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Keeping Marijuana Illegal in Texas

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ABSTRACT

The current American political climate is experiencing a push toward the legalization of marijuana, with 23 states implementing policy changes concerning cannabis legislation. Prohibition of marijuana has been enacted through five phases, stretching from 1915 to 1972. Now, researchers have investigated the potential impacts of marijuana use on future narcotic use, cognitive processes, and other health related repercussions. Research indicates that marijuana is a gateway drug and an addictive substance, and its prolonged use can cause negative health effects that outweigh any potential medical or recreational benefits. Because the legalization of marijuana puts the public, both youth and adult, at personal risk, Texas law enforcement should oppose the decriminalization of marijuana.

Proponents of marijuana's decriminalization claim that the drug's usage supports medicinal practices, is without negative health effects, would lead to lower crime and free up the court system as well as alleviate jail overcrowding. However, research from areas that have decriminalized marijuana in the U.S. suggests that these claims are unfounded. In fact, after decriminalization of marijuana in Colorado, crime rates increased. Based on the current political climate and evidence presented in research, Texas law enforcement should oppose the legalization of marijuana. Additionally, educational programs should be implemented that target at-risk populations in support of current Texas policy. By opposing marijuana's decriminalization and devoting resources to educating the public about the drug's harmful effects, Texas law enforcement can be a positive influence in protecting the public from marijuana's potentially destructive impact.

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INTRODUCTION

Through the use of news media, social media and a well-organized internet campaign, a push toward fully legalizing marijuana in America is underway; 23 states have currently decriminalized the use of marijuana. Because drug education over the past several decades has increased public awareness regarding the numerous potential dangers of marijuana use, many citizens struggle with the notion of legalizing the drug. For many Americans, marijuana presents countless possible dangers to their communities, with potential destructive outcomes ranging from increased crime rates to death. Still, the political movement to decriminalize marijuana has continued to grow, and more states are preparing to consider marijuana legalization. These initiatives have been advocated by both state legislators and the public citizenry (Becker, 2014).

Though law enforcement officers do not make laws, they do observe the effects that breaking these laws have on society. Marijuana negatively affects communities in multiple ways; from the most extreme cases – lives ruined and families broken – to the milder (but still destructive) cases of skipped school and failed classes. Because the legalization of marijuana puts the public, both youth and adult, at personal risk, Texas law enforcement should oppose the decriminalization of marijuana.

Marijuana is derived from the cannabis sativa plant that originates from Asia, though it grows wild in many tropical climates. The drug has quite a long history, with the oldest known historical record of cannabis being from the Chinese Emperor Shen Nung in 2727 B.C. Additionally, ancient Greeks and Romans were also known to be familiar with cannabis. The Spaniards were responsible for the spread of cannabis into the western hemisphere, as they imported it to Chile as a fiber. The plant then reached

North America in hemp form, where it was subsequently grown on plantations to be manufactured for various industrial uses including paper, rope and clothing. Cannabis can be refined into multiple different forms for use as a recreational drug. The most potent and concentrated form, called hashish, is produced from the cannabis plant's flowers. The dried resin from these flowers is refined to create hashish, which can be compressed into various forms such as cakes or sticks. The pieces can then be broken apart and smoked in a pipe. Another product of the cannabis plant, hash oil, is extracted from the plant and refined for recreational use. This oily extract is often mixed and smoked with marijuana or tobacco ("Cannabis," n.d.).

The prohibition of marijuana was achieved over the course of five distinct phases (Bonnie, 1980). The initial phase of prohibition occurred from 1915 to 1931 and was initiated at a state level. This movement primarily impacted the states west of the Mississippi River and was heavily motivated by discriminatory interests. The drug was seen by many as having Mexican origins and anti-Mexican attitudes were prevalent in this region at the time. These factors contributed to the success of this first phase of prohibition. Between 1932 and 1937, the second phase of cannabis prohibition took place. This phase saw the marijuana prohibition movement gain momentum on a national scale. During these years, the federal government engaged in propaganda to support the Uniform Narcotic Drug Act, which led to Congress's passage of the Marijuana Tax Act in 1937. The third phase of prohibition, from 1938 to 1951, was characterized as a period of inactivity following the achievement of cannabis prohibition. From 1951 to 1965, the prohibition movement came to life again in its fourth phase. During these years, marijuana was widely depicted as a gateway to heroin addiction,

and criminal penalties for marijuana-related offenses were stiffened. In most states, simple possession was now classified as a felony. The final phase of marijuana prohibition spanned from 1965 to 1972, during which time there was a renewed public debate regarding prohibition between proponents and critics of cannabis use. Over this period of time, and specifically from 1969 to 1972, there was a major increase in marijuana use, which reached the middle class of the American population. As a result, criminal penalties for marijuana possession and consumption were reduced across the board, with every state amending its penalties in some form (Bonnie, 1980).

