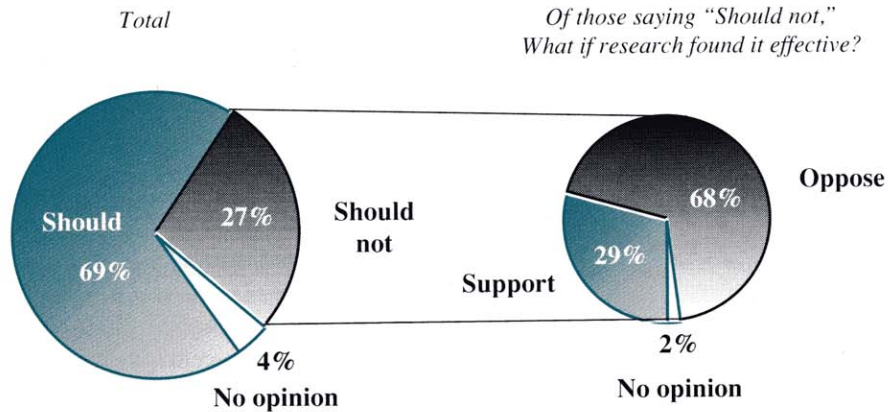
The 1997 ABC News/Discovery Channel survey provides further evidence that support is a unique combination of social liberalism and humanitarian impulse. Fifty-eight percent said marijuana has legitimate medical uses, eleven percentage points less than those who favored medical use, suggesting that not all medicinal supporters are convinced of marijuana's medical effectiveness. Furthermore, 7 in 10 of the original 69% supporting medical use, or 48% of the sample, said they would change their opinion to opposition if scientific research found marijuana use ineffective (see Figure 4). When that 48% is combined with those initially against legalization for medical use, opposition could rise to 75% if medicinal use is not found to be legitimate. These findings suggest that the public is discerning, distinguishing between potentially legitimate medical purposes for marijuana and general recreational use.

When asked how they would vote on legalizing marijuana generally, 69% of the public were against it in the March 1999 Gallup survey, and two-thirds were opposed in the National Opinion Research Center's 1998 General Social Survey. Opposition to general legalization is widespread even among demographic groups intuition tells us are more likely to sup-

Figure 2

Support Rises With Findings of Effectiveness

Question: Regardless of what you think about the personal non-medical use of marijuana, do you think doctors should or should not be allowed to prescribe marijuana for medical purposes to treat their patients? (Of those who say it shouldn't be allowed) How about if scientific research showed that marijuana is effective in treating some medical conditions—would you support or oppose allowing doctors to prescribe marijuana?

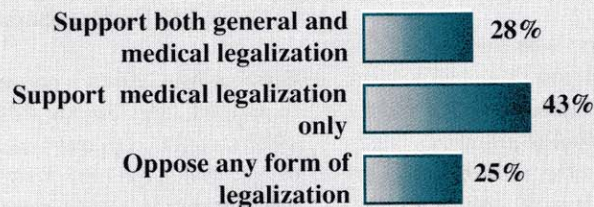


Source: Survey by ABC News and the Discovery Channel, May 27, 1997.

Figure 3

Dispelling a Myth: "Pot Heads" and Humanitarians Are Not One and the Same

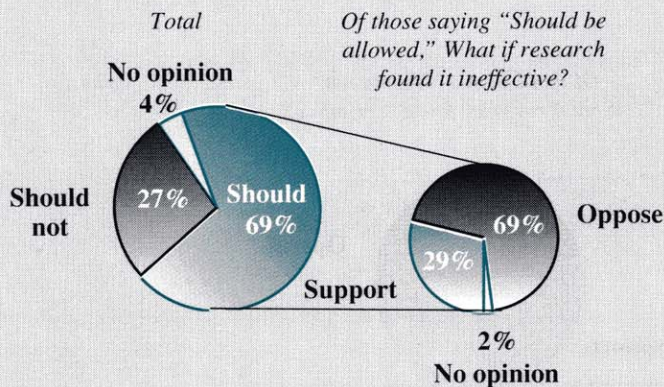
Questions: Would you vote for or against the legalization of marijuana? Would you vote for or against making marijuana legally available for doctors to prescribe in order to reduce pain and suffering?



