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The Study Abroad Research Context

As a rising junior at Northwestern University, I yearned for an experience different from reading texts in my political science classes and from the legal and political internships I had completed. I wanted to step out of the academic realm of reading about infant democracies, and see one in the making; I wanted to move outside the box.

Most of my experiences prior to this fell relatively within the "box." I always thought I would someday become a lawyer. Working for the Goshen Criminal Justice Department and for Dupee Dupee Law Ltd only reinforced this idea. At Northwestern, I became president of Phi Alpha Delta, Northwestern's pre-law society. After a summer internship for a congressman, I thought politics might not be for me, but this changed when I did something very different: I studied abroad in Scotland.

Edinburgh, the capital of Scotland, is a magical place with a majestic castle overlooking the entire city. Running in the city, I found myself surrounded by incredible architecture and always something new to astound me. The people, even more than the environment, impressed me, but my experience in the Scottish Parliament changed my outlook on the future. Seeing the difference I could make through legislation, and the possible careers I could pursue abroad, made me reconsidered my career choice. Maybe I would go into politics. Maybe I would engage in human rights law, and try cases like the ones of the people in Guantanamo Bay. Maybe I would someday work for the European Union. I'm no longer as sure about what I want to do, but I think that's a good thing. Currently, I am working on my senior thesis on the 'Ineffectiveness of Prisons to Combat the War on Drugs in the United States,' a topic inspired by my research for a member of the Scottish Parliament (MSP), Michael Matheson, of the Scottish National Party.

Without a formal building to call home, the informality, intimacy, and rowdiness of the infant Scottish Parliament became part of my daily routine during my ten-week internship. Although I had

interned for politicians before, this was unlike any internship I'd had. I was able to see government in its early stages trying to adhere to the goals just recently set. I could see the government struggling for validation both in Scotland and among other nations. Interning in this environment was incredible. I was able to become part of the workings of Parliament during my internship. I accompanied Matheson to every meeting, participating and giving him my thoughts and becoming heavily involved in politics at its very best and worst. I was exposed to what drove the body to undertake a bill, experienced the vigor of the Scottish Nationalist Party, and undertook a formal research project.

While I worked in the Parliament, it undertook Matheson's bill on fire sprinklers. Although he proposed this bill in 2001, at that time they had stated it would not even be considered. However, a fire tragedy in Wales in January of that year resulted in enormous media coverage of the bill. Public outrage quickly changed the opinion on the bill; it became an integral part of the legislative agenda. We met with committees, argued with interest groups against sprinkler legislation (such as the Association of Landlords), and learned about installation from fire sprinkler companies. My primary responsibility was research on the use of fire sprinklers abroad, and based on that, changes in insurance costs and market value.

Working for the Scottish Nationalist Party (SNP) made the experience even more striking. Although the Scottish Parliament has jurisdiction in most domestic matters, there are still powers known as "reserved powers" that are specifically reserved for the UK Parliament, such as international affairs and taxation. The dynamic between the two bodies has become even more fragile with the growing influence of the European Union, and the discord within the UK's Parliament with Northern Ireland. The fate of Scottish Parliament is largely unknown, but the SNP wants Scotland to become completely independent of the UK. The SNP has a unique attitude that is almost impossible to describe in a few words. Examples better show their "spunk." I walked into the Scottish Nationalist Party headquarters, and the first poster that I saw was of Margaret Thatcher sporting vampire-like fangs, with oil dripping down them. The poster said, "She's laughing be-

cause she has our oil. Independence for Scotland.” A simple discussion about sports revealed their pro-Scotland, anti-England sentiment. When asked “What team are you rooting for?” the MSP revealed “I hate France, but I always root against England, so if it were France vs. England, I would wear a beret and love the French.” I decided I wanted to work for the SNP when I watched Question Time, a weekly session where members question the first minister on issues/plans. The entire room was calm for each question. The SNP members stood apart from the rest. John Swinney, the SNP party leader, was extremely vocal about everything and anything the First Minister would say. They were passionate and unrelenting.

The SNP’s agenda calls for independence for Scotland, so they must develop positions on “reserved matters.” In the UK on January 29, 2004, cannabis was decriminalized to a class C drug, but the SNP did not have a formal position on this matter. The following brief presents research that Matheson asked me conduct on cannabis, to inform the SNP’s position on the matter. Working in the Parliament and living in Scotland gave me access to information from drug clinics, executive statistics and cross-party meetings with psychologists who directed me to further resources. My internship position helped me to communicate with other countries’ parliaments, such as the Netherlands. Living in the University flats showed me first hand Scottish youth’s attitude toward cannabis and the government.

