The Dangers of Health and Safety

Marijuana Legalization as Frontier Capitalism

Erica Lagalisse

21 December 2018

Contents

Abstract. In this article I explore how the legalization of marijuana in North America involves the racialized class appropriation of diverse material, social and cultural capitals borne of black-market marijuana production and distribution. This process is facilitated by a conceptual dichotomy that grants the public either a U.S.-driven "war on drugs" or a state-organized corporate marijuana sector that favors highly capitalized interests, omitting the option of simple decriminalization. I study how this false dichotomy is normalized by politicians, entrepreneurs, and lay consumers by way of two interrelated strategies: The traditional vendor is constructed as "violent" whereas the legal one is "safe," and the legalized marijuana product of "safe" corporate oligarchs is also made "safe" by its discursive and institutional association with medicine, purity, and "healing," whereas the product of traditional suppliers remains "polluted" and "dangerous." In the final analysis, we remember that health itself is a political, class-making device, brought to inaugurate class rights, responsibilities, and the respectability of some at the expense of others. Synthesizing ethnographic analysis, historical inquiry, political economic theories of capitalist appropriation, social science literatures on public health, and medical anthropology, this article suggests that persons enthusiastic for legalization confuse consumer desire with a commitment to social justice when they suggest that state-controlled legalized marijuana, in the context of neoliberal capitalism, represents an anti-imperialist social good. Social scientists are invited to remain vigilant about their potential complicity in the racialized class-making politics of public health in its intersection with shifting marijuana laws.

Keywords*:* marijuana, political economy, ethnography, health, anthropology of medicine

Introduction

In this article I explore how the legalization of marijuana in North America has involved the racialized class appropriation of material, social, and cultural capital borne of traditional (illegal) marijuana production and distribution, as well as involves the commodification of diverse forms of non-capitalist relations (commons), wherein legalization functions as a form of frontier capitalism. This process is facilitated by a conceptual dichotomy that grants the public either a U.S.-driven "war on drugs" or a state-organized corporate marijuana sector that favors highly capitalized interests, omitting the option of simple decriminalization. I also explore how this false dichotomy is normalized by politicians, entrepreneurs, and lay consumers by way of two interrelated strategies: The traditional vendor is constructed as "violent" (whereas the legal one is "safe"), and the legalized marijuana *product* of "safe" corporate oligarchs is also made "safe" by its discursive and institutional association with medicine, purity, and healing (whereas the product of traditional suppliers remains "polluted" and "dangerous").

I question the racialized class politics informing these dominant constructions by way of a mixed method approach, wherein ethnographic narratives from multiple sites invite the application of distinct yet complementary theoretical tools. I first provide a discourse analysis of common media representations of traditional ("criminal") marijuana workers, with attention to the media treatment of "trimmigrants" (migrant marijuana harvest workers/trimmers) as an example. I then present ethnographic material regarding both criminal providers of marijuana and legal providers ("health professionals"), which serves to challenge dominant media representations of both the "danger" of traditional pot workers and the "safety" of medicalized marijuana. My ethnographic presentation of black-market marijuana workers who do not fit media stereotypes is followed by a political economic analysis of the appropriation at work in the current medicalization and legalization (together and separately) of marijuana in North America, with attention to historical precedent in regard to the medicalization/legalization of opium. My other ethnographic exploration, of the medical marijuana clinic context, puts into question positive notions of "access" and "healing," often rhetorically associated with state-regulated medical marijuana.

The ethnographic analyses observe how the legalization of both medical and recreational marijuana under neoliberalism inaugurates new cannabis-human relationships, with others being suppressed or replaced, yet suggests that the changes involved will not necessarily lead to greater quantities of health and safety among all concerned. In fact, my research suggests that both the medicalization and legalization of marijuana may consist primarily in the consolidation of related profits in the hands of elite white business interests alongside the ongoing criminalization of non-elite producers and consumers, and a process of pharmaceuticalization that creates stronger and more addictive refined and synthetic marijuana-based substances. In the final analysis, we remember that health itself is a political, class-making device, always brought to inaugurate class rights, responsibilities, and the respectability of some at the expense of others. Synthesizing ethnographic analysis, historical inquiry, political economic theories of capitalist appropriation, social science literatures on public health, and medical anthropology, this article suggests that persons enthusiastic for legalization confuse consumer desire with a commitment to social justice when they suggest that state-controlled legalized marijuana, in the context of neoliberal capitalism, represents an anti-imperialist social good. Social scientists may remain vigilant about their potential complicity in the racialized and class-making politics of public health in its intersection with shifting marijuana laws in North America.

