

The Write Stuff



Technical Writing
Forestry 220

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 **Medical Marijuana: Yay or Nay?** 

Three-Part Persuasive Essay

Question: Should the United States government legalize the medical use of marijuana?

Instructions

- 1) Use the texts “Does marijuana have a future in pharmacopeia?” and “10 Main Pros and Cons on Medical Marijuana” (in the “Articles” section of the fac pac) to form your answer. You must present **three arguments** for *or* against the medical use of marijuana.
- 2) You’ll write a **five-paragraph paper** in three sections: first, a one-paragraph thesis statement; next, three body paragraphs; and then a one-paragraph conclusion. Your final draft must be **no more than two pages**.
- 3) You must **support your argument with quotes and paraphrases** from the two texts and, when appropriate, **examples from the world around you**. If you wish, you may also use support from other sources.
- 4) Write a **short, clear thesis that concisely answers the question**.
- 5) Be sure to **support all your points**.
- 6) **Start every paragraph with a persuasive topic sentence that develops one of the three arguments you raised in your first paragraph – and in the same order**.
- 7) Use a **consistent third-person point of view**.

Part I: Thesis statement (first paragraph)

- A. Write a **one-paragraph thesis statement**. In it, you must **answer the question in the first sentence** – the gist being that the **U.S. government should *or* shouldn’t legalize the medical use of marijuana**. This paragraph must be **four sentences total**.
- B. The **second, third, and fourth sentences will be reasons supporting the first sentence**, your answer to the question. **Devote a full sentence to each reason**, and **be sure not to include more than one reason in each sentence**. You’ll develop these arguments in greater detail in the body paragraphs.

C. Use short, simple transitions to link your three reasons.

Part II: Body paragraphs (supporting evidence, paragraphs 2-4)

- A. Again, start each paragraph with a persuasive topic sentence.
- B. In your thesis, you established the order in which you'd discuss your arguments for or against legalizing medical marijuana. Follow that same order in your body paragraphs.
- C. Support your topic sentences with quotes and paraphrases from the two texts, as well as real-world examples.
- D. Like your thesis, your paragraphs should be short and focused, with each one making a single point.
- E. Use a transition at the *start* of each new paragraph.
- F. Add your body paragraphs to the thesis, turning in the paper as a single document.

Part III: Conclusion

- A. Your fifth and final paragraph will be your conclusion. It, too, should be brief and to the point. Use a transition to start this paragraph but *not* a trite expression like "In conclusion" or "In summary" or an awkward, intrusive expression like "As this paper has shown."
- B. Make sure your conclusion supports your thesis and doesn't repeat earlier wording or launch a new discussion. If you take the summary approach, be sure to follow the order of discussion you established in your thesis.
- C. Add the conclusion to the thesis and body paragraphs, turning in the paper as a single document.

★ Citing the text

- A. Be sure to attribute all quotes and paraphrases, but *don't* use footnotes or parenthetical citations.
- B. Instead, cite like this:
 - 1) Using marijuana, even therapeutically, might well cause addiction. "Indeed, the negative aspects of the plant, mainly the risk of addiction, are the reasons most countries have outlawed the growth, possession and consumption of

cannabis,” Giovanni Frazzetto says in his article “Does marijuana have a future in pharmacopeia?”

- 2) **Another example:** Dr. Joycelyn Elders, former U.S. surgeon general, maintains that this drug is safer than many others. “Indeed, marijuana is less toxic than many of the drugs that physicians prescribe every day,” she says on the ProCon.org Web site. [**★Note: As this example shows, you must always clarify what the source was of a quote or paraphrase. In this case, the source of the quote was the ProCon.org Web site.**]

Revisions

- A. You *must* rewrite each section of your essay, incorporating corrections and suggestions, before submitting your latest draft. Each failure to rewrite a draft will cost you a **full score** for the paper.



10 Main Pros and Cons on Medical Marijuana

The 10 issues below are components of our core question "Should marijuana be a medical option now?"

