

One Nation, Under Drugs

How California & the Rest of Us Can Become More Like Yemen

When a star promotes a product in a film, it's called an "advertorial." So is the film *It's Complicated* an advertorial for smoking marijuana? Jason Silva notes in his review of this movie at the *Huffington Post* that it shows "successful, cosmopolitan adults enjoying a marijuana joint with no consequences."¹ Upset that the film received an "R" rating merely because of its potheads, Silva protests, "We should all be proud of director Nancy Meyers, and actors Meryl Streep and Steve Martin for helping solidify marijuana's entry into acceptable pop culture status."

Apparently pot is acceptable these days, with starring celebrities toking in feature films such as *It's Complicated*, *The 40-Year-Old Virgin*, and *Forgetting Sarah Marshall*. Even three years ago *The Christian Science Monitor* noticed a trend: "Films featuring characters using marijuana have mushroomed." It is "cinema's stoned age."² (There's even a list of the 20 best stoner movies.³)

Silva happily notes, "Our 10,000-year relationship with cannabis can now exist without shame

or rebellion." (*Our 10,000-year relationship with cannabis? The cannabis "relationship" here began in earnest in the 1960s.*)

In *GQ* Mark Healy agrees:

By all accounts this should be a golden age for stoners. Weed has never been stronger, more accessible, and less criminal—particularly if you're wealthy, white, and living in one of the thirteen [now fifteen] states where it's approved

for medicinal purposes.⁴

How did this come about? Healy says,

I guess it began the moment medical-marijuana advocates began equating pot with something healthful and people started actually believing them . . . to treat nausea and headaches. . . .

You won't likely hear of pot's harms,⁵ while millionaires like Hugh Hefner and billionaires like George Soros have helped finance marijuana legalization.⁶

Making it "healthy" has made pot seem no more dangerous "than a bottle of spirulina," says Healy, who *complains* that pot is now so widespread, it's no longer cool.

How widespread? Silva crows, "There are now more marijuana dispensaries in L.A. than there are Starbucks." And to date, fifteen states and the District of Columbia have legalized "medical" marijuana.

More states are likely on the way. A 2010 Franklin & Marshall poll "found that 81 percent of Pennsylvanians supported making medical marijuana legal—up from 76 percent in 2006," noted Mackenzie Carpenter in the *Pittsburgh-Post Gazette*:

They're lighting up joints in Bryn Mawr and Squirrel Hill [Pennsylvania] after putting the kids to bed. At [Ava Lounge] in East Liberty, pro-medical marijuana activists are recruiting and organizing new members over martinis.⁷

What about those medical reasons for marijuana? In California, writes Mackenzie, "otherwise healthy young people with 'back pain' are wangling permission from unscrupulous doctors to obtain the

drug." She quotes Lynn Abraham, Philadelphia's former district attorney:

"Why is it that in California most people using it are 20 to 35 years old? Give me a break. Is this what we want to become in Pennsylvania? . . . A pleasure palace? Yikes. We're just going to turn into a bunch of spoiled, self-indulgent dope heads."

Defenders of cannabis legalization, of course, would say Abraham is just wrong.

Yemen's Woes

What might a society with widespread drug use over a few generations look like?

My interest in this question began in 1978, when I read an article called "Qat's Cradle" in *Human Behavior*. It recounted how the U.S. Department of Health, Education and Welfare had paid two UCLA researchers to spend two years in Yemen to ascertain what life would be like "in a total drug culture." Yemen was a good place for such a study because a large proportion of its population culti-



vated and used qat (pronounced "khat"), a so-called "mild" narcotic leaf, considered less addictive and less harmful than marijuana. The researchers reported that Yemenis of all ages used qat:

Students chew [the leaves] liberally. . . . Children chew qat starting at seven or eight years of age . . . women . . . have their own qat parties . . . taxi drivers chew. . . . Politicians chew with politicians; religious leaders and scholars chew with their groups. Qat chewing even plays a role in the highest government circles.⁸

This habit of qat chewing in Yemen is some 400 years old, the researchers reported, citing a 19th-century traveler to Yemen who tried it and commented, "The Yamini can go for several days without food, but not a single day without qat. Men and women and children, they all use it."⁹ The society that en-

gaged in all this qat chewing was described as a lethargic population that endured widespread malnourishment, impoverishment, and infant mortality.

