

Intimate Debate Technique: Medicinal Use of Marijuana

By Clyde Freeman Herreid and Kristie DeRei

No great advance has ever been made in science, politics, or religion without controversy.

—Lyman Beecher,
American cleric, 1775–1863

Classroom debates used to be familiar exercises to students schooled in past generations. The Lincoln vs. Douglas presidential disputations were often held as a model of formal debate style. These are seldom seen anymore, except in speech classes or clubs devoted to forensic, competitive debate. Yet, they can be powerful when used appropriately in a course if the objective is to understand the nuances of the different sides of an argument. Still, they are extremely artificial, although politicians would often like us to think otherwise. There are not just two sides to most questions. And certainly “winning” is not the higher goal of most scientific discussions. We like to think that “seeking truth” (which often lies in the middle of the extremes) is the true objective of any scientific discourse.

Here we wish to describe the technique that we call *intimate debate*. To cooperative learning specialists, the technique is known as *structured*

Clyde Freeman Herreid (herreid@buffalo.edu) is a distinguished teaching professor in the Department of Biological Sciences and director of the National Center for Case Study Teaching in Science and **Kristie DeRei** is a freshman honors student at the University at Buffalo, State University of New York.

debate or *constructive debate*. It is a powerful method for dealing with case topics that involve controversy, such as whether to legalize marijuana, provide federal funding for cloning research, legalize euthanasia, abandon the Hubble space telescope, or permit intelligent design to be taught in the science classroom. Basically, two pairs of students face off across a small table, arguing first one side and then the other. At the end of this exercise they must abandon their formal positions and try to come to a consensus as to what is a reasonable position on the issue being debated. The following is an outline of the intimate debate approach, and an example of support materials that could be used to debate the issue of legalizing marijuana for medicinal purposes.

Step 1. First, have two students read to the entire class the two different anonymous stories about marijuana (Figures 1 and 2). This puts a human face on the debate between students who will take the pro and con side of the question whether to legalize marijuana. It provides compelling true narratives for both sides of the argument.

Step 2. Arrange groups and assign roles. Suppose there are 24 students in the class. Take two groups of six students and assign them the pro side of the argument. Assign another two groups of students the con side. Give each group information sheets that deal with the major arguments from their respective sides (Figures 3 and 4). The pro groups only get the pro

arguments and the con groups only receive the con arguments.

Step 3. Tell the groups to discuss their information and organize it around the major talking points (arguments) that they can make from their respective sides. Tell everyone they are individually responsible for keeping notes because their current teams are going to be split up. If you fail to inform them of this point, they will not be adequately prepared. This general discussion takes 10–15 minutes.

Step 4. Take two students from a pro group and seat them facing two students from a con group. This is repeated for all students. For my class of 24 students, this resulted in 6 groups of debaters. The opponents should be either seated across small tables or seated in chairs facing one another.

Step 5. To start the debate, tell students on the pro side of the argument to speak for four minutes to their con opponents. Students representing the con side may not interrupt. Explain to the cons that they must listen carefully and take good notes because they will soon be arguing the pro side and without the help of the pro information sheet to guide them. At the end of four minutes, the instructor calls a halt.

Step 6. Tell the con students that they may speak for four minutes to their pro opponents without interruption. The pros must listen carefully and take good notes so they will be prepared to represent the con side in the

next stage without the benefit of the con information sheet. The instructor calls a halt when the time is up.

Step 7. Allow all teams three minutes for a caucus during which student pairs can review the strong points of their opponents' argument, and prepare to present that argument themselves.

Step 8. The new pro teams have two minutes to present their arguments, while the con teams listen.

Step 9. The new con teams have two minutes to present their arguments, while the pro teams listen.

Step 10. Instruct all students to abandon their formal positions and work with their former opponents as a group of four to come up with a reasonable position on the issue. If possible, they should try to reach a consensus. This usually takes the students about five minutes.

Step 11. Ask each group to give a brief oral report of their deliberations to the class. This can take as little as five minutes or considerably longer, depending on how much discussion the instructor wishes to instigate. The entire intimate debate process lasts about 45 minutes.

To strengthen the value of the debates, the teacher can explain the activity to students in advance, and ask them to do their own research on the pros and cons of an issue prior to the class. They can then combine their research with the information sheets provided.

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FIGURE 1

"Story of the Lotus Eaters," by Anonymous.

I am a marijuana addict because, when using pot, it was the most important thing in my life—more important than anybody or anything. It helped to suppress all the inadequacies I felt. It helped me not to feel the pain of not living up to expectations. It enabled me not to worry about anything. It helped me to not care about the things I really cared about. It enabled me to stay in my own little world and not deal with emotional feelings that would continually come up when I wasn't smoking. It would drive the fear away, but after a while, the fear would return.

