Alright kids, it’s time to talk about everyone’s favorite drug: Cannabis!

Yes, that’s the nerdy term for it. *Cannabis sativa*, *indica*, and *ruderalis* are the three plants that have followed humans on their journeys across the globe for millenia. Evidence of so-called Landrace plants are found on multiple continents with use found in the archeological record as far back as 2500 BCE. But what you’ll find in dispensaries and in apartment closets everywhere is not your great-great-great-great-great grandparents weed. Or your parents weed. Like other plants we’ve interacted with we’ve grown and bred them for the qualities we like, which are those parts you hear so much about today, THC content. Standing for tetrahydro cannabidiol, THC is the part of weed that gives the psychoactive effect that humans really, really like out of it. There are thousands of other compounds in cannabis however, and past experiments using only THC (particularly synthesized isolated THC) wouldn’t give that same psychoactive effect on its own when ingested. Whether it was flawed methodology in those studies or a true entourage effect that gives cannabis its signature high, we just don’t know enough about what cannabis does and doesn’t do In the context of Western biomedicine to know what all the thousands of cannabinoids, terpenes, and flavonoids are really doing to the human body, and whether it’s harmful or not.

Some important points that we do definitively know from the studies done: you can’t overdose on cannabis. The amount of plant substance you would need to ingest at one time for potentially lethal effects is in the tens of thousands of pounds and it would be a massive waste of both money and weed. That doesn’t mean you can’t be impaired from its use, and while the laws are sticky around high driving in most areas, in Michigan it does count as driving under the influence and reaction time is affected by cannabis use. So, while you can’t overdose on it, you shouldn’t be getting behind the wheel or doing anything that you absolutely need to be sober for at risk of injury or death.

And while it’s *not* an addictive substance, you can still develop an unhealthy psychological dependence and abuse it like any other. People still say they experience mild withdrawal sensations a few days after stopping smoking regularly, including irritability, insomnia, and anxiety. However, these sensations and the dependence people can develop are in no way comparable to the addictive potential of opiates and amphetamines, and do not result in long term harm, injury, or death. For thousands of people living with chronic pain and other conditions that often require long-term opiate treatment, that factor alone is worth self-medicating with cannabis over opiates even if they don’t get the same level of relief.

When it comes to talking about cannabis, there are four major historical events that cannot be left out of the conversations we have today, simply because all fours’ effects are still being deeply felt today. The Marihuana Tax Act of 1937, The Controlled Substances Act of 1970, the ongoing failed War on Drugs that started the year after in ‘71, and the Opioid Crisis. Let’s start at the beginning.

The Federal Bureau of Narcotics headed by virulent racist Harry Anslinger introduced the tax act as a way of regulating cannabis and, more importantly, associating its use with Mexican immigrants and Black Americans when it was no longer legal to explicitly write race into the law as a reason to arrest and murder people in a militarized fashion. I will not be repeating any of Anslingers comments over his nearly 40 year reign of terror at the Bureau, but his recordings are now public record including many of his private conversations with Presidents and other higher ups in the government discussing this in explicit detail. If you decide to do some searching on your own, I would just like to warn you the language used is deeply disturbing and contains incredibly racist content. Proceed with extreme caution. This bill resulted in what was a sustainable, high-demand, low-cost everyday product used in clothing, construction, medicine, and even was known at the time to be a sustainable alternative to paper made from wood pulp, to something associated with crime, illegal immigration, and a growing threat to white supremacy that the United States was doing everything at the time to wipe out. That’s because it wasn’t known as marijuana at the time, Anslinger chose the Spanish word on purpose, as a way to associate it directly with the immigrant communities they were hoping to destroy. Multiple physicians at the time wrote letters of opposition to the bill, citing its lack of physical addiction compared to opiates, and how the correct term was cannabis and “nobody” used the word marihuana to describe it since it wasn’t even English. This of course didn’t stop Anslinger and Hoover, who pushed the bill though despite massive opposition and changed the course of this plant’s life for the next century.

The United States government even continued to use hemp industrially in the years between 1937 and 1970 and was a vital part of the US effort at home for farmers to grow hemp crops during WWII.

In 1970 however, everything changed. Richard Nixon’s Controlled Substances Act created arbitrary categories for psychoactive substances based on a still undefined potential for abuse, currently accepted medical treatment, and thirdly, international treaties. Those three categories sound official of course, but the scheduling doesn’t follow the actual risks of harm substances pose for abuse or death, and the substances considered most dangerous are primarily traditional medicines like cannabis, psilocybin, mescaline, and ibogaine. Heroin is also in this category, but all other opiate derivatives and forms are under Schedule II. The other sticky part of this language is the *currently accepted* medical treatment. As a Schedule I substance, only 4% of the studies approved in the past few decades in the United States have been allowed to look for potential medical benefits to cannabis. 96% of the studies done are searching for potential harmful effects of cannabis, and when you start poking around the methodology sections of these studies it’s no wonder the results are inconclusive. Synthetic isolates injected with no way for it to be absorbed by fat is never going to give you the reaction that smoking, eating, or making topicals out of cannabis gives the human body. It can’t activate. This act is why we have no idea what cannabis does or doesn’t do in the long term, because legally scientists can’t study it still and when you do get the approval, the security and accountability you need will require a large chunk of your time and budget.