Source: Survey by the Gallup Organization, March 19-21, 1999.

Figure 4

Question: Regardless of what you think about the personal non-medical use of marijuana, do you think doctors should or should not be allowed to prescribe marijuana for medical purposes to treat their patients? (Of those who say it should be allowed) How about if scientific research showed that marijuana is ineffective in treating some medical conditions—would you support or oppose allowing doctors to prescribe marijuana?



Source: Survey by ABC News and the Discovery Channel, May 27, 1997.

port legalization: liberals (45% against legalization generally), Westerners (58%), and 18- to 29-year-olds (60%).

While both the Gallup and NORC askings indicate substantial resistance to overall legalization of marijuana, it is worth noting that Gallup's finding of 29% in favor of general legalization is the highest level of support the question has ever garnered, more than double the 12% in favor when Gallup first posed the question in 1969. And NORC's 28% support approaches levels not seen since the GSS first began asking the question in the early 1970s. In 1973 support was 18%, jumping to 30% in 1978 and from there taking a precipitous decline, bottoming out at 16% in 1987 and 1989 at the height of the much publicized "War on Drugs" (see Figure 5). Recent levels of support may be partially explained by a weakening of anti-drug campaigns and a greater awareness of marijuana's potential medicinal value.

While 34 states have enacted legislation authorizing medical marijuana research—New Mexico was the first state to pass such legislation in 1978—it wasn't until 1996 in California and Arizona that residents first passed state ballot initiatives legalizing marijuana use for medicinal purposes. In 1998, five more states—Alaska, Colorado, Nevada, Oregon, and Washington—followed suit by passing similar legalization measures. (Later, Colorado's measure was overturned due to insufficient petition signatures required for registering the ballot initiative.) Interestingly, each state passed these related measures by roughly the same percentage, ranging from 55% in Oregon to a high of 65% in Arizona's 1996 election. (Shortly after the Grand Canyon state's 1996 election, the state legislature set

aside the original vote on the grounds that the electorate had been misinformed about the intent and application of the original ballot initiative. When the measure was placed on the 1998 ballot, 57% voted to uphold the 1996 results.)

Moreover, the demographic profiles in the VNS exit poll data for each state voting on this issue have been remarkably similar (see Table 1). There were no decipherable gender differences, and all age groups, other than those 60 and over, offered at least 55% support. In all cases, voting also broke heavily along political and ideological lines. In the three states for which 1998 exit poll data are available, Democrats and liberals offered support ranging from 66% to 81%. Republican and conservative support ranged from 30% to 48%.

Clearly, as shown by the data reviewed thus far, medical marijuana use garners high levels of support, especially in the western region of the nation; however, it is a drug with a long and storied past. Having publicized marijuana as an agent of destruction—a gateway drug leading to more serious substance abuse—the federal government responded to these recent state initiatives in a less than enthusiastic manner. Its reply to their passage was swift: Marijuana is a Schedule I drug in the same class as LSD and heroin, with no known medicinal value; and both doctors who prescribe it and patients who possess it would be prosecuted.

Drug czar General Barry McCaffrey, of the Office of National Drug Control Policy, commented that "these initiatives are simply not in accordance with good science, ignore the safety of the American people, and send a bad message... particularly to children." Another government drug-policy official commented, "There's no precedent for letting citizens decide for themselves which drugs should be approved for public use."² Instead, officials maintained, the government should determine what qualifies as medicine.

The consensus among these officials is that any endorsement of marijuana, even as a medicine, will lead to more recreational use in the general population, particularly among teenagers. This presumed increase in use would, in turn, lead through the "gateway" to harder core drug use.