Pro medical marijuana	Con medical marijuana
<p>"The evidence is overwhelming that marijuana can relieve certain types of pain, nausea, vomiting and other symptoms caused by such illnesses as multiple sclerosis, cancer and AIDS – or by the harsh drugs sometimes used to treat them. And it can do so with remarkable safety. Indeed, marijuana is less toxic than many of the drugs that physicians prescribe every day." – <u>Joycelyn Elders, M.D.</u> ☆☆☆☆ former U.S. Surgeon General, 3/26/04</p>	<p>"The American Medical Association (AMA) calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease." The AMA recommends that marijuana be retained in Schedule I of the Controlled Substances Act pending the outcome of such studies." – <u>American Medical Association</u> ☆ June 2001</p>
<p>"The evidence in this record [9-6-88 ruling] clearly shows that marijuana has been accepted as capable of relieving the distress of great numbers of very ill people, and doing so with safety under medical supervision. It would be unreasonable, arbitrary and capricious for DEA to continue to stand between those sufferers and the benefits of this substance in light of the evidence in this record." – <u>Judge Francis L. Young</u> ☆☆☆ DEA Administrative Law Judge September 1988</p>	<p>"Smoked marijuana damages the brain, heart, lungs, and immune system. It impairs learning and interferes with memory, perception, and judgment. Smoked marijuana contains cancer-causing compounds and has been implicated in a high percentage of automobile crashes and workplace accidents." – <u>John Walters, Director</u> ☆ <u>Office of National Drug Control Policy</u> ☆ March 2002</p>
<p>"I grew up knowing that cannabis could be a medicine... I'm not aware of any proven long-term [harmful] effects from cannabis. People have been trying to find major risks [from marijuana], but I've never seen any documented. We know if you smoke cannabis your chances of getting lung cancer are less than if you don't smoke anything at all." – <u>David Bearman, M.D.</u> ☆☆☆☆ 3/1/06 phone interview with ProCon.org</p>	<p>"Although I understand many believe marijuana is the most effective drug in combating their medical ailments, I would caution against this assumption due to the lack of consistent, repeatable scientific data available to prove marijuana's medical benefits." Based on current evidence, I believe that marijuana is a dangerous drug and that there are less dangerous medicines offering the same relief from pain and other medical symptoms." – <u>Sen. Bill Frist, M.D. (R-TN)</u> ☆☆☆☆ Oct. 20, 2003 letter to ProCon.org</p>
<p>"Just 9% of those who have used the drug [marijuana] develop dependence. By comparison, 15% of drinkers become dependent on alcohol, 23% of heroin users get</p>	<p>"Marijuana is an addictive drug with significant health consequences to its users and others. Users can become dependent on marijuana to the point they must seek treatment to stop</p>