Pot helped me not worry about not having relationships with women, even though I wanted this to happen. Because of negative feelings about myself, I always thought deep down that I was worthless and didn't deserve to be happy. Instead of dealing with these issues, I would smoke pot and the feelings would go away. Therefore, I never learned very many social or problem-solving skills.

Problems would come up and they would seem too huge to deal with. I would smoke pot and look for the answers after smoking, because then the problems seemed smaller. In reality, they were only day-to-day issues that could be resolved if dealt with, instead of running away from them. I would smoke and not deal with the problems and let them fester inside until I thought, "I just can't handle it." I would try not to think about them, or go somewhere I could start all over, escape, and hope that would teach me how to deal with them the next time. But the next time, they would continue and I would do the same thing, over and over, until it was killing me.

Later, I started to turn to other things (alcohol, cocaine, gambling) in the hope that these things would give me pleasure, or at least let me not care about the problems that followed me wherever I went, and that these feelings I carried around would go away. They didn't.

Adapted from Marijuana Anonymous World Services (www.marijuana-anonymous.org)

FIGURE 2

"Terminal Cancer," by Anonymous.

In October of 2005, my mother, a 74-year-old elegant lady full of beauty, died due to the effects of liver, lung, and breast cancer. The world came crashing down in February 2005 when she sat me down and gave me the worst possible news. There was nothing the docs could do.

On October 4th, my mom was unable to attend the dinner to celebrate my 40th birthday. On October 7th, the family was convened for a meeting with a social worker from the hospice. I had no idea what a hospice was and was shocked to my foundations when this fellow started talking funeral homes and cremation services for my mom, basically preparing us for her death. I decided I had heard enough and went upstairs to where my mom was lying. She was once this beautiful creature that never seemed to age, and here she was in bed lying in a fetal position, reduced to a wisp, looking miserable and frightened. There's no feeling more helpless than watching your mom starve to death in front of your eyes. The only comfort we could offer was a morphine drip that created a warm pool of sensory deprivation, which accelerated and fogged her remaining days on Earth.

October 7th was a Friday and she looked like she would not make it through the weekend. I told her that I had brought something that might help her. I then let her inhale her first tiny, gentle breaths of marijuana. Only seconds later, she began rubbing her stomach. I asked her how she felt. "I feel a little woozy but my stomach feels better!" After eating her first food in a while, she regained some strength and instead of needing help to get to the bathroom, got up under her own power and began walking herself. Her voice started sounding better; the change in her was nothing short of a miracle. With just a few breaths of marijuana smoke every four to six hours, she eliminated her nausea, increased her appetite, was able to keep the food she ate down, and regained her will to live.

Marijuana made whatever pain she was feeling go away for a while naturally, without a single contraindication or harmful side effect to the body. Most importantly, every bit of anxiety she was feeling about this whole cancer ordeal was gone. Gone! What pill can Glaxo possibly create in a lab that effectively treats so many things at once, within seconds of taking, while being so gentle to the body? When her friends came by to visit she would say, "I'm on pot and it's great!"

Mom got every piece of information about the world from Fox News and Rush Limbaugh, much to the chagrin of most of the family, but she didn't need convincing to come to the conclusion that everything she'd ever been told about marijuana during the course of her life had been a long succession of smokescreens designed to veil its true worth to humanity. She was talking coherently up until the final day. For the family, it was a great relief to have that extra peace and comfort knowing that she died an elegant, beautiful, graceful death instead of suffering a dirty death while zoned out from a morphine drip.

Adapted from "Marijuana: The Forbidden Medicine" (www.rxmarijuana.com/shared.htm)

FIGURE 3

Pro: Marijuana should be legalized for medical purposes.

Foremost in our society, marijuana is known as a recreational drug. However, for the people in the United States who suffer from diseases and conditions like cancer, depression, anxiety, stress, attention deficit disorder, epilepsy, migraines, meningitis, and chronic pain, marijuana may appeal to them as a medicinal drug. Many Americans believe that if this drug can relieve the pain and suffering of so many, then it needs to be considered for a medical purpose.