This was the setting of my research, a rowdy infant Parliament with a political party fighting for independence for Scotland: what an experience!

Position Paper: Should the Scottish National Party Support Scotland to Legalize, Decriminalize, or Prohibit Cannabis?

Introduction

The UK has the highest rate of cannabis use among young people worldwide (Schlosser, 69-70). Dr. Alan Leshner, Director of the National Institute of Drug Abuse reports, "Every year more than 100,000 people, most of them adolescents, seek treatment for their inability to control their marijuana use" (Maranatha, 3). According to the Scottish Drug Misuse Statistics in Scotland 2002, 51% of individuals under 20 years have used cannabis (Information and Statistics Division, 78). Cannabis use is not limited to youth; it is also the single-most used illicit drug among adults. Between 1988 and 1999, British arrests for marijuana nearly quadrupled to almost 100,000 per year.

Because of their widespread negative impact, illicit drugs have become a focus of the agenda of the English Parliament and there is ongoing debate on how to combat this problem. Since cannabis' acute effects are less severe than those of hard drugs such as heroin, some argue that legalization would decrease overall drug use (NIDA Heroin; 1). Others contend that more stringent legislation calling for more severe punishment of offenders, would create greater deterrence. Recent British legislation (January 29, 2004) decriminalized cannabis from a class B drug to a class C drug, decreasing the severity of punishment for possession.

Currently the Scottish Nationalist Party (SNP) does not have a formal stance on the decriminalization of cannabis. As the research assistant of Michael Matheson (MSP), I compiled this report to gather information on cannabis and to assess approaches that would form the most effective cannabis policy. This research explores whether or not the recent change toward decriminalization is adequate, or if it needs further revising.

Legalization and decriminalization (which allows for personal use) of cannabis essentially legalizes the drug, and both have potential for disaster. In one month, 1.25 million people in the UK will have used cannabis, while between 10 and 11 million will have legally smoked tobacco, and 42 million will have consumed alcohol (Sleator and Allen, 45). In 1996, there were 4,372 alcohol-

related deaths as compared to 187 deaths due to heroin (Sleator and Allen, 62). Legalized substances are used more than illegal substances, so there are more deaths due to legal substances than to the more dangerous illegal substances. Thus, legalization would most likely escalate the number of cannabis users and cannabis-related injuries (Sleator and Allen, 45). Legalization would add to the confusion about the dangers of cannabis, and enforce the message to youth that cannabis is not harmful. It would also increase the possibilities of individuals mixing legal drugs, such as alcohol and cannabis, and adversely impact person's health even more. Enforcing a law pertaining to smoking cannabis and driving would become yet another hurdle, because cannabis remains in the body much longer than alcohol, sometimes for days. Thus, the arguments for legalization of cannabis and for its decriminalization would do more harm than good, amplifying the serious problems that already exist.

More stringent legislation, such as placing cannabis at the same level as heroin, presents further problems. Cannabis is a harmful drug, and we must show through laws that we do not intend to make this normative, but at the same time we must make reasonable laws that reflect the degree of its danger. Cannabis possession should not be punished in the same manner as heroin. As Dame Runciman, chairman of the Police Foundation Inquiry remarked, "When young people know that the advice they are being given is either exaggerated or untrue in relation to less harmful drugs, there is a real risk they will discount everything else they are told about the most hazardous drugs, including heroin and cocaine" (quoted in Sleator and Allen, 56). Differentiating legally between hard and soft drugs may deter some people from progressing to harder drugs. Thus, SNP policy regarding cannabis should remain as it is: decriminalized as a class C drug while maintaining illegality and non-tolerance for possession.

General Background

Cannabis originates from the plant *Cannabis sativa*. The flowering buds of the female—and to a lesser extent the male—secrete a sticky yellow resin rich with cannabinoids. Several are psychoactive, more prominently delta-9-tetrahydrocannabinol (THC). This, along with a greenish-gray mixture of the dried shredded leaves and stems compose cannabis (Scholsser, 16). The main ingredient that affects the body is Delta-9-THC, which has a half-life of five days, meaning it diffuses widely throughout the human body. The strength of cannabis has increased through years of sophisticated plant breeding leading to "skunkweed," a plant more potent in THC. Preparations of cannabis used today in the UK are argued to be ten times more potent than those used

in the 1960's and 70's. The greater potency should be taken into consideration when analyzing research assessing the effects of marijuana conducted in this time period (Maranatha, 11). Cannabis did not become popular as a recreational drug until the 1950's, but its use escalated in the 1970's, and now it is the most widely-used illicit drug in the UK (Sleator and Allen, 21).