In the 1950s, only a small portion of the American public was familiar with marijuana. However, the rebellious nature of the youth of the 1960s led to an increase in the drug's popularity, as many young people viewed its use as an expression of protest against the older generations. Though the conflict between marijuana's advocates and its critics may not be as intense as it was during those years, the United States does still have a population with sharply divided opinions regarding the drug even today (Ruschmann, 2004).

Marijuana is grown and trafficked all over the world, while cannabis seized in the United States is grown domestically in the U.S. The drug is grown both in home growing operations and in remote areas of public lands. Marijuana has also been smuggled into The United States from all over the world, from such places like Colombia, Mexico, Jamaica, Thailand and Africa. The drug is usually smuggled into the U.S. in bricks or bundles.

It has been said that the drug can be a danger to the citizens of the State of Texas who abuse it, and that it also opens a portal to other dangerous narcotics for

those drug abusers. For some marijuana abusers, their drug use may escalate to other hazardous narcotics such as cocaine, methamphetamines, heroin and prescription drugs. According to the National Institute of Health, marijuana is the most commonly used illegal drug in the United States and the U.S. government classifies the drug as a Schedule I Substance. The definition of this type of substance is that it can be easily abused and there are no known medical uses for it. Additionally, marijuana can impact a user's ability to think clearly as well as their memory skills since this type of drug affects brain development. This is particularly true for young people who use it heavily. These results can also be permanent ("Drug Facts," 2014).

Recent research indicates substantial risk for young people who use marijuana. One study conducted among people who started using the drug as adolescents showed significant impairment of connectivity in the areas of the brain that control memory and learning. Another long-term study based in New Zealand revealed a loss in measurable intelligence in marijuana users who began smoking the drug as teenagers, with these individuals losing an average of 8 IQ points between the ages of 13 and 38. Further, the study revealed that even when these individuals stopped using the drugs in adulthood, their cognitive abilities were never completely restored. Aside from its potentially devastating cognitive effects, marijuana can also cause significant physical damage to the human body. Because the smoke from marijuana inhalation irritates the lungs, habitual smokers often suffer from respiratory complications such as chronic cough, acute chest ailments and lung infections. Additionally, marijuana use increases the risk of heart attack by 4.8 fold as a result of raising heart rate 20% to 100% shortly after smoking ("Drug Facts," 2014).

Marijuana is known as a gateway to other hard drugs such as cocaine and heroin. The vast majority of known cocaine users (99.9%) began by first using a "gateway drug" like marijuana; though not everyone who smokes marijuana goes on to use harder drugs ("On the Road to Drug Abuse," n.d.). One point of agreement between both the critics and proponents of the legalization debate is the belief that cannabis introduces its users to a lifestyle that encourages them to experiment with other drugs (Ruschmann, 2004). Because the legalization of marijuana puts the public, both youth and adult, at personal risk, Texas law enforcement should oppose the decriminalization of marijuana.

POSITION

The effects of marijuana vary from person to person. Not every individual exposed to marijuana will receive the same dosage strength, nor will they experience the same effects. Some users may experience mild beneficial effects, while others receive absolutely no beneficial effects. However, all marijuana users are exposed to certain negative effects, including the risk of addiction. All users are exposed to a culture that involves experimentation of all kinds.

Marijuana is viewed as a gateway drug, based on a theory which predicts that through a sequence of stages, a user of softer drugs such as marijuana will eventually resort to using more dangerous narcotics. It has been observed that many users of cocaine and heroin previously used marijuana, and these observations have helped to form this "gateway drug" theory (Vanyukov et al, 2012). Studies have shown lab animals that are exposed to Tetrahydrocannabinol (THC), the chemical responsible for most of marijuana's psychological effects (Cox, 2014), are more likely to self-administer

heroin than lab animals that are not exposed to THC. This research also supports the theory that marijuana serves as a "gateway" into other kinds of hard drugs. These studies also show that the lab animals were affected in a genealogical way, as even the second generation of lab animals (with parents who had undergone THC exposure) had greater sensitivity to environmental unfamiliarity and were also more likely to self-administer heroin (Hughes, 2014). These studies illustrate that the same outcomes are highly possible, if not highly likely, for the youth in today's population who may use marijuana.

