

Dialogue

Comments for a Dialogue

The Mystery of Marijuana: Science and the U.S. War on Drugs

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The mystery of why marijuana is so severely repressed by law enforcement should be especially humbling for public health researchers in the United States and for the field of science studies more broadly. It demonstrates the need for putting institutional power politics and the social construction of reality into the center of our analysis of drugs. It also drills home the naiveté of assuming that “objective scientific evidence” shapes drug policy, media coverage, and popular opinions and values. Despite repeated documentation of the much lower risks associated with marijuana consumption compared to alcohol use, U.S. federal law enforcement agencies in the 2000s have been spending over \$4 billion a year arresting almost three quarters of a million people on marijuana charges—usually merely on charges of possession (Schlosser, 2003).

Public health researchers need to develop theoretical and practical strategies to explore the social meaning of drugs and the impact of power politics on health. “Rigorous” technical statistics on drug consumption and health risks are meaningless in a vacuum. It has not been enough to measure the spread of infectious diseases or the prevalence of risky practices. We need to examine the larger power relations that drive health, policy, and cultural values. The repression of marijuana illustrates this well. The widespread prevalence of recreational marijuana consumption among youth continues to generate an irrational moral panic akin to the cold war anti-communist crusade of the 1950s despite all evidence that marijuana causes few significant health or behavioral threats to the vast majority of the people who consume it.

This is not to say that marijuana is harmless to everyone. The pharmacological properties of a drug are not the sole determinants of its potential harm. Of special importance and concern is the nexus between socially structured vulnerability and destructive drug consumption (Bourgois, 2003a)—especially in a country like the United States where a punitive social service infrastructure exacerbates the suffering of the poor. For example, when I was conducting fieldwork among crack dealers who had grown up in dire poverty in

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East Harlem (Bourgois, 2003b), I collected accounts from them of how, as teenagers, they had fished “roaches [butts of marijuana cigarettes]” out of puddles of urine in the stairways of their housing projects to dry them and smoke them. Most middle-class users cannot conceive of such a desperate pursuit of the marijuana high.

Despite (or perhaps because of) law enforcement’s efforts, hip-hop culture defiantly celebrates marijuana and this probably represents a public health boon. During the 1950s through the 1970s heroin was “cool” among disenfranchised urban youth and among trend setters in the underground economy (Finestone, 1957). In the early to mid-1980s crack/cocaine had become the drug of choice (Golub and Johnson 1999). By the 2000s, however, most chronic crack smokers were over 30 and most heroin injectors were over 40 (Bourgois and Schonberg, in press). Inner city youth shunned injection drug use and the expression “are you on crack!” had become a comic insult on elementary school playgrounds. In future decades we may consider the popularity among poor urban youth of “blunts” [marijuana rolled in cigar papers] to have been a lucky historical accident (as well as testimony to popular common sense).

From a risk reduction perspective, it is important that we take seriously the possibility that the increase in marijuana use has been reducing alcohol and narcotic drug consumption. Sadly, the greatest harm caused by marijuana comes from the collateral damage of its illegality. Criminalization has dramatically increased the profitability of marijuana and the violence surrounding its trafficking. Furthermore, millions of vulnerable lives are ruined as large sectors of poorly educated, destitute youth serve prison terms for selling trivial amounts of marijuana. Prison records block access to legal employment and draconian enforcement of parole violation statutes around recreational marijuana use spin the revolving doors of the correctional system. In California, for example, tens of thousands of young men are routinely reincarcerated each year by their parole officers without appearing before a judge (State of California Little Hoover Commission 2003) solely for “dirty urines,” that is, a trace of marijuana found during a random urine test.

The War on Drugs has clearly backfired in the United States. In 2007 both marijuana and heroin are now more potent and easier to buy than ever before (Ciccarone, Krauss and Unick 2007; Office of National Drug Control Policy, 2000). In contrast, the decriminalization of marijuana that has occurred in Holland since the 1970s and that currently exists, *de facto*, in several other European countries, such as Switzerland (and in certain North American municipalities) increases the possibility of regulating marijuana and of providing treatment for those individuals who become problem users.

The U.S. federal government’s zero-tolerance approach to marijuana is only the tip of the iceberg of misguided punitive policy that exacerbates the negative health effects of drug use across the globe. A righteous, opposition to the principle of harm reduction is deeply rooted in U.S. history and culture. Politicians prove their patriotism by calling for war instead of for public health services. Needle exchange, for example, has still not been legalized at the national level in the United States out of a fear that it “condones drug use.” In the first half of the 2000s U.S. diplomats invested more energy than ever in actively combating risk reduction initiatives such as treatment of heroin addicts through opiate prescription programs or supervised injection facilities for out-of-treatment users (Editor 2003). The United States is the principle funder of drug research and of drug control—as well as of military aid. It is the most politically, militarily, and economically powerful nation and does not hesitate to pressure friends and foes to obey its value-laden dictates on drug control even when they fly in the face of the scientific evidence collected by public health researchers.

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