Physiological Danger of Cannabis Use

Marijuana is a direct danger to the body. Although the mortality rate from cannabis is low, cannabis has many potential direct adverse long-term effects. (Sleator and Allen, 23). Many of the studies on cannabis are inconclusive. However, evidence suggests cannabis has an extremely negative impact on the body especially, when smoked.

Cancer

The Royal College of Physicians and Royal College of Psychiatrists warned that cannabis use can lead to lung cancer, cancer of the head and neck (*Drugs Dilemmas and Choices*, 9). It is well known that a tobacco cigarette can cause cancer, but what is not as widely advertised is that a cannabis joint delivers approximately four to five times as much carcinogenic tar as a tobacco cigarette of the same size. Benzopyrene, a known carcinogen, is about ten times more concentrated in cannabis smoke compared to tobacco smoke (Maranatha, 4). It produces high levels of an enzyme that converts certain hydrocarbons into their carcinogenic form (NIDA "Marijuana", 5). A study comparing 173 cancer patients and 176 healthy individuals provided strong evidence that smoking marijuana increases the likelihood of developing cancer of the head or neck, and that there is a direct correlation between these cases and the amount of marijuana smoked. The statistical analysis suggested that smoking marijuana doubled or tripled the risk of these cancers (NIDA "Marijuana", 5).

Damage to the Internal Organs

When THC enters the lungs, it is released into the blood and binds to cannabinoid receptors in the brain. Professor Griffith Edwards of the National Addiction Centre revealed, "There is enough evidence now to make one seriously worried about the possibilities of cannabis producing long-term impairment of brain function" (Maranatha, 5-6). Under experimental conditions, it has been found that cannabis can cause severe shrinkage and even death of brain cells (Maranatha, 6). One joint of cannabis smoked every day for two to three years has been observed to lead to brain cell destruction (Maranatha, 6).

Cannabis does affect the heart. It increases the heartbeat and blood pressure, and reduces the oxygen-carrying capacity of blood. Researchers at Harvard Medical School found that in the first hour after taking cannabis, the heart attack risk is 4.8 times higher as compared to non-use periods (Maranatha, 5).

Studies have shown that cannabis poses dangers to lung function. For example, there are many reports recording cancer in the aerodigestive tract in young adults with a history of heavy cannabis use (Maranatha, 3). Lung function is significantly poorer and there are greater abnormalities in the airways of marijuana smokers (Maranatha, 5): “It is estimated that 3-4 cannabis cigarettes daily are equivalent to 20 or more tobacco cigarettes per day in terms of incidence of acute and chronic bronchitis and damage to the bronchial epithelium” (Maranatha, 5).

P r e g n a n c y a n d M a r i j u a n a

Research shows that babies born to women who used marijuana during their pregnancies display altered responses to visual stimuli, increased tremulousness, and a high-pitched cry, which may indicate neurological development problems (NIDA “Marijuana”, 7). In an analysis of 12,424 mothers, marijuana use was associated with low birth weight, short gestation, and major malformations. In fact, the risk of malformations increases in the baby by 36% (Maranatha, 6). In a survey of 4,000 women by Professor Michael Bracken of Yale University, results showed that if a woman smoked marijuana as often as three times per month, she doubled or tripled the risk of premature birth, with low birth weight, or with fetal growth retardation (Maranatha, 6). Three studies also have shown an increased risk of non-lymphoblastic leukemia, rhabdomyosarcoma, and astrocytoma in children whose mother reported using cannabis during their pregnancies (Maranatha, 6)

Fathers who use cannabis also affect the health of the unborn child. For instance, a California study interviewing the parents of 239 infants who died of cot death and 239 healthy infants, found that the risk of cot death doubled when fathers used cannabis (Maranatha, 7). Cannabis has also been shown to reduce sperm in males, probably decreasing fertility (Royal College, *Drugs Dilemmas and Choices*, 9).