<p>hooked, and a third of tobacco smokers [33 1/3%] become slaves to cigarettes." <i>— Time Magazine ☆☆☆</i> November 4, 2002</p>	<p>abusing it." <i>— U.S. DEA ☆</i> website, February 2003</p>
<p>"From working with AIDS and cancer patients, I repeatedly saw how marijuana could ameliorate a patient's debilitating fatigue, restore appetite, diminish pain, remedy nausea, cure vomiting and curtail down-to-the-bone weight loss." <i>— Kate Scannell, M.D. ☆☆☆☆ 2/16/03</i></p>	<p>"There is no legitimate medical use whatsoever for marijuana. This [marijuana] is not medicine. This is bogus witchcraft. It has no place in medicine, no place in pain relief, and it has no place around our children." <i>— Bob Barr (R-GA) ☆☆☆</i> Former Congressman, in his debate with radio talk show host Neil Boortz - May 14, 2002</p>
<p>"There are really no other medications that have the same mechanisms of action as marijuana. Dronabinol (Marinol) is available by prescription in capsules, but has the distinct disadvantage of containing only synthetic delta-9-tetrahydrocannabinol (THC) which is only one of many therapeutically beneficial cannabinoids in the natural plant." <i>— Gregory T. Carter, M.D. ☆☆☆☆</i> October, 2003</p>	<p>"Marinol differs from the crude plant marijuana because it consists of one pure, well-studied, FDA-approved pharmaceutical in stable known dosages. Marijuana is an unstable mixture of over 400 chemicals including many toxic psychoactive chemicals which are largely unstudied and appear in uncontrolled strengths." <i>— California Narcotics Officers Association ☆</i> in their policy statement "The Use of Marijuana as a Medicine", published on their website (as of 10/31/05)</p>
<p>"In the anti-smoking environment we live in, many people believe that smoking anything is detrimental to the pulmonary system. I, personally, believe that living in a polluted urban environment represents more of a pulmonary risk..</p> <p>[T]he titration precision of the pulmonary route [smoking] allows the physicians to give the patient the responsibility for establishing his own dosage." <i>— Lester Grinspoon, M.D. ☆☆☆☆</i> Professor of Psychiatry, Harvard Medical School, 6/24/05</p>	<p>"The major potential pulmonary consequences of habitual marijuana use of particular relevance to patients with AIDS is superimposed pulmonary infection, which could be life threatening in the seriously immunocompromised patient." <i>— Donald P. Tashkin, M.D. ☆☆☆☆</i> <i>Journal of Cannabis Therapeutics ☆☆☆☆</i> Vol. 1, No. 3/4, 2001, pp. 87-102</p>
<p>"While it is not possible with existing data to determine conclusively that state medical marijuana laws caused the documented declines in adolescent marijuana use, the overwhelming downward trend strongly suggests that the effect of state medical marijuana laws on teen marijuana use has been either neutral or positive, discouraging youthful experimentation with the drug." <i>— Mitch Earleywine, Ph.D. ☆☆☆ & Karen O'Keefe, Esq. ☆☆☆</i> "Marijuana Use by Young People: The Impact of State Medical Marijuana Laws," 9/05</p>	<p>"By characterizing the use of illegal drugs as quasi-legal, state-sanctioned, Saturday afternoon fun, legalizers destabilize the societal norm that drug use is dangerous. They undercut the goals of stopping the initiation of drug use to prevent addiction.... Children entering drug abuse treatment routinely report that they heard that 'pot is medicine' and, therefore, believed it to be good for them." <i>— Andrea Barthwell, M.D. ☆☆☆☆</i> Deputy Director, White House Office of National Drug Control Policy (ONDCP) - 2/17/04</p>
<p>"RECOMMENDATION: Short-term use of smoked marijuana (less than six months) for</p>	<p>"The [1999] U.S. Institute of Medicine study concluded that smoking marijuana is not</p>

patients with debilitating symptoms (such as intractable pain or vomiting) must meet the following conditions:

- failure of all approved medications to provide relief has been documented,
- the symptoms can reasonably be expected to be relieved by rapid-onset cannabinoid drugs,
- such treatment is administered under medical supervision in a manner that allows for assessment of treatment effectiveness, and
- involves an oversight strategy comparable to an institutional review board process that could provide guidance within 24 hours of a submission by a physician to provide marijuana to a patient for a specified use.

– *Institute of Medicine Report* ★★★★★
1999 - Page 179

recommended for the treatment of any disease condition."

– *U.S. DEA* ★
letter to ProCon.org,
January 2002

"We've shown that the marijuana gateway effect is not the best explanation for the link between marijuana use and the use of harder drugs.

An alternative, simpler and more compelling explanation accounts for the pattern of drug use you see in this country, without resort to any gateway effects. While the gateway theory has enjoyed popular acceptance, scientists have always had their doubts. Our study shows that these doubts are justified....

The people who are predisposed to use drugs and have the opportunity to use drugs are more likely than others to use both marijuana and harder drugs. Marijuana typically comes first because it is more available."

– *Andrew Morral, Ph.D.* ★★★★★
Researcher, Rand Corporation
Dec. 2, 2002

"Many people who try marijuana stop their drug experimentation right there – however, very few people who try 'harder' drugs do so without first trying marijuana.

This is why marijuana is called a 'gateway drug,' not because it ensures that someone will go on to use other drugs; but because it increases the likelihood that they will."

– *Partnership for a Drug-Free America* ★
2002