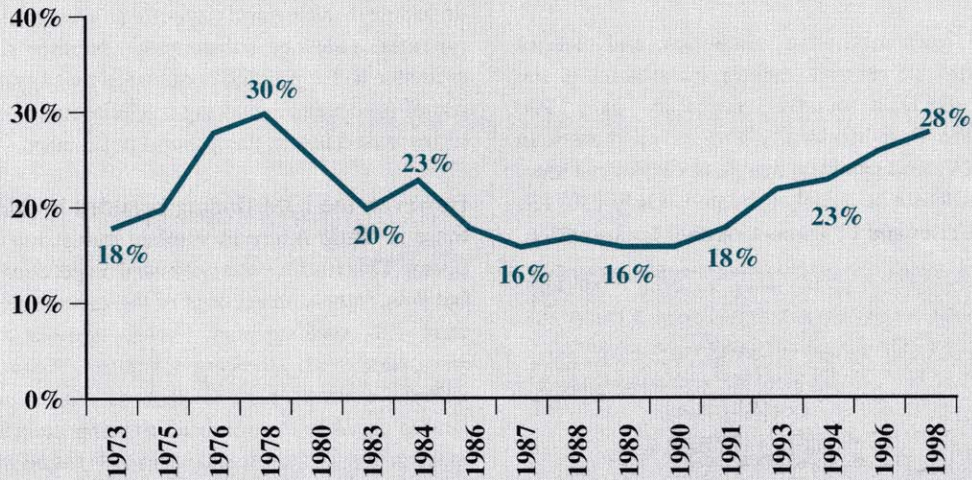
Echoing McCaffrey's concerns, 63% of the parents surveyed in an ABC/*Washington Post* parent-teen survey in February 1997 said they believed marijuana leads to the use of harder drugs. When parents were asked in a 1996 Luntz survey whether they would be most concerned to learn their teenager smoked cigarettes, drank alcohol, or used marijuana, 63% cited the most concern with using marijuana, 18% said drinking alcohol, and only 11% opted for smoking cigarettes. (Note, though, that some of the concern regarding marijuana use may be a function of its illegality.)

When asked in a 1995 Gallup survey to rank the danger levels

Figure 5

Support for General Legalization Up Slightly

Question: Do you think the use of marijuana should be made legal, or not?



Source: Surveys by the National Opinion Research Center—General Social Survey, latest that of February-May 1998.

Table 1

Similar Demographic Profiles Across States Voting for Medical Marijuana

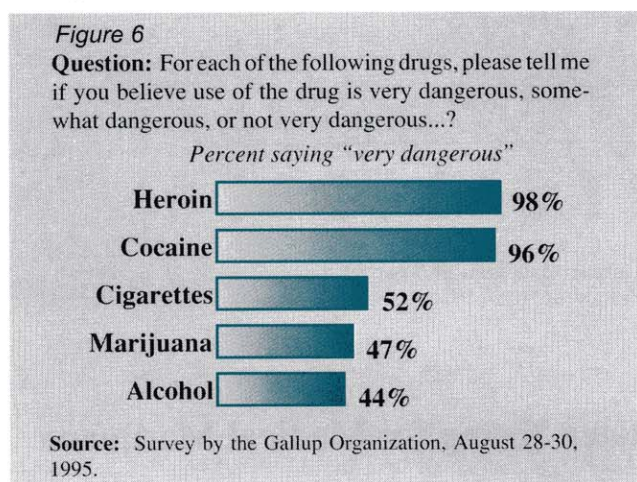
	Washington		Nevada		Arizona*		Washington		Nevada		Arizona*		
	Yes	No	Yes	No	No	Yes	Yes	No	Yes	No	No	Yes	
All Voters	58%	42%	59%	41%	57%	43%							
By Gender							By Education						
Men	57	43	58	42	54	46	HS Grad	56%	44%	59%	41%	56%	44%
Women	59	41	60	40	59	41	Some College	54	46	60	40	59	41
By Age							College Grad	60	40	61	39	59	41
18-29	65	35	61	39	69	31	Post Grad	64	36	58	42	61	39
30-44	62	38	63	37	56	44	By Party ID						
45-59	61	39	58	42	59	41	Democrat	70	30	68	32	66	34
60+	46	54	54	46	52	48	Republican	39	61	48	52	45	55
By Income							Independent	63	37	70	30	66	34
<\$15K	68	32	NA	NA	NA	NA	Other						
\$15-30,000	52	48	58	42	55	45	By Ideology						
\$30-50,000	55	45	59	41	57	43	Liberal	81	19	78	22	70	30
\$50-75,000	57	43	62	38	60	40	Moderate	65	35	62	38	62	38
\$75-100,000	64	36	65	35	61	39	Conservative	30	70	45	55	46	54
\$100,000+	74	26	55	45	55	45							

*In Arizona, "No" votes were those against appealing the present law permitting use.

