

# Editorial

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## The Legalization of marijuana

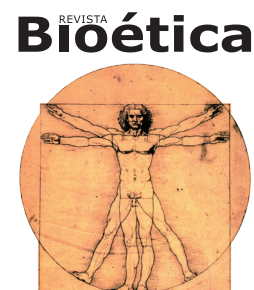
For some time now a debate has been taking shape and growing more heated in Brazil, leading to questions, reflections and new findings that cannot be overlooked. The discussion has sometimes entered the realm of institutional controversy, involving lawsuits and consultations that have reached as high as the Federal Supreme Court (STF). Leaders of civil society, the three powers and other citizens have demonstrated an interest in the subject, dividing themselves into the familiar groups: in favor, against and indifferent. In this case, the subject is the legalization of marijuana use.

Meanwhile the colloquial debate, even if at a low pitch, has taken place in homes, colleges, universities, places of worship, bars, courts, prisons and in the most remote parts of the country. Like any debate, from the selection of the Brazilian soccer team to the economic strategies of the government, thousands of “experts” of all types have emerged. Some are well qualified, others less so, some are concerned about what might happen to society and some are motivated by the need to express their feelings or to learn a little more about the subject. The applause, criticism and degree of moderation involved depend on the personality and awareness of each individual.

Former Brazil president Fernando Henrique Cardoso, one of the most illustrious defenders of legalizing marijuana, has this to say on the subject: *“The idea behind legalization is not “complete liberation”. Drugs can cause harm”*<sup>1</sup>, he said during a debate at the institution that bears his name, which also featured Supreme Court Judge Luís Roberto Barroso. *“The question has to be dealt with from an intelligent perspective, with the aim of reducing drug consumption, because all drugs cause harm”*<sup>1</sup>. He pointed out that the commonly used distinction between hard and soft drugs can be illusory: *“Soft drugs, if abused, can cause tremendous harm, and that includes marijuana. And hard drugs, if used occasionally, would not cause the same harm”*<sup>1</sup>. This intricate analysis may be partly or wholly correct. What is certain is that it does not consider how much both marijuana (“soft drugs”) and “hard drugs” can cause rapid physical and psychic dependency, and that one can lead to the use of the other.

At the event both Fernando Henrique and Barroso argued that those caught with a certain quantity of drugs intended for personal use should not be arrested. Barroso mentioned that Brazil has the fourth largest prison population in the world: *“In Brazil, we lock up a lot of people, but we lock up badly,”* said the judge, noting that most prisoners are black and poor<sup>1</sup>. It should be noted that Law 11.343/2006, which created the National System of Public Policies on Drugs (Sisnad), does not call for the imprisoning of users for buying, storing or transporting for their own use. The predicted penalties in such cases are warnings about the effects of drugs; community services; or educative measures, for 5 or 10 months in case of recidivism. Arrest should only occur if someone causes an accident with a boat or aircraft while under the influence of drugs. The law guarantees the health care of addicts, whether arrested or free<sup>2</sup>.

Of the 33 projected items of legislation that seek to amend the Law currently under discussion in Congress, 21 are passing through the Lower House, with the



other 12 being considered by the Senate. Most of the proposals suggest toughening current rules, with increased penalties and restrictions on reduced sentencing. A survey by G1 found that only three out of the 33 proposals under consideration by parliament advocate flexibilization<sup>3</sup>. For one senator from Piauí, the sense of impunity leads people to use drugs. For one researcher from the Federal University of Minas Gerais (UFMG), however, the hardening of the law will have only one immediate effect: an increase in the prison population. There is no relation between tougher laws and crime reduction, says the scientist<sup>3</sup>.

These examples are drawn from only two published articles on this controversial, provocative and contemporary theme. Thousands of other publications have discussed the subject across all media, including social networks. But is it a police or a public health issue, or does it link both areas? What do professionals who work to preserve the health of the population think? Are they invited to participate in the debate? What about bioethicists? It is reasonable to accept that everyone would like to have an opportunity to comment. Of course, whether invited to the discussion or not, most people have considered the subject.

One does not need to be a specialist in police or legal matters or indeed in the area of drugs to participate in this discussion. From the perspective of the health of the citizen, however, many concerns arise due to the quantity and importance of the issues that must be studied and understood before a judgment of value can be reasonably made. We have a duty to tackle the matter from an ethical and bioethical perspective, as do all who defend the health of the population. So, what do the councils of medicine, nursing, nutrition and other areas of health think? What do the academy, the Brazilian Bar Association, the National Justice Council (CNJ), the Human Rights Commissions, the National Confederation of Bishops of Brazil (CNBB) believe? And what do the families of the addicts and those who have not yet started along this path think?