A World Bank report issued in 2007 corroborates the picture painted by the UCLA researchers. Titled "Yemen: Towards Qat Demand Reduction," this report states that "until the 1960s, qat chewing was an occasional pastime, mainly for the rich," but that in the last half-century, it has become much more widespread, with "trend" data showing increasing use by children as young as five years old. The report shows how qat use has been "linked to widespread child malnutrition and household food insecurity" and numerous other problems. It states:

The adverse health effects of qat . . . include high blood-pressure, underweight children (when pregnant women chew qat), cancer (from consuming pesticide residues), and dental diseases. Consumers spend, on average, nearly 10 percent of their income [on qat]. . . . [Qat



is] inimical to the development of a productive work force, with as much as one-quarter of usable working hours allocated to qat chewing.¹⁰

A Universal Problem

Yemen is not unique. “Joints” and various hallucinogens have long been with us. In his book *The War on Drugs*, James Inciardi, an authority on drugs and crime, writes that

references to marijuana appear in early Persian, Hindu, Greek, Arab and Chinese writings [and the] chewing of coca had already been in Inca mythology for centuries.¹¹

Though surrounded by rich national resources, most indigenous peoples in Central Mexico, Costa Rica, India, Pakistan, Afghanistan, Morocco, Egypt, Yemen, Jamaica, Colombia, Peru, Brazil, and Fiji live in dire poverty with *culturally accepted* use of drugs filtering down to children.

Marijuana and betel nut are common in most of Egypt and Asia. The Cree Indians of North America brew and chew calamus or “rat root,” while farther south, from Central Mexico to Costa Rica, hashish and thle-pela-kano (“Leaf of God”) keep the inhabitants hooked. Opium, heroin, hash oil, and hashish are indigenously Asian. Hashish abounds in Pakistan, Afghanistan, Lebanon, and Nepal. Like other Third World countries, Nepal’s life expectancy hovers at about 51 years of age, in sync with its annual per capita income of about \$1,010.¹²

Widespread consumption of indigenous drugs often correlates with poverty, early mortality, and illiteracy, and it may explain a general condition of apathy or lethargy called amotivational syndrome. Adult use often leaves children

vulnerable to neglect or abuse, by their parents or others.

Kick It!

What do the people of Yemen think about their qat habit? The World Bank report states:

Most users believe that qat is bad for them. More than 70 percent of the respondents describe qat chewing as a “bad habit” that is also bad for the economy and bad for the nation’s image. Users want to “kick the habit” but they cannot. Either because of social pressures, or because of the psychological dependency resulting from prolonged use, users do not feel that they can stop using qat on their own. Some 53 percent of all male and 61 percent of all female respondents declare that Government intervention is necessary to address the qat problem.¹³

They want *government* help to quit? Do any of the legislators from the fifteen U.S. states that have legalized marijuana know about Yemen? They should.

Meanwhile, back at the Huffington Post, Jason Silva concludes his story about our new marijuana culture thus:

One thing is certain. *It’s Complicated* does a good job of showing something not so complicated: marijuana can make you giggly, hungry and maybe even hyper-philosophical . . . but it doesn’t make you a couch-dwelling, pizza-eating sloth or criminal.

There probably is little danger that rich Hollywood elites like Meryl Streep and billionaires like George Soros will become sloths,

whether or not they smoke pot or chew qat leaves. And even if they did, their wealth would mitigate the ensuing problems for themselves and their families. But what about poor and working-class citizens? Take Detroit, about which Matt Labash wrote last fall in the *Weekly Standard*: “[T]hat’s exactly what a city with 15 percent unemployment that’s as chronically crime-ridden and dysfunctional as Detroit needs: more drugs.”¹⁴

Michigan did approve “medical” marijuana, and up to 900 people a day were applying for marijuana use when Labash wrote:

A state court of appeals judge recently lamented in a decision, “Michigan will soon have more registered marijuana users than we do unemployed—an incredible legacy for the Great Lakes State.”

The Yemenis might warn us about our grand experiment in medical marijuana. Are we in any state to listen? ☉

Jim Kushiner contributed to this column.

Endnotes

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