Methodological Notes

The research of marijuana clinics and web providers leading to this article (2014–2017) involved interviews with medical marijuana patients in California (U.S.), Toronto, and Montreal (Canada), where I also conducted participant-observation

research for a period of two years (2015–2016), participating in community events such as Ganja Yoga classes, cannabis oil preparation workshops, and sharing sessions organized for patients. I also undertook research among the legal, non-medical marijuana businesses in Denver, Colorado (2015), interviewed a small number of pro-legalization lobbyists in the United States (2017), interviewed the Mohawk manager of a new, autonomously-run marijuana dispensary in Kanehsatake, Quebec (2017), and interviewed a number of European "trimmigrants" (who travel to California each year to trim marijuana) while conducting fieldwork in Mexico. Note that fieldwork is ongoing and this paper reports preliminary results.

Research among black-market purveyors (2013–2017) was conducted by recruiting participants by way of a snowball method, which is to say by one pointing me to another by word of mouth. These marijuana workers were involved in diverse aspects of the marijuana market and supply chain, ranging from growers, trimmers, large quantity suppliers, street peddlers, bicycle delivery workers, and producers of hashish. The workers in the study operate in different areas of North America (including California, New York, Quebec, Ontario, Vancouver, and Washington D.C).

While there are site-specific differences in changes to marijuana laws throughout the United States and Canada, and there exist certain differences in local cultures of traditional (illegal) marijuana sale and consumption across field-sites, research to date suggests that the ethnographic information presented in this article may serve to suggest broad patterns relevant across North America.

More specific information regarding the coordinates of research participants and venues will not be offered, in order to protect informants who were either involved in illegal activities or whose status as patient in a medical marijuana clinic was to remain confidential.

Deconstructing the Drug War, Trimmigrants, and Cartels

Mainstream news and entertainment media are saturated with images of "dangerous" racialized characters associated with narcotics trade—Hollywood films such as *Machete* and CNN attention to "El Chapo" of the Sinaloa cartel (Shoichet 2017) provide familiar examples. Both prohibitionist and pro-legalization discourses commonly highlight the violence of illegal marijuana workers and the resultant danger they pose to middle class publics—in the former case to justify the "war on drugs" (see Corva 2014), in the latter to justify legalization itself: "Cannabis doesn't kill, but cannabis trafficking can, and so by eliminating that illicit business, there's a whole bunch of very positive things can happen" (*CBC* 2018a). In the United States, it is so readily presumed that Mexicans are both dangerous and drug-wielding that even in venues such as the American Anthropology Association (AAA) Annual Meeting, it takes a fifteen-minute

long conference presentation to belabor a point that should be obvious: measuring the value of U.S. marijuana legalization in rising rates of dead Mexicans is problematic (Guerra 2015). Even media representations that depart from the most simplistic racist clichés, such as the relatively sympathetic investigative reporting around trimmigrants in California, fall back on familiar stereotypes. In September 2016, a series of articles covered trimmigrants (e.g., Halperin 2016; Raskin 2016; Walter 2016), who were presented as "the marijuana industry's unseen workforce": "If John Steinbeck were alive, he'd probably add a chapter about the trimmigrants to his epic novel, *The Grapes of Wrath*" (Raskin 2016). Like Tom and Ma Joad, who fled the Dust Bowl, "trimmigrants embody a quiet dignity"; they are "part of the worldwide vagabond movement" and "warm, spiritual and open...like the hippies of the 1960s" (Raskin 2016). Trimmigrants, marked with whiteness, are certainly not like "immigrants," who are rather marked as racialized subjects who travel due to economic necessity and should be feared and disdained. Middle-class, white trimmigrants are respectable, embodying "choice" and other liberal values. Even the people of color involved are cosmopolitan, amenable to American values: Rosalia from Mexico "sounded like she had come straight from Woodstock. '*Paz y amor*' (peace and love), she chirped" (Raskin 2016).