Children born to mothers who smoked marijuana during pregnancy also exhibit greater difficulties in school. For example, during infancy and the preschool years, marijuana-exposed children show more behavioral problems and poorer performances on visual perception, language comprehension, sustained attention, and memory tasks than non-exposed children (NIDA

“Marijuana”, 7). In school, these children are more likely to exhibit deficits in memory, attentiveness, and decision-making (NIDA “Marijuana”, 7).

Psychological Effects

Studies have revealed that cannabis may impact the mental health of its users. Depression, anxiety, and personality disturbances are all associated with marijuana, and that the symptoms of schizophrenia are exacerbated by cannabis use (Scottish Executive, 3). Ashton explains the potential danger: “Cannabis can aggravate or precipitate schizophrenia in vulnerable individuals and may antagonize the therapeutic effects of anti-psychotic drugs in previously well-controlled schizophrenic patients” (Maranatha, 8). Cannabis may also induce anxiety and panic (Maranatha, 7), and effect memory and concentration. Further, a national prison survey conducted by the Royal College of Psychiatrists found a correlation between cannabis and an increased risk of psychosis (Royal College, “Prison Survey...” 1).

Because cannabis use leads to impairment of psychomotor and cognitive function, it inevitably has an affect on such tasks as driving (NIDA “Marijuana”, 4). It impairs a person’s ability to remember by affecting the hippocampus. It disrupts coordination and balance by binding to receptors in the basal ganglia and cerebellum, the parts of the brain that regulate balance, posture, coordination of movement, and reaction time. Furthermore, it affects a person’s ability to shift attention from one task to another (NIDA “Marijuana”, 4). In the US, 6-11% of fatal accident victims test positive for THC, a country where marijuana is strictly prohibited as a ‘Schedule 1’ drug (NIDA “Marijuana”, 4). This impairment of motor function impacts more than driving. It affects other motor tasks such as skiing and swimming, and evidence has shown that it causes impairment of aircraft piloting skills (Maranatha, 11).

UK Youth and Cannabis Use

Great Britain has the highest rate of marijuana use among young people (Schlosser, 70). By age 15, 58% of pupils report that they have been offered cannabis. Thirty-one percent of 15 year-olds, reported using cannabis in 2002. Cannabis use among children and young people is a problem that extends beyond health concerns. Youth is a time for children to discover their interests, themselves, and explore what they may want to do with their lives. Cannabis has been shown to cause “amotivational syndrome.” Studies have shown that early adolescent cannabis users have an increased the risk of not graduating from high school, perceive drugs as not harmful, exhibit problems with

alcohol and cigarettes, and are more likely to be involved in crimes such as assault (Brook, Balka, and Whiteman, 1549). In a University of Michigan study, approximately 40% of the surveyed adolescents who were asked about the consequences of marijuana indicated a loss of energy, and a significant number indicated a loss of interest in activities (American Academy of Pediatrics). Cross-sectional studies reveal that cannabis users have lower grade point averages, increased school absences, and a general poorer performance in school (Lynskey and Hall, 1621). The effects of marijuana compound the uncertainty of adolescence, which could have detrimental consequences for the rest of a young person's life.

Cannabis Use and Other Illicit Drugs

Although cannabis alone can have negative effects, it may also have more damaging consequences when used with other drugs. Two theories, the Gateway Hypothesis and the Stepping-Stone Theory, contend that cannabis use leads to experimentation with other drugs. The Gateway Hypothesis holds that cannabis is usually the first illicit drug with which a person experiments, and usually opens the gate for users to escalate to harder drugs. Adolescents who use marijuana are 104 times more likely to use cocaine compared with their peers who haven't used cannabis (Maranatha, 12). Two main reasons seem to account for this. The first, called "Risk Assessment," is that users find that the effects of cannabis are not as pronounced as they had expected. They therefore assume that the effects of all drugs are lessened, and are more likely then to experiment with stronger drugs. The second reason is called "Social Circles:" users who try cannabis come into contact with the criminal social network that has easy access to other harmful drugs (United Kingdom Parliament, Annex B).

A similar theory, the Stepping-Stone theory, states that the physiological effect of the chemicals unleashed by cannabis causes the brain to desire new chemicals, leading to experimentation with other drugs. However, the House of Commons found that this theory has very little evidence and should be rejected (United Kingdom Parliament, 1).

