

INSTITUTE OF CURRENT WORLD AFFAIRS

ATW-15

Marihuana Reconsidered

Tucson, Arizona

March 16, 1973

Mr. Richard H. Nolte  
Institute of Current World Affairs  
535 Fifth Avenue  
New York, New York 10017

Dear Mr. Nolte:

It is almost five years since Norman Zinberg, Judith Nelsen, and I published the results of our pilot studies on the clinical and psychological effects of marihuana in man. In that time I have seen more and more marihuana use among Americans and also have traveled extensively through two countries -- Mexico and Colombia -- where heavy Cannabis use is much in evidence. I have seen nothing to make me change my basic views about this plant. I continue to regard it as a relatively mild intoxicant (especially in comparison with such powerful drugs as alcohol and tobacco) whose effects are highly variable and determined more by set and setting than by pharmacological factors. In this brief paper, I will simply note a few recent observations.

1. Variability of types of marihuana. The differences in types of marihuana are striking. In Latin America I came across some varieties so sedative that they were almost stupor-inducing. I have seen a variety of home-grown marihuana, cultivated in southern California and sold there for \$1600 a pound, that was more potent than the strongest varieties imported from southeast Asia. The "best" marihuana I have encountered (in terms of potency and freedom from undesirable characteristics like excessive sedative power) has usually been grown in the United States and harvested shortly before use, often just after the plants have flowered and before seeds have formed.

2. Tolerance to Cannabis. There is no question in my mind that tolerance to marihuana is a usual phenomenon as the drug is smoked with any regularity. The more frequently one smokes, the less high one gets. Chain smokers do not get high at all. Switching varieties may bring back the psychoactive effect for a time, but tolerance quickly occurs to the new variety if use is continued at the same high frequency.

3. Dependence-producing potential of marihuana. Marihuana, like other psychoactive drugs, becomes an object of dependent behavior; it is not a cause of it. I continue to meet individuals who smoke the drug constantly, are chronically lethargic, and accomplish little. But they suffer no ill effects when the drug is not available. As public health problems, cases of serious dependence on alcohol, tobacco, and caffeine all seem to me to outnumber cases of serious dependence on marihuana. In addition, the former habits are much harder to break, and the drugs are more toxic.

4. Adverse reactions to Cannabis. Panic reactions to marihuana (tachycardia, tremors, sweating, paranoid mentation) certainly occur in experienced users as well as in novice users. The phenomenon is common enough among younger users that it is known among them as the "shakes." A Cannabis smoker may find that he is susceptible to panic reactions cyclically and that he must abstain from the drug for a while when he begins to have them.

5. Toxicity of Cannabis. I have yet to see convincing evidence that marihuana is more toxic than alcohol, tobacco, or coffee. It is unfortunate that the drug is usually taken by inhalation because of the deleterious effects of smoking on the respiratory apparatus. I would like to see some effort put into the development of good oral preparations of the plant that would be pleasant to consume and suitable for efficient absorption from the digestive tract.

6. Use by children. I have met many children (some as young

as five) who smoke marihuana with some regularity. I do not believe that the smoking of anything is a healthy practice, certainly not for young children.

7. Research methodology. I continue to regard experiments performed with tetrahydrocannabinol (THC) and, especially, with orally-administered THC as essentially irrelevant to the realities of Cannabis use in this country.

8. Marihuana and psychomotor performance. Acute marihuana intoxication is compatible with the adequate performance of any psychological or motor task provided the individual is an experienced user, is familiar with the task, and has practiced the task while high on the drug.

9. Medical potential of Cannabis. Because marihuana is such a non-toxic pharmacological agent relative to drugs in current clinical usage and because it can trigger valuable alterations in consciousness, its potential use as a therapeutic agent should be investigated vigorously. I have reports from several women that marihuana provides excellent analgesia during childbirth, for example.

10. Marihuana highs as altered states of consciousness. All of the interesting aspects of a marihuana high can be reproduced without the drug, particularly by meditation, hypnosis, chanting, or other techniques that trigger altered states of consciousness. Once a person knows by experience what being high on the drug is, he can learn to have that experience by other means, which may be advantageous to him in that it extends his freedom to be high independent of external aids.

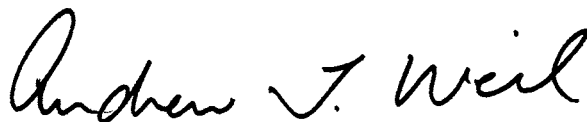
11. Extent of use. There is every indication that the use of marihuana in the United States continues to increase and that its acceptability in American society is also growing.

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Until recently, I did not take an active part in the mount-

ing campaign to decriminalize marihuana. I now feel that decriminalization, as proposed by Professor John Kaplan of Stanford Law School, is a necessary step and that, in particular, persons in prison for marihuana offenses should be released. I believe that those who want to use the plant should be allowed to possess reasonable amounts of it and should be able to obtain it in ways that assure quality at honest prices. Because I think that home-grown marihuana is better and healthier for people than old marihuana grown in other parts of the world, I also feel that users should be able to grow their own plants for personal consumption.

Sincerely yours,

A handwritten signature in cursive script that reads "Andrew T. Weil". The signature is fluid and elegant, with a large initial 'A' and a long, sweeping tail on the 'l'.

Andrew T. Weil

Received in New York on March 29, 1973.