These marijuana workers are not the dangerous cartel men often discussed in relation to marijuana work. Yet our sympathy for these workers is cultivated expressly for throwing into relief the exploitation they endure at the hands of other pot workers. In an article titled "In Secretive Marijuana Industry, Whispers of Abuse and Trafficking," we read of a woman who "had been held against her will on a marijuana farm, drugged and sexually abused" (Walter 2016). We also hear that Ron Prose, an investigator for the Eureka Police Department, said that "sex traffickers know law enforcement agencies have little interest in cracking down on them" (Walter 2016). Ron Prose thus freely admits that women are not protected by the state, yet readers are then told that if women do not formally report abuse, this is due to fear of pot workers. The same reportage then suggests that the marijuana workplace is designed to foster sexual violence, when, in fact, the workplaces are hidden and remote because they are designed to avoid police detection. Decriminalization would therefore pre-empt much of the violence described, yet in no article is decriminalization without state control of legal marijuana discussed as an imaginable possibility.

Just as the structural, gendered violence of the Eureka Police Department is normalized in mainstream media productions, so too is the racialized violence of the U.S. government in the very appellation "drug war" that is often applied to the Latin American context. The label "drug war" does not invite the public to consider how the U.S.-sponsored "war on drugs" has been continuous with a colonial politics of oil extraction in Colombia or how Mexico's current paramilitary war is likewise related to resource extraction (see e.g., Corva 2008; Scott 2010). Mexican "drug cartels" make a substantial amount of money from Canadian and American mining companies. As Servando Gómez Martinéz ("La Tuta") of the Caballeros Templarios ("Knights Templar" cartel) explains, the cartel receives up to three dollars for each ton of mineral

that leaves the mines in their territory: "The mines must be approached with great tact, with much respect...We have [already] clarified [to them] that we will only take money from those [mining companies] that come from abroad and only the amount that they wish to contribute." (Castellanos and Olmos 2015:18, translation by E. Lagalisse). While the English-speaking world may not hear about this very often, it is a truism in Mexico that the "cartels" are mercenary armies facilitating resource extraction for multinational corporations, and mining companies in particular (see also Weinberg 2002).

Perhaps significantly, I first heard the phrase "trimmigrants" from a pro-legalization lobbyist in Washington D.C., whose moral argument for the legalization of marijuana highlighted a reduction in the violence suffered by trimmigrants. There is "a lot of research and development work being done on mechanizing the trimming process," he explained. "This will help diminish the market for cartels, because with mechanization of the trimming process, the price of legal marijuana will drop." Most importantly, the lobbyist explained, the new state-supervised marijuana product will be "pure"—government regulation will (supposedly) ensure an "organic" and "pesticide-free" marijuana. U.S and Canadian governments that promise "safe," "pure," and "healthy" marijuana legislate in favor of pesticide use in other agricultural endeavors, yet, here, pesticides are projected specifically onto the agricultural activities of black-market growers. Black-market providers engage in unhealthy, unethical behavior compared to the new "moral" entrepreneurs who will replace them by mechanizing trimming or by moving operations to South America, because "[p]roducing a gram of cannabis in Colombia costs 5 cents, compared to about $1.50 in Canada" (see Arsenault 2018).

The Marijuana Industry's Other Unseen Workforce

Dave, Carl, Samer, and Mark may not stand in for all black-market marijuana workers, yet such subjects constitute the majority of people who participated in my study. I foreground their story insofar as it puts into question dominant characterizations of marijuana workers as necessarily "dangerous," and because it suggests the important role of black-market marijuana work for diverse working-class people in Canada and the United States for whom minimum wages, state pensions, and disability benefits do not constitute a living wage.

Chris, who partially supplies this group, is a white working-class man in his thirties. He buys a combination of high potency marijuana bud and low-potency leaf from a local grower. From the bud, he distils hashish oil in the carpentry workshop of a friend's father, who is happy to rent out the space for such a purpose, as he lost the majority of his retirement income when the company he worked for went bankrupt. Chris puts some of the hash oil in gel capsules for four clients who have cancer, uses a small amount to make shatter [a concentrated solid] for personal use, and then uses the majority to create a form of hashish by mixing it with the low-potency leaf, rendered

into powder. This hashish product is well-liked by local clienteles and is cheaper than the hashish that arrives from Morocco and Afghanistan: Dave can buy Chris's hash in bulk and then sell it to individual consumers for five dollars less per gram than the foreign product usually sells for, while still making a worthwhile cut.