Source: Surveys by the Voter News Service, 1998.

associated with particular drug types, 98% of a national adult sample said heroin, a Schedule I drug, was very dangerous. Cocaine, a Schedule II drug with recognized medical value, was ranked next, with 96% classifying it as very dangerous, followed by cigarettes (52%), marijuana (47%), and alcohol (44%) (see Figure 6).

While the public views marijuana, cigarettes, and alcohol comparably in terms of relative danger, marijuana is the substance seen as the least socially acceptable. In a 1996 Gallup study for the Post-Modernity Project on American political culture, 51% said smoking marijuana is always morally wrong and should not be legally tolerated. Only 13% felt that way about cigarettes and 11% about alcohol consumption.



In a 1998 Roper Starch survey, 54% found drinking alcoholic beverages socially acceptable, while 35% said smoking cigarettes was socially acceptable. Only 16% considered smoking marijuana socially acceptable.

Marijuana's lack of social acceptance, particularly considering its illegality, isn't surprising. In light of this lack of acceptance, along with concern over sending mixed messages to our nation's youth—98% of parents in the *ABC/Washington Post* survey said that if their children smoked marijuana but never took any other illegal drug they still would be concerned—the government has been reluctant to reclassify marijuana as a Schedule II drug, which would allow doctors nationwide to prescribe it.

After criticizing California and Arizona residents for voting to legalize medical marijuana use in 1996, McCaffrey commissioned the Institute of Medicine, an affiliate of the National Academy of Sciences, to study the potential value of marijuana use. The IOM's report—issued in March 1999—found that marijuana does, indeed, relieve pain and nausea and stimulate weight gain among chemotherapy and AIDS patients. Thus, the IOM provided the necessary justification for reclassifying marijuana as a Schedule II drug with

recognized medical value. (Other Schedule II drugs include morphine and methadone.)

Furthermore, the IOM found no conclusive evidence that marijuana is a stepping stone to harder drugs, a concern among "War on Drugs" hard-liners. Instead, the report suggested that underage drinking and cigarette smoking might be culpable as potential gateway substances. Neither did the IOM find evidence to support the conclusion that approving the medical use of marijuana—making it a Schedule II drug—would lead to increased use in the general population.

However, the IOM finding heralded by McCaffrey was that there is "little future in smoked marijuana" for medical purposes. This finding was not based on perceived ineffectiveness but was, rather, on account of the carcinogenic effects associated with smoking plant leaves—similar to the effects long associated with smoking tobacco. Accordingly, the IOM called for developing an asthma-type smokeless inhaler, a device capable of rapidly delivering cannabinoids—the primary group of chemical compounds found in marijuana—into a patient's bloodstream.³ Instead, McCaffrey has called for more research.

Clearly, some of the political maneuvering in Washington on the matter of the legalization of marijuana for medical use has less to do with the medicinal merits of marijuana and more to do with concern for protecting our youth, whether that concern is scientifically warranted or not. Opponents wish to avoid communicating the idea that in certain situations marijuana use is acceptable, even beneficial. This basis for opposition appears particularly valid to its proponents in the context of a decades' long campaign demonizing marijuana.

Generally, Americans think marijuana is dangerous, and as a rule ought to be forbidden by law. However, against a backdrop of Schedule I versus II classification and a public shown to be discerning and discriminating in its opinion of marijuana use medically versus recreationally, the decision not to reclassify seems rooted more in stereotypes and misinformation than in empirical data.

Endnotes

The author would like to thank Pamela Hunter for her thoughtful comments and suggestions on earlier drafts of this article.

¹David Moore, "Americans Oppose General Legalization of Marijuana," Gallup News Service Press Release, April 9, 1999.

²ABCNEWS.com, America's Health Network, "Pot or Not?" October 28, 1998.

³Janet E. Joy, Stanley J. Watson, Jr., and John A. Benson, Jr. (eds.), *Marijuana and Medicine, Assessing the Science Base*, Institute of Medicine (Washington, DC: National Academy Press, 1999).