United Kingdom Cannabis Legislation

Recently, cannabis has been decriminalized in the UK. Under the *Misuse of Drugs Act 1971*, drugs were classified as either class A, B, or C depending on their degree of harm. Class A offences are the highest penalty resulting in a maximum of seven years and/or unlimited fine for possession. An offender

may also receive life and/or unlimited fine for production or trafficking. Class B has slightly lower penalties with a maximum of five years and/or unlimited fine for possession, and fourteen years and/or unlimited fine for production and trafficking. Class C, the lowest of the three, has a maximum of 2 years imprisonment for possession, and a recently increased fourteen-year maximum for trafficking (UK Online, Tackling Drugs, 1).

Until January 29, 2004, cannabis oil (liquid cannabis or hashish oil) was classified as a class A drug. Cannabis oil contains 60% THC (Sleator and Allen, 24). Cannabis and cannabis resin were classified as class B drugs, meaning that they were illegal to grow, produce, and possess or to supply cannabis to another person.

UK legislation as of January 29, 2004 decriminalized cannabis including cannabis oil and resin to become a class C drug meaning that it remains a criminal offence to possess cannabis for personal use, supply to another, or possess with the intention of supplying to another. It is illegal for the occupier or any person involved in the management of property to allow production of cannabis, smoking of cannabis, or using the premise for supplying (Scottish Executive, 2).

Other relevant legislation includes the Customs and Excise Management Act 1979 which prohibits unauthorized import or export of controlled drugs, the Criminal Justice International Co-operation Act 1990, and the Drug Trafficking Act 1998. The last law enables the UK to meet obligations under the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1998.

Medical Use of Cannabis

Medical use of cannabis has been a widely-debated topic. The authors of the House of Lords Science and Technology Committee Report on cannabis acknowledge the insufficiency of knowledge in the medical capabilities of cannabis, but they advocate that cannabis should be legal for medicinal purposes (3). A press release states that “cannabis can be effective in some patients to relieve the symptoms of MS, and against certain forms of pain. The Lords say this evidence is enough to justify a change in the law” (quoted from House of Lords Press Notice in Sleator and Allen, 35). Past legislation has hindered the medical use of marijuana. The Misuse of Drugs Regulations of 1985 classifies drugs into five Schedules with Schedule 1 meaning that the drugs are not available for normal medical uses, and cannot be prescribed by doctors. Future research may reveal a need for a change in legislation, but

currently cannabis remains a Schedule 1 drug. Clinical trials have been granted to GW Pharmaceuticals Ltd to grow cannabis with the goal of developing medically-viable cannabis (Sleator and Allen, 37).

Illicit Drug-Related Costs

With the vast majority of drug-related crimes resulting from cannabis use, cannabis has become a drain on the public purse. In 1998, 97,249 persons were prosecuted for cannabis-related crimes in the UK, compared to 26,111 arrests ten years earlier. In 1997/8, the Comprehensive Spending Review estimated that the total cost of drug related spending across the UK was £1.4 billion, and it was estimated that £790 million is spent on cannabis annually. This expenditure involves costs associated with courts, imprisonment, police monitoring, probation, international customs (Sleator and Allen, 66). With decriminalization, the costs of courts, prisons, and police resources should decrease. The Police Foundation itself regarded imprisonment for cannabis as ineffective and expensive (The Police Foundation, 4). Instead, it agreed with decriminalization of cannabis. Even before decriminalization, a study revealed that 66% of officers said they would not prosecute a person possessing cannabis plants, while they would prosecute for possession of other drugs (Sleator and Allen, 45).

International Classifications of Cannabis

Internationally, the classification of cannabis is also changing, and the trend is towards more lenient legislation. The upper house of the Swiss Parliament voted to legalize cannabis in December 2001. In Belgium, possession of marijuana for personal use was decriminalized in 2001. Spain and Italy further decriminalized cannabis possession in the 1990's. In Canada, medical use of marijuana was legalized in the summer of 2001. Germany made changes in the narcotic drug law in 1998 to allow a cannabis derivative to be used for medicinal purposes. Portugal decriminalized possession of all drugs in 2001 (Schlosser, 69).

Two countries in particular, the United States and the Netherlands, reflect the divergent approaches to cannabis policy.