- ◆ In 1972, after reviewing the scientific evidence, the National Commission on Marijuana and Drug Abuse concluded that while marijuana was not entirely safe, its dangers had been grossly inflated. Since then, researchers have conducted thousands of studies of humans, animals, and cell cultures. None of the studies expose any findings significantly different from those expressed by the National Commission in 1972. In 1995, based on 30 years of scientific research, editors of the British medical journal *Lancet* deduced that “the smoking of cannabis, even long term, is not harmful to health” (www.cfdp.ca/lancet.htm).
- ◆ In a 2003 article, the American Civil Liberties Union explained that no one has ever died from an overdose from marijuana used as a recreational or medicinal drug (www.aclu.org/drugpolicy/medmarijuana/10769res20030510.html).
- ◆ According to the Drug Policy Alliance, marijuana has been shown to be effective in lessening the nausea induced by cancer chemotherapy, rousing appetite in AIDS patients, and reducing intraocular pressure in people with glaucoma. There is also substantial evidence that marijuana reduces muscle spasticity in patients with neurological disorders. A synthetic capsule is available by prescription only, but it is not as effective as smoked marijuana for many patients. Pure THC may also produce more unpleasant psychoactive side effects than smoked marijuana. In regard to cancer, marijuana can stimulate the appetite and alleviate nausea and vomiting, which are common side effects of chemotherapy treatment (www.drugpolicy.org/marijuana/factsmyths).
- ◆ In the book *The Emperor Wears No Clothes*, Jack Herer (1998) states that researchers at the Medical College of Virginia discovered that cannabis (marijuana) is an incredibly successful herb for reducing many types of tumors, both benign and malignant.
- ◆ In the article *Hemp and Health*, Nelson describes that THC and CBN (the primary chemicals in marijuana) have inhibited primary tumor growth from 25% to 82% and increased the life expectancy of cancerous mice to the same extent. The anti-tumor property of THC and CBN is very selective, as it reduces tumor cells without damaging normal cells (www.rexresearch.com/hhusb/hmphlth.htm#hhl2e).
- ◆ In an editorial for the *Providence Journal*, former U.S. Surgeon General Dr. Joycelyn Elders wrote, “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” (www.projo.com/opinion/contributors/content/projo_20040326_26ctelder.22fed4.html).
- ◆ The Medicinal Cannabis Research Foundation of the UK believes that medicinal use of marijuana could provide a dramatic improvement in quality of life for people with AIDS-wasting syndrome, glaucoma, Alzheimer’s disease, hypertension, arthritis, multiple sclerosis, asthma, nail patella syndrome, brain injury/stroke, nausea (which accompanies chemotherapy), Crohn’s/colitis, chronic pain, depression/mental illness, phantom-limb pain, eating disorders, migraine, epilepsy, spinal-cord injury, fibromyalgia, and Tourette’s syndrome. This improvement in quality of life results from marijuana’s lessening effect of chronic pain, spasm, bladder dysfunction, and nausea (www.tqny.org/NYC063394/marijuana/medical_uses.html).
- ◆ Researchers from GW Pharmaceuticals wrote in an article published in the *Journal of Cannabis Therapeutics* that, compared to the equivalent amount of cannabinoid given as a single chemical entity such as Marinol, extracts of cannabis offer greater relief of pain (www.medicalmarijuanaprocon.org/pop/studychart.htm).
- ◆ Cannabinoids taken by mouth begin working more gradually and are absorbed more unpredictably than inhaled marijuana, so many patients prefer the latter, University of Montreal pharmacologist Mohamed Ben Amar wrote in a paper posted in the *Journal of Ethnopharmacology* (www.aapspharmaceutica.com/search/view.asp?ID=73910).
- ◆ Marijuana is the most popular illegal drug in the United States today, states the Drug Policy Alliance. It has been said that people who have used drugs such as heroin, cocaine, and LSD are likely to have also used marijuana. Yet, most marijuana users never use any other illegal drugs. Indeed, for the large majority of people, marijuana is a finishing point rather than a gateway drug (www.drugpolicy.org/marijuana/factsmyths).
- ◆ None of the medical tests, as per the Drug Policy Alliance, presently used to detect brain damage in humans have found harm from marijuana, even from long-term, high-dose use. An early study detailed brain damage in rhesus monkeys after six months exposure to high concentrations of marijuana smoke. In a recent, more carefully conducted study, researchers failed to find evidence of brain abnormality in monkeys that were forced to inhale the equivalent of four to five marijuana cigarettes every day for a year. The claim that marijuana kills brain cells originated on a provisional report dating back a quarter of a century that has not been sufficiently corroborated (www.drugpolicy.org/marijuana/factsmyths).

Reference

Herer, J. 1998. *The emperor wears no clothes*. Van Nuys, CA: Ah Ha Publishing.

FIGURE 4

Con: Marijuana should not be legalized for medicinal purposes.