Marijuana use exposes the user's "polydrug" use, which is defined as the use of two or more drugs at the same time. This is a common occurrence, with marijuana often being laced with cocaine, crack cocaine and phencyclidine (PCP). More often than not, dealers of marijuana are not solely selling that drug. Many times, they also distribute prescription pills, methamphetamines, cocaine and heroin. These sorts of ties often lead to experimentation with these other drugs (Ruschmann, 2004).

Scientific research provides four lines of evidence that support the theory that marijuana is an addictive substance: basic neuroscience, animal studies, clinical reports of human experience with marijuana, and epidemiology. The information compiled from all four of these areas of research serves to discredit the notion that marijuana is not addictive. Based on a 2007 study, over 14 million Americans over the age of 12 had used marijuana at least once in the month prior to being polled. Research showed that 9% of individuals who start using marijuana at 18 years old or older will eventually be classified as dependent according to the criteria listed by The Diagnostic and Statistical Manual of Mental Disorders (DSM). For individuals who have

used marijuana at least five times, research shows that an estimated 20% to 30% of these users are dependent on the drug. Individuals who use the drug on an almost daily basis show an even higher rate of dependence, with 35% to 40% of these users showing cannabis dependence. Depending on how early marijuana use starts, users under the age of 18 can have triple the rate of dependence on the drug. Research shows that this dependence develops more rapidly in younger users, with up to 17% of adolescent users developing addiction within two years of first using the drug. Common withdrawal symptoms from marijuana addiction include anger, irritability, restlessness, anxiety and sleep difficulties ("Marijuana's Addictive," 2011).

The decriminalization and legalization of marijuana will place society's youth at risk by making cannabis readily available and possibly more sensationalized. If marijuana is legalized, it will gain exposure by advertising campaigns for its use, some of which will be directed at adolescents. Control measures to prevent advertising to young people can be difficult to enforce, as shown by the Comprehensive Tobacco Settlement negotiations, which revealed that tobacco companies marketed their products to young people, even as they denied that this is what they were doing (Joffe & Yancy, 2004).

COUNTER POSITION

Proponents of legalizing marijuana suggest that smoking cannabis does not present a public health problem, and that it is a valuable medical resource for treating illnesses such as glaucoma by lowering the intraocular pressure (IOP) for as long as four hours (Turbert 2014). It has also been said that marijuana can help cancer patients by providing pain relief, reducing nausea, increasing appetite and slowing the growth of

certain cancer cells ("Marijuana," n.d.). The proponents of legalizing marijuana believe that these arguments should tip the scales of classification on a federal level. They seek to have marijuana reclassified from the current classification of Schedule I Substances, even though the federal level defines marijuana as having no medical value. These proponents also believe that sick people have the right to help themselves with the medical use of marijuana.

While it is true that marijuana lowers IOP, which is the proper way to treat glaucoma, it does this only for a short period of time, possibly just hours. The treatment of glaucoma requires constant lowering of the IOP to be effective, which would mean that a person would have to constantly be under the effects of marijuana to properly treat the illness. However, this level of marijuana exposure makes a person nearly non-functional due to side effects such as impaired reaction times, making it impossible to drive safely. Another significant potential side effect is lung damage caused by the carcinogens from smoking marijuana. The impairment to memory and concentration caused by marijuana use would also make it difficult for a user to function (Turbert, 2014).

As for assisting cancer patients, a number of researchers believe that dosing issues would present a risk to these patients as a result of varying amounts of compounds that might be delivered. The cancer causing carcinogens found in smoking tobacco are also found in smoking marijuana. Heavy marijuana use over long periods of time can lead to health complications including chronic bronchitis, altered brain development, and reduced memory retention. One significant risk for cancer patients is the potential for lung infections caused by the contamination of marijuana plants with

the *Aspergillus* fungus. The risk of these types of infections is increased in people with low immunity such as those with cancer, HIV or organ transplants ("Marijuana," n.d.).