So, after cannabis was made illegal, Nixon launched his War on Drugs in the summer of 1971 that continues to take lives and rip apart families across the world today. Another explicitly racist policy, Nixon continued Anslinger’s legacy of targeting Black and brown Americans when he could no longer legally attack them for their skin color. Instead he set the stage for Reagan’s crack cocaine spread of the 80’s, systemically targeting communities through militarized policing, mass incarceration, and wildly inappropriate sentencing for the possession and use of cannabis. We still have people serving life sentences today for a joint. This isn’t the past, it’s still our present and we can’t afford to continue to ignore the continued terror that the War on Drugs and Controlled Substances Act still result in today.

Which leads us to, perhaps the place you least expected to end up in this podcast, the Opioid Crisis. But the mass distrust of not only opiate painkillers but Western healthcare, pharmaceutical companies, and our government regulations is a driving force behind the legalization of cannabis today and is determining who is getting access to the multi-billion dollar industry sprouting across the country.

The opioid crisis isn’t the first drug epidemic in the country, but since this is an honest podcast the honest answer is that it was the first one to have a devastating effect the white middle ad upper classes. All of a sudden drug addiction wasn’t something that happened to “Those Other People,” but was because doctors were overprescribing opiates at the encouragement of the companies creating them. Purdue Pharma is still in the process of settling the suit that proved it, and this encouragement not only included bribes and incentives but good ole fashioned strip clubs, gambling, and private jets. Some of these CEO’s even made music videos to encourage their reps to sell more! I really wish I was joking.

Even now while cities have suboxone centers and other treatment options for those struggling with opiate addiction to get treatment, there’s next to nothing for those struggling in rural areas and cities that don’t receive the funding to create access to treatment. And while people are more aware of the risk and addiction potential for opiate painkillers, patients with chronic pain are left with few options. Long term opiate use will eventually leave them in even more physical pain, if they’re lucky enough to escape dependency, NSAID’s can royally mess up your gastrointestinal system with long-term use and don’t come near the effectiveness of opiates, and other pain management techniques only do so much. This is where many patients are independently making the switch from opiates to self-medicating with cannabis, and the side effect trade off alone is well-worth it to many of them. Even if long term negative effects are eventually found for cannabis, in comparison to opiates the risk tradeoff is something patients think about that politicians don’t as they’re writing these laws. There is a demand for an alternative to opiates and NSAID pain medications, and regardless of the scientific evidence behind it cannabis currently seems to be that alternative for thousands of people who claim they’ve made the successful switch from opiates to cannabis, or have claimed to reduce their opiate use via cannabis products. But again, because of that Controlled Substances Act, we can’t know how effective or safe cannabis is for this kind of usage.

Not only that, but again thanks to the War on Drugs, who gets access to not only the plant itself but the businesses popping up in dedication to it is still unequal. The majority of corporations, dispensaries, farms, and processing facilities are white-owned and the criminal charges that have resulted from over-policing means that legally and financially, many of the people who have been in the cannabis industry for decades are locked out of this new legal world. Almost no programs are available for minority business owners to get into the cannabis business period, and those that are available mostly focus on white women instead of Black or brown communities. The white CEO of national cannabis company MedMen has even used his “ethnic” wife and child as an excuse for some wildly racist comments he’s made in the past, and he’s just one of the big businessmen who previously found corporate success taking advantage of the potential profit to be made off of legal weed.

In West Michigan, none of the cannabis businesses that have opened are owned by women or minorities. Due to how the licensing is distributed, the amount of money required at time of application alone disqualifies almost everyone who isn’t already a successful business owner, and the lack of criminal history needed means anyone who even has a possession charge in their past is disqualified from getting into the cannabis business. So even now that legalization is starting to occur and legal money is being made, those most terrorized by the War on Drugs are not only left behind, but still most criminalized for operating “outside” the legal market today.

So not only have we spent the last century and trillions of taxpayer dollars criminalizing a substance that doesn’t kill anyone and using it to not only kill people but ruin the lives of their families for generations, and we don’t even know if it’s good or bad for us. We just know it won’t kill you and won’t give you the same crippling physical addiction that opiates can, and there’s a lot of room between a substance being “no-risk” and being on the same level of opiates. So the answer to the question of, “is cannabis bad for me?” is a big nobody knows right now. We likely won’t definitively know for another decade at least at this rate of if there are any benefits or risks to cannabis use period, long or short term. The studies just don’t exist yet. In the meantime, we still have thousands of people incarcerated for non-violent crimes related to cannabis, with thousands more who have criminal records from the war on drugs. This isn’t including any of the lost property, opportunities, or disruption of the lives of their loved ones. Nor does it include the countless people who died by police violence during these past 40 years of enforcement.

Legalization of cannabis is only continuing to pick up steam, but the lingering War on Drugs and the continued harm it’s causing on people needs to end before any more of these billionaires buy out licenses over aspiring small-business owners. Cannabis justice needs to be just as active in that conversation as legalization if this is going to be the new legal recreational drug of choice, otherwise we’re just going to keep that wound open for millions of people who still feel the effects of these racist political stunts right this second.

If you do choose to use cannabis, don’t just be aware of the lack of knowledge around its real risks and benefits, but the very recent, very bloody history that plant has been the catalyst of. I’ve been Alex Baker, asking you once again, to please be safe, be smart, and be responsible.