Marijuana is known as a recreational drug. However, for the many people in the United States who suffer from a number of diseases, marijuana may appeal to them as a medicinal drug. This is a controversial issue because the U.S. government has placed the “war on drugs” high on its domestic priorities list, and making marijuana legal to serve a medical function could send mixed signals to the public. Below are strong arguments for why marijuana should not be legalized for medical purposes.

- ◆ According to the article *Signs of Marijuana Addiction and Abuse*, short-term side effects of marijuana include sleepiness; difficulty keeping track of time; impaired or reduced short-term memory; reduced ability to perform tasks requiring concentration and coordination (such as driving a car); increased heart rate; potential cardiac dangers for those with preexisting heart disease; bloodshot eyes; dry mouth and throat; decreased social inhibitions; paranoia; hallucinations; impaired or reduced comprehension; altered motivation and cognition; making the acquisition of new information difficult; psychological dependence; impairments in learning, memory, perception, and judgment; difficulty in speaking, listening effectively, thinking, retaining knowledge, problem solving, and forming concepts; and intense anxiety or panic attacks (www.clearhavencenter.com/substance-abuse-treatment-resources/signs-of-marijuana-use.php).
- ◆ Long-term effects of marijuana, as per *Signs of Marijuana Addiction and Abuse*, are enhanced cancer risk, decrease in testosterone levels and lower sperm counts for males, increase in testosterone levels for women and increased risk of infertility, diminished or extinguished sexual pleasure, and psychological dependence requiring more of the drug to get the same effect (www.clearhavencenter.com/substance-abuse-treatment-resources/signs-of-marijuana-use.php).
- ◆ One study has indicated that a user's risk of a heart attack more than quadruples in the first hour after smoking marijuana. The researchers suggest that such an effect might occur from marijuana's effects on blood pressure and heart rate and reduced oxygen-carrying capacity of blood (www.nida.nih.gov/Infofacts/marijuana.html).
- ◆ Researchers have found that THC changes the manner in which sensory information gets into and is acted upon by the hippocampus. This is a component of the brain's limbic system that is imperative for learning, memory, and the integration of sensory experiences with emotions and motivations. Investigations have shown that neurons in the information-processing system of the hippocampus and the activity of the nerve fibers are suppressed by THC. In addition, researchers have determined that learned behaviors, which depend on the hippocampus, also deteriorate. Recent research findings also indicate that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of other major drugs of abuse (www.nida.nih.gov).
- ◆ Someone who smokes marijuana regularly may have many of the same respiratory problems that tobacco smokers have, as ascertained by the National Institute of Drug Abuse. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue, injured or destroyed by marijuana smoke (www.nida.nih.gov).
- ◆ The amount of tar inhaled by marijuana smokers and the level of carbon monoxide absorbed are three to five times greater than among tobacco smokers. This may be due to the marijuana users inhaling more deeply and holding the smoke in the lungs (www.whitehouse.drugpolicy.gov/publications/marijuana%5Fmyths%5Ffacts).
- ◆ Regular use of cannabis can lead to psychological habituation for some people, making it difficult for them to quit. Studies have estimated that between 5% and 10% of those who try smoking marijuana once will become daily users at some time during their life, but most of these smokers will have given up the habit by age 30 and few remain daily smokers after age 40. Most people do not experience signs of physical addiction, but with regular daily use, mild to medium withdrawal symptoms usually occur for less than a week, but can extend for as long as six weeks (www.erowid.org/plants/cannabis/cannabis_basics.shtml).
- ◆ Several studies have indicated that cannabis use (like many other strong psychoactive drugs) can precipitate neuroses or psychoses in those who are already at risk (www.sciencedaily.com/releases/2004/12/0412011432).
- ◆ In *Happy Trails Paraphernalia Pushers*, it is argued that making medicinal marijuana legal would destroy the societal norm that drug use is dangerous. It would undercut the goals of stopping the initiation of drug use to thwart addiction (www.natlnarc.org/newsletters/Vol8No1.pdf).
- ◆ Marijuana is a gateway drug that can lead to the eventual use of “harder” drugs such as cocaine or heroine (www.marijuanaaddiction.info?news-left.htm?aid=49).
- ◆ In the article *Marijuana Myths, Marijuana Facts*, it is stated that, over time, marijuana use permanently alters brain structure and function, causing memory loss, cognitive impairment, personality deterioration, and reduced productivity (www.drugpolicy.org/marijuana/factsmyths).
- ◆ A critical con argument in this debate is that if marijuana use is legalized, there is no way to limit its availability to the prescription holders. It will be readily accessible to all of their friends, family, and children.