What do we mean when we discuss the issue of legalizing marijuana for “recreational” use, if such a qualification can be applied? It can be interpreted in several ways: the amount that an individual can carry without being considered a dealer, avoiding imprisonment; the struggle against the injustice of having mere drug users in prisons, the majority of whom, as in other cases of imprisonment, are black and poor, whereas the real drug lords do not appear on the news and are not recognized as such by society; to liberate the sale and consumption of a drug that is today considered “illicit”, so that it can be acquired in pre-established quantities in government-registered stores or “points”, all organized and controlled, to reduce illegal sales.

Another way of understanding the issue is that we are discussing the benefits of legalization, through a possible decrease in drug use, arrests, crime, trafficking and violence, through a philosophical approach towards drug dealing by traffickers, removing their profits and breaking up their gangs in a revolutionary strategy to drastically reduce the sale and consumption of illicit drugs; or are we simply legalizing marijuana use without assessing its harmful effects on people, especially children and adolescents. Brazil does not want injustice, but to define what can be considered justice; we do not know whether such concessions will improve the calamitous effect that the consumption and selling of drugs has caused to the lives of the population across Brazil.

We have heard it said that certain countries have legalized marijuana, or other drugs, in cities or neighborhoods, and that such policies have “worked” or “worked very well.” Statements like these, when not accompanied by compatible research employing appropriate methodologies, are explicit examples of

empiricism in an issue of such importance. We must first qualify the debate by presenting clear and reliable data.

Scholars have avoided taking a position on such measures. They affirm that the changes are recent and that the data remain inconclusive<sup>4</sup>. On the other hand, researchers point out that there has been an increased prevalence in the recreational use of marijuana in the 28 US states that have allowed the use of “medical marijuana” since the 1990s. The study in question used data from US national surveys carried out in 1991-1992, 2001-2002 and 2012-2013, with 118,497 participants<sup>4</sup>.

According to researchers, there was a greater increase in the illicit use of marijuana and other problems related to drug use in these states than in those where the drug was prohibited<sup>4</sup>. Levels of marijuana use in states that legalized the drug were higher than in those that did not legalize it<sup>5</sup>. Fatal accidents doubled in Washington after legalization from 2013 to 2014<sup>6</sup>. In New York and Colorado there are more marijuana related businesses than Starbucks or McDonalds. In Colorado, overdose poisoning has increased significantly<sup>7</sup>. An analysis in *The Economist* states that the number of coffeeshops is decreasing, from 350 in 1995 to 167 today<sup>8</sup>.

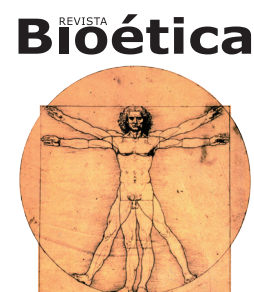
The opposite occurred with the restriction of smoking in Brazil, when the number of smokers decreased, as well as the number of deaths related to smoking. In 1989, the percentage of smokers aged 18 years or older was 34.8%, dropping to 14.7% in 2013<sup>9</sup>. The 2015 National School Health Survey by the Brazilian Institute of Geography and Statistics (IBGE) showed that 18.4% of schoolchildren in the 9th year of elementary school began smoking<sup>10</sup>.

The tobacco industry’s fight is varied and its position has not softened. A lawsuit filed in 2012 by the National Confederation of Industry (CNI), supported by SindiTabaco, which makes up its board of directors, argued the unconstitutionality of the articles of federal law that created the National Sanitary Surveillance Agency (ANVISA)<sup>11</sup> and the Collegiate Board Resolution (CDR), which prohibited the marketing of cigarettes containing aromas and flavors<sup>12</sup>. For the 5<sup>th</sup> time, the Direct Action of Unconstitutionality - 4,874 (ADI), has not been judged by the STF. The sale of mint, cherry and cinnamon flavor cigarettes continues to be the main attraction for youngsters who start smoking<sup>13</sup>.

Research by the National Cancer Institute (Inca) at the 2017 Inca 80 Years Congress<sup>14</sup> showed that the majority of Brazilians, both smokers and non-smokers, strongly support the creation of new governmental actions that prohibit smoking, or even for a total ban on the sale of tobacco products. Of the 4,720 cigarette substances inhaled when smoking, 43 are cancerous and the others cause death by various diseases such as coronaries, acute myocardial infarction, bronchitis, emphysema, and vascular diseases, among others, among both active and passive smokers. It is estimated that smoking causes 200,000 deaths per year in Brazil, which is equivalent to 23 people per hour<sup>15</sup>.

