Should Marijuana Policies Criminalize Use or Reduce Harm?

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Debates over marijuana legalization are heating up all over the United States, as citizens and policymakers consider whether to move away from criminal prohibitions. The alternative is not a total absence of regulation, but instead a turn toward harm reduction and recognition that not only does marijuana have ameliorative uses, but also its prohibition causes more public harm than the impact of its use. Improved policies could remove all barriers to medical marijuana, including its use for addiction treatment – and perhaps take additional steps to correct for the social and racial injustices brought about by existing policy that criminalizes and prohibits marijuana use altogether.

Ameliorative Possibilities

Before it was criminalized, marijuana helped people with a variety of physical and mental health conditions. Research confirms therapeutic benefits of cannabinoids – which include the psychoactive ingredients in marijuana – in addressing nausea, weight loss, chronic pain, and neurological conditions. Marijuana has been shown to be an alternative to pain pills. For those already addicted to opioids or other drugs, marijuana can be effective in combination with other treatments.

My own research among marginalized drug users shows that marijuana can wean people off methadone, a drug commonly used to help people with heroin and other opioid addictions.

- One interviewee, a former heroin addict in a government subsidized methadone program, said he paid to see a medical marijuana doctor to be certified, but then could not afford to pay for medical marijuana since marijuana is not subsidized. When a dispensary opened near him, he was one of the first customers with a hardship status and received free marijuana for a year. Within a few weeks he was able to stop using methadone, replacing it with marijuana.

- In another case, a homeless woman who was living in a shelter told me she was provided subsidized methadone to treat her opioid addiction, but she used marijuana to wean herself off the methadone. She had to do this secretly or she would be kicked off the program and lose her bed at the shelter. She got her marijuana illegally from a street dealer. She stopped using marijuana once she was off methadone.

As states have legalized marijuana for medical purposes, mounting research shows what drug users have known for years: Well-regulated, doctor-monitored marijuana treatment can reduce dependence on dangerous opioids like heroin and prevent deaths by opioid overdose. One study found states with medical cannabis laws had on average a 24.8% lower annual opioid overdose mortality rate compared to states without medical marijuana, and up to a 33.7% lower rate after five years. Another study shows that more access to marijuana dispensaries correlated with decreases in opioid deaths, linking reduced overdose directly to the availability of marijuana.

Despite such evidence, scientific debate continues to weigh harms and benefits – influencing political battles over reform. A recent article on the negative effect of marijuana as measured by brain scans of young adults received scholarly criticism for misleading procedures, such as absent controls for the use of other drugs by subjects in the study. Such research generates false arguments in the public arena. Much of the debate surrounding drug policy reform is fueled by beliefs about addiction that are not grounded in good science or contrary to recent research findings. Scholars who have studied addiction for decades have not reached agreement on the nature, etiology, or essence of addiction – so it is bound to be misleading to assert that marijuana use is a "gateway" to drug addictions. This unsubstantiated claim can distract policymakers from considering useful reforms.

How Harm Reduction Approaches Work

Using marijuana as treatment for more severe drug addiction is called a "harm reduction approach," in that it reduces damage caused by the use of other drugs like opioids that are associated with serious health problems and fatalities. The harm reduction model has an important historical precedent. Methadone, a pharmaceutical substitute for heroin, was used to treat morphine addiction during World War II, and then used again to help the rising number of heroin addicts among Vietnam War veterans. At times, methadone was widely opposed despite its benefits, and patients were stigmatized. Public opinion shifted over time, however, as positive effects of the treatment became clear. Today, this kind of harm reduction is among the most popular strategies to combat opioid and heroin addiction.

An analogous harm reduction program utilizing marijuana potentially could save many lives. Since 2000, the overdose deaths from abuse of opioid prescription pain pills and heroin have increased 200 percent. More than half a million people have died from drug overdoses, which now account for more deaths than car accidents. In response to this crisis, political task forces promise more pharmaceutical solutions – such as the use of naloxone antidotes. Such policies amount to crisis measures, not cures or prevention. In addition, currently promoted pharmaceutical substitutes for opioids are highly addictive. Meanwhile, marijuana is one of the safest therapeutic substitutes – and could be an optimal harm reduction strategy whether monitored under a doctor's care or self-prescribed. Yet political task forces never mention marijuana to address the opioid crisis. Instead, it is criminalized – and people who use marijuana for self-medication are stigmatized.

How Legalization Could Overcome a Disturbing History

Like the prohibition of alcohol, the prohibition of drugs has failed to stop or reduce drug use and crime. The recent mass incarceration of drug users drove U.S. prison rates to the highest in the world, as marijuana arrests, mostly for mere possession, accounted for half of all drug arrests by 2010. Further, although Black and white people use marijuana at the same rates, Blacks are almost four times more likely to be arrested for marijuana possession than whites.

Regulated legalization means that marijuana would be tested, labeled, and packaged to sell to people who can prove they are 21 years or older. Regulated markets would bring jobs and tax revenues for community purposes. Best of all, legalization would reduce the injustices of mass incarceration, reduce incentives for crimes and violence, and allow marijuana to be used in socially beneficial ways. The time has come to move from prohibition to harm reduction.