Cannabis Policy in the United States

In the United States, cannabis is used more frequently than all other illegal drugs combined. The first American Law in 1619 required all households to grow cannabis. However, as the dangers associated with cannabis became more

well-known, local ordinances were passed banning the sale of cannabis, beginning with El Paso, Texas, in 1914. By 1931, 29 states had outlawed cannabis. In 1937, Congress passed the Marijuana Tax Act, criminalizing the possession of cannabis throughout the United States. In 1951, the Boggs Act was passed at the height of the McCarthy Era due to an increase in cannabis use among the young, and lenient judges were thought mainly to blame. By 1962, most states had passed tougher legislation than federal law (Scholsser, 19–26). In 1970, the Compromise Drug Abuse Prevention and Control Act differentiated cannabis from other narcotics and reduced federal penalties for the possession of small amounts. The 1980's brought stringent drug legislation such as the Anti-Drug Abuse Act of 1986 and the “Three Strikes, You’re Out” policy for repeat drug offenders. Cannabis is currently classified as a Schedule 1 drug, meaning that it has a potential for abuse. It is not officially accepted for any medical use and no safe level of use under medicinal supervision (Scholsser, 25–26)

Punishments for drug offenders vary greatly from state to state. Some states simply fine, and others incarcerate, some for decades, for possession of the same quantity of cannabis. The US has generally had stringent cannabis policies; however, they have not produced the anticipated results. Experience in the United States suggests that stringent federal criminalization of cannabis does not decrease cannabis use. Instead, it has created a number of problems including a drain on public resources. The US spends \$24 billion annually on prisoners for non-violent, drug-related crimes (Sleator and Allen, 55).

Cannabis Policy in the Netherlands

The Netherlands have decriminalized marijuana since 1976, allowing government-regulated coffee shops to sell small quantities without fear of prosecution (Zimmer and Morgan, 49). Under the Dutch Opium Act, growing and trading, and possession of over five grams of cannabis is a punishable offence, as is selling over 5 grams. In addition, there is a minimum purchase age of 18. The overall policy has brought troubling results, the use of the drug nearly tripled from 15% to 44% between 1984 and 1996 (Raabe and Stalley, 1). The UN office for Drug Control and Crime Prevention further states, “Cannabis cultivation in the Netherlands is among the largest in Europe” (Raabe and Stalley, 1). Moreover, the policy has not decreased hard drug use. The United Nations Office for Drug Control and Crime Prevention concluded, “. . .the liberal attitude towards cannabis went parallel with relatively high levels of cannabis consumption. . . .Abuse of almost all other drugs was increasing strongly. . . .” (cited in Raabe and Stalley, 3)

Many hurdles associated with this drug policy have emerged, including regulating the amount of cannabis that a coffee shop possesses. Coffee shops normalize cannabis into society, and they may influence an individual who may have not smoked before to try cannabis. Colin explains that “Countries that have taken steps to decriminalize drugs such as Holland and Switzerland, have found rising prevalence and problems without achieving the benefits claimed by the programme makers, and the governments are considering a reversal of policy” (Maranatha, 13). A further problem has emerged with the Netherlands becoming a popular place for “drug tourists.” Thus more liberal policies on cannabis are not effective.

**Legislative Possibilities:
Legalization, More Stringent
Legislation, or the Status Quo?**

Should the Scottish Nationalist Party support the recent change of cannabis decriminalization to a class C drug? Is this the optimal legislative pathway for combating drug use? Would legalization, tolerance, or stringent legislation provide a more adequate response?

Legalization

Legalization in its most liberal form can be defined as making all aspects of the supply and consumption process legal. Views put forth by and refutations of these views are:

1. Minor health effects compared to other drugs/not physically addictive:

Proponents of legalization argue that cannabis has few minor health effects. Although cannabis does not possess physically-addicting chemicals, this argument fails to address the consequences of psychological and mental addiction. “...Every year more than 100,000 people, most of them adolescents, seek treatment for their inability to control their marijuana use. They suffer from compulsive, uncontrollable marijuana craving, seeking and use” (Maranatha, 9). The Royal College of Psychiatrists states: “Cannabis smokers who blissfully think they can quit any time with little or no withdrawal symptoms should think again (Royal College, “Cannabis...” 1).” The National Drug and Alcohol Research Centre in Sydney found that 92% of 220 long-term cannabis users depend on it and 40% were severely dependent (Maranatha, 9). Decriminalization, however, would account for these comparatively acute dangers, while maintaining punishments for use.

2. Differentiation between soft and hard drugs, and between criminal and civil society:

Proponents argue that legalizing cannabis would decrease the use of harder drugs. They contend that, if legalized, cannabis users would not be in contact with the suppliers needed to obtain harder drugs. However, as mentioned above, in the Netherlands there has been an increase in harder drug use since the government's tolerant approach to cannabis was implemented. Decriminalization, on the other hand, would distinguish cannabis from harder drugs.