The tobacco epidemic killed nearly 100 million people in the twentieth century, and could kill around one billion in the twenty-first century if current consumption trends are maintained<sup>16</sup>. What might change if marijuana was legalized? What harm would it cause to users and non-users, if access became easier and its appeal increased?

A study on marijuana use in the USA post-legalization with over 500,000 people over the age of 18, conducted between 2002 and 2014, found an increase in the number of adult users, the number of people who consumed drugs on a daily basis, and a reduction in people who considered the drug dangerous. The percentage of abuse and dependency remained unchanged, with an increase in the number of experimenters, users and people who used drugs daily. Accompanying



these statistics is the growing potency of Tetrahydrocannabinol (THC) in marijuana samples. Increased visits to the emergency room by drug users were higher among those who consumed marijuana than among users of cocaine and heroin<sup>17</sup>.

Other negative factors that accompany the use of marijuana are impairment in learning and retention of information (short-term memory); motor coordination dysfunction, which may cause, for example, automobile accidents; alterations in critical judgment, increasing the risk of transmission of sexually transmitted diseases (STDs); and, in high doses, paranoia and psychosis. One should also consider the effect of long-term use, influenced by early consumption among adolescents. School dropout levels are directly related to the number of times teenagers used marijuana, and the college entrance ratio has been found to be inversely proportional; the same may be said for college performance<sup>18</sup>.

If adolescents and young people have virtually free access to alcohol and cigarettes, why should they not have the same access to marijuana and its by-products? Consumption in this age group may also cause altered brain development (neuroplasticity); increase the risk of chronic psychosis disorders in predisposed patients; entail cognitive insufficiency; and reduce satisfaction in performing everyday tasks. There is also the appearance of respiratory diseases, cancer, cardiovascular effects such as increased heart rate, hypertension, and an increased risk of acute myocardial infarction of up to five times 60 minutes after starting consumption<sup>19</sup>.

It is known that the technique used to smoke marijuana differs from that used to smoke tobacco cigarettes, with deeper, more frequent inhalations, and more prolonged apnea, leading to inadequate intrathoracic pressure. In addition to the effects on the respiratory system, the use of *Cannabis sativa* may cause a higher prevalence of chronic coughing, episodes of acute bronchitis and respiratory diseases, as well as increased risk of pneumothorax, pneumomediastinum and pneumopericardium, and asthma, allergic rhinitis, among other allergies, including anaphylaxis<sup>20</sup>.

That addiction to licit (alcohol, tobacco) or illicit drugs (marijuana, cocaine) should be eradicated or that the number of people addicted to such substances should be reduced is not under debate. In pregnancy, consumption causes the same harm to the fetus as tobacco. It causes equivalent dependency and problems in the development of the brain. It is therefore essential that fewer children and adolescents are initiated into such practices so that we have a drug-free society, or that drugs are at least partly controlled. Legalizing a drug that causes as much health damage as *Cannabis sativa* should not be considered the best solution.

The role and duty to protect the health of the human being occurs when a patient receives care, when the prevention or promotion of health is carried out, disease is diagnosed and cured, pain is relieved and the sufferer is comforted. It is an ancient task, the main goal of which is the health of the patient and their family. When we protect the environment, we fight for more and better jobs for the population, for living wages, for good working conditions, for transport and housing, and we fight for the health of the population.

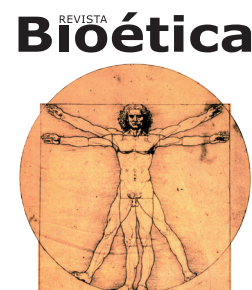
How, then, do we accept the insertion, under the name of recreation or whatever other label one cares to give to the legalized use of marijuana, a poisonous substance like THC, which causes serious harm to health, into people's bodies? Ending the injustices and overcrowding of prisons is an urgent issue, as is combating trafficking, treating addicts and preventing new users from falling into this net. But how to effectively combat drug trafficking? By listening to the words of experts in the field.

Who knows, as the suggestion of a layman, that the actions of organized crime might not be hindered by cutting profits or using the available intelligence of the police and armed forces? After all this is a case of national security and the guarantee of a promising tomorrow for our young, the future leaders of the nation. In order to arrest the real drugs and arms lords, the real bosses, one could try to “follow the money” with known techniques, many of which have been created in Brazil during the fight against corruption, which has allowed us to train competent experts for the battle in the trenches. These strategies can be used as they are both legal and liberated for use in our country.

**Sidnei Ferreira**  
Chief editor

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