Advocates of the movement to legalize marijuana claim that decriminalizing the drug will free up police and court resources by reducing the number of people sent to prison for a casual drug, thereby creating space for serious offenders. Following this theory, once marijuana is legalized, crime rates will decrease. In states that have legalized the use of marijuana recreationally for adults who are at least 21 years of age, the use of marijuana by teens in high school has remained steady in comparison with states that do not have legislation that legalizes the use of marijuana (Lopatto, 2014).

In fact, rather than reducing crime rates, the opposite has occurred in these areas since legalizing marijuana. In Denver County, crime in the narcotics category over the nine-month period of January to September 2014 has risen when compared to the same nine month period of January to September 2013 (before marijuana use was legalized in January 2014). From January to September 2013, there were 1,725 drug and narcotics violations, while from January to September 2014 there were 1,996 violations, representing an increase of these violations at a rate of 15.7%. These figures do not even take into account Disorderly Conduct/Disturbing the Peace violations. From January to September 2013, there were 645 of these violations compared to 1,144 violations from January to September 2014 (a 77.4% increase). Liquor Law/Drunkenness violations of the same time frames in 2013 were 85, while 2014 saw 157 of these violations, representing an increase of 84.7%. Both of these statistics could reflect people who have abused marijuana in situations of Public Intoxication ("Reported offenses," 2014). (see graph on appendix A-1)

Finally, there is the concern that legalization will make marijuana easier for children to access, causing more issues for law enforcement and the courts. Six percent of students who use marijuana have a medical prescription, and a third of the students who used marijuana acquired it through another person's prescription, which is exactly what legislatures are worried about as they consider marijuana decriminalization (Lopatto, 2014).

RECOMMENDATION

When viewed through the eyes of the law enforcement community, the legalization of marijuana should continue to remain as status quo. Marijuana is commonly referred to as a gateway drug, based on the theory that the use of soft drugs like marijuana leads to the use of harder drugs through a sequence of stages of exposure and experimentation. This theory is bolstered by the observation that many individuals who use cocaine or heroin have previously used marijuana (Vanyukov et al, 2012). Evidence also substantiates the theory that marijuana is an addictive drug and can produce common withdrawal symptoms such as anger, irritability, restlessness, anxiety and sleep difficulties ("Marijuana's Addictive," 2011).

Those in support of legalizing marijuana say that smoking marijuana does not present a public health problem and that it is a valuable medical resource for treating some illnesses. However, pro-cannabis supporters rarely consider the unhealthy side effects that would come with the long-term and continuous use of marijuana. Proponents of decriminalization also claim that legalizing marijuana will free up police and court resources by reducing the number of people sent to prison for a casual drug, thus creating space for serious offenders. In theory, once marijuana is legalized, crime

rates will decrease. Recent statistics are just now starting to appear in states, such as Colorado, that have legalized marijuana for recreational use. These statistics indicate that decriminalization may be having the opposite intended effect, as these areas are experiencing an increasing crime rate.

In summary, to keep citizens of this nation safe, law enforcement should not support legalizing an intoxicating and addictive substance that has been proven to have serious side effects. Law enforcement constantly mediates the negative effects that alcohol has on its citizens. Because of its addictive properties and harmful side effects, legalizing marijuana will only increase the burden in keeping these citizens safe.

The current Texas Health and Safety Code states that a person commits an offense (Class B misdemeanor) if the person knowingly or intentionally possesses a usable quantity of marijuana. It is also a class B misdemeanor if the amount of marijuana possessed is less than two ounces ("Texas Health and Safety Code," 2009-2010). This policy should not be augmented; however, additional policies supported by the body of knowledge concerning marijuana usage should be enacted in order to facilitate a more educated public with regards to this issue. Such policies could include educational programs that target the most vulnerable and critical populations. Research indicates that individuals between 12 and 18 years old are most likely to suffer the detrimental effects of marijuana usage ("Marijuana's Addictive," 2011). Educational programs designed to target adolescent populations should be implemented with purposeful instruction and a curriculum that highlights the ill-effects and risks associated with marijuana usage. The programs should support current Texas policy and cultivate an informed populace concerning the topic. In short, Texas law enforcement should

actively oppose cannabis decriminalization and dedicate more resources to educating

the public about the dangers of marijuana.