3. Regulation of the drug would stop it from being mixed with dangerous substances such as cocaine:

Proponents argue that legalization would allow for regulation of the drug's actual content, for example, there would be a way of controlling cannabis so that it is not laced with other substances such as ecstasy. Although this does have some validity, the problem is that cannabis in its pure form has many negative effects of its own.

4. Removal of the drug market from criminal hands and transfer power to government:

The cannabis market is an incredibly lucrative market. Proponents of legalization argue that if the market was transferred to the government, revenue could be gained through taxes. Removal of the drug market from the underground would also decrease the power of criminals. However, this argument neglects to address that the removal of cannabis from underground could potentially increase the market for harder drugs, as suppliers look for other drugs to take the place of cannabis. Another potential downfall of legalization is an increased market in other illegal activities. Criminal capitalists are inspired by gains: if the profit in cannabis decreases, they may be more likely to focus on another type of lucrative illegal activity. Decriminalization, however, would retain the separation of the criminal and government markets.

Legalization poses other potential problems. First, it would most likely result in an increase in the number of cannabis users. Although some argue that legalization will not necessarily result in an increase in users, the numbers show that an increase is inevitable: approximately 10 to 11 million people smoked tobacco, 42 million consumed alcohol, while 1.25 million smoked cannabis in one month (Sleator and Allen, 45). Clearly, people use legal substances more than illegal substances because they are cheaper, easier to obtain,

socially acceptable, and users do not face punishment. A study published by the New South Wales Bureau of Crime Statistics and Research shows that 91% of those who currently use cannabis weekly said that they would use it more if it were legalized (Maranatha, 13).

Second, legalizing a drug is a tacit acceptance that using that substance is allowed by society. Citizens assume that it is not as detrimental to one's health if the government allows it. In the United States, when alcohol was prohibited, its use decreased considerably. After legalization, however, consumption increased. A University of Michigan study revealed that marijuana use increased among 18-year-olds when they perceived the risk of being caught had decreased. Greater ease of obtaining cannabis led to an increase in use of 150% among 13-year-olds (Maranatha, 17).

Stringent Cannabis Legislation

Stringent legislation would reclassify cannabis as a class A drug and prohibit its use. Proponents of stringent legislation contend that draconian legislation sends the message to society that drugs are dangerous, use will not be tolerated, and if one uses drugs, he or she will be punished. They believe if cannabis use is viewed as criminal, and the law strictly enforced, people will be less likely to use it due to fear of punishment and societal condemnation. Supporters argue that severe legislation will make cannabis more difficult and expensive to obtain, so that people will be less likely to use it. Furthermore, they contend that if cannabis use is blocked, then users will be less likely to escalate to harder drugs as described in the Gateway Hypothesis. However, stringent legislation in the US has resulted in increased burdens on federal and state resources, with few of these anticipated gains.

Recommendation: The Scottish National Party's Position: Decriminalization

Currently, the UK has decriminalized cannabis to a class C drug, which maintains its illegality, but it decreases the penalties associated with it. It is clear that cannabis poses a threat to society because of its popularity and its harmful effects. Legalization would send the message to young people that cannabis is not a dangerous drug, which may lead to abuse of even more dangerous drugs. Although legalization is a dangerous path, draconian legislation that prohibits the use of cannabis with severe punishment also poses significant hurdles. Decriminalization on the other hand will legally

differentiate between hard and soft drugs, yet it will also emphasize the message that cannabis is a dangerous substance and that its use will not be tolerated. Decriminalization will maintain illegality, the societal taboo, and a punishment for use. For this reason, the reclassification of cannabis to a class C drug is an appropriate measure and the most effective policy.

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Postscript

My research and experiences in Scotland shifted my political interests from an institutional focus to a policy perspective. Upon my return to the United States, I began my political science honors thesis focused on whether the United States' approach to drug policy and new state programs were making an appreciable difference in the rate of return of drug offenders to prisons. Were treatment programs or expensive stringent legislation programs keeping offenders off drugs, or was this legislation unnecessarily wasting public resources? I became even more interested in policy because I was simultaneously working with Aids activist groups that were facing financial difficulties with cuts in the budget from the Ryan Care Act. As a result of study abroad and my subsequent related experiences, I now plan to pursue a career focused on policy change.