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APPENDIX

Appendix A

TYPE OF OFFENSE		JAN-SEP 2013		JAN-SEP 2014		CHANGE		JAN-SEP 2014 Actual*	
		#	%	#	%	#	%	#	%
CRIMES AGAINST PERSONS	Murder	32	0.1%	23	0.1%	-9	-28.1%	23	0.0%
	Aggravated Assault	1,874	5.2%	1,850	4.9%	-24	-1.3%	1,862	4.0%
	Forcible Sex Offenses	611	1.7%	543	1.4%	-68	-11.1%	543	1.2%
	Non Forcible Sex Offenses	20	0.1%	10	0.0%	-10	-50.0%	10	0.0%
	Kidnapping/Abduction	155	0.4%	154	0.4%	-1	-0.6%	154	0.3%
	Simple Assault	2,836	7.9%	3,558	9.5%	722	25.5%	3,979	8.6%
	Intimidation	670	1.9%	807	2.2%	137	20.4%	929	2.0%
	SUBTOTAL	6,198	17.2%	6,945	18.5%	747	12.1%	7,500	16.2%
CRIMES AGAINST PROPERTY	Arson	75	0.2%	116	0.3%	41	54.7%	118	0.3%
	Bribery	2	0.0%	1	0.0%	-1	-50.0%	1	0.0%
	Burglary	3,839	10.7%	3,479	9.3%	-360	-9.4%	3,480	7.5%
	Counterfeiting/Forgery	117	0.3%	129	0.3%	12	10.3%	131	0.3%
	Criminal Mischief/Damaged Property	4,385	12.2%	4,468	11.9%	83	1.9%	4,668	10.1%
	Embezzlement	23	0.1%	7	0.0%	-16	-69.6%	7	0.0%
	Extortion	7	0.0%	11	0.0%	4	57.1%	11	0.0%
	Fraud	643	1.8%	668	1.8%	25	3.9%	716	1.5%
	Larceny	6,037	16.8%	6,104	16.3%	67	1.1%	7,103	15.4%
	Theft from Motor Vehicle	5,235	14.6%	3,902	10.4%	-1,333	-25.5%	3,902	8.4%
	Motor Vehicle Theft	2,577	7.2%	2,582	6.9%	5	0.2%	2,585	5.6%
	Robbery	851	2.4%	810	2.2%	-41	-4.8%	810	1.8%
	Stolen Property	89	0.2%	99	0.3%	10	11.2%	102	0.2%
	SUBTOTAL	23,880	66.4%	22,376	59.7%	-1,504	-6.3%	23,634	51.1%
CRIMES AGAINST SOCIETY	Drug/Narcotics Violations	1,725	4.8%	1,996	5.3%	271	15.7%	3,040	6.6%
	Gambling	5	0.0%	1	0.0%	-4	-80.0%	5	0.0%
	Child Pornography	0	0.0%	2	0.0%	2	NA	2	0.0%
	Prostitution	52	0.1%	30	0.1%	-22	-42.3%	39	0.1%
	Weapon Law Violations	355	1.0%	505	1.3%	150	42.3%	619	1.3%
	SUBTOTAL	2,137	5.9%	2,534	6.8%	397	18.6%	3,705	8.0%
ALL OTHER OFFENSES	Fraud - NSF - Closed Account	7	0.0%	9	0.0%	2	28.6%	9	0.0%
	Curfew	2	0.0%	10	0.0%	8	400.0%	323	0.7%
	Disorderly Conduct / Disturbing the Peace	645	1.8%	1,144	3.1%	499	77.4%	2,188	4.7%
	Family Offenses / Nonviolent	287	0.8%	360	1.0%	73	25.4%	392	0.8%
	Liquor Law/Drunkeness	85	0.2%	157	0.4%	72	84.7%	1,808	3.9%
	Other Sex Offenses	274	0.8%	258	0.7%	-16	-5.8%	279	0.6%
	Viol of a Restraining/Court Order	520	1.4%	737	2.0%	217	41.7%	794	1.7%
	Harassment	275	0.8%	232	0.6%	-43	-15.6%	236	0.5%
	Criminal Trespassing	630	1.8%	1,110	3.0%	480	76.2%	1,916	4.1%
	All Other Offenses	1,015	2.8%	1,611	4.3%	596	58.7%	3,476	7.5%
	SUBTOTAL	3,740	10.4%	5,628	15.0%	1,888	50.5%	11,421	24.7%
GRAND TOTAL		35,955	100.0%	37,483	100.0%	1,528	4.2%	46,260	100.0%

("Reported Offenses", 2014)