Dave, who is another white working-class man in his thirties, also buys high potency bud direct from a local grower. Dave, Carl, Samer, and Mark then sell the marijuana and hashish together as a workers' cooperative—Dave is a vocal supporter of anarcho-syndicalism. The four men in the cooperative take turns delivering the marijuana throughout the city center on bicycles. By making sure there is always someone on shift to answer the shared cellular phone and make house calls between 11:00 am and 11:00 pm, six days a week, their clientele enjoys a reliable service with regular hours and need never look elsewhere for an alternate provider. Delivery shifts total 72 hours per week; other tasks (e.g., buying and weighing marijuana, accounting, bike repair) consume approximately eight hours. The cooperative therefore provides each of the four members with approximately 20 hours of work per week. The sales earnings are collectivized, then divided up equally between members according to hours worked. A portion of the weekly earnings is then put into a collective account, which members may access if injured on the job and therefore not able to work for a period of time (due to a bicycle accident, for example). The earnings from this venture allow the men involved to live above the poverty line: three of them work minimum wage jobs and one is on state disability benefits. In all cases, their monthly legal earnings barely cover rent, leaving little money left over for food, transport, health care, or goods for their children.

Chris, Dave, Carl, Samer, and Mark are concerned about the current projects of legalization that criminalize their cooperative activity. Chris, for his part, points out that, although police in his city now generally turn a blind eye to small-time dealing and consumption ("unless you're black of course"), when it's legalized, and therefore a civil versus criminal offense, people like him and his customers will be more heavily persecuted. He states: "No one wants to send people to jail for smoking pot or selling a 'three-and-a-half' these days but once it's a ticketable offense it will be a cash cow, it will be like parking tickets, except even worse." Mark, a working-class black man, also in his thirties, follows up by pointing out that police will also persecute everyone more heavily now that legal businesses will be pressuring the government to stamp out "illegal competition." Mark also concentrates on questions of appropriation. When asked how he thinks legalization will affect him, Mark says he expects it to be "like any other industry...look at what happened with industrial agriculture or alcohol after prohibition, it doesn't help the workers or the people; whoever has most capital wins, the government is not going to help set up Mom and Pop." Meanwhile, the new marijuana entrepreneurs are appropriating lucrative cultural capitals from workers like Mark: "I go to these [marijuana] trade shows sometimes and it's obvious that the real exhibitors are on the other side of the table." At other moments during the interview, he seems more optimistic, but only because certain niches will be left over for the black-market.

"If you're good at your job you stand to do well," because the government is "limiting concentrates to fifteen percent [THC] and we know everyone wants shatter for their vape pens that is stronger than that." Still, "very few will make it through the bottleneck." The pot workers who will make it through are ones who, in Chris's words, "have a quality product, who are personable, and understand the clientele." The government "doesn't understand how relationships plays into this. No one who buys off their friend is going to ditch him for government weed, and, like, the Vietnamese in this city all buy from Vietnamese growers—why the hell would they switch to government weed and pay more cause of tax?" Besides, Chris highlights, the "personal relationship disappears once you start ordering it through the mail." At other moments he sounds less confident; the culture surrounding illegal marijuana, Chris concludes, is "a form of social cohesion that will just disappear."

Dominant representations of black-market marijuana work do not highlight the experiences of workers, such as Dave, Carl, Samer, and Mark, who organize cooperatively and self-manage non-profit insurance schemes. Neither do dominant discourses position marijuana work as compensating for insufficient minimum wages, pensions, and state disability benefits. Dominant discourses are rather arranged to justify police repression of black-market suppliers and to valorize the legalized medical and recreational marijuana produced and distributed by state institutions and state-sanctioned corporations. This rhetorical work is in line with historical precedent. Throughout the history of colonial capitalism, state governments have racialized the danger of illegal drugs to both gain control of profitable trade in addictive substances by licensing schemes and justify repression of abject populations at once. As Courtwright (2001:4–5) explains, European colonizers could not have succeeded without the psychoactive products with which they "paid their bills, bribed and corrupted their native opponents, pacified their workers and soldiers, and stocked their plantations with field hands." The cases of opium (Berridge and Edwards 1987) and alcohol (Mancall 1997) are two of many examples.

Likewise, in the present day, neoliberal development relies on what Dominic Corva (2008:188) has identified as the "U.S. sponsored globalization of narco-governance." Latin American populations impoverished by structural adjustment programs and unfavorable trade agreements concerning legal agricultural products are thus coerced into the illicit agricultural sector, whereupon the U.S.-driven "war on drugs" codes illicit drugs as an exogenous and racialized national security threat, and narco-criminalization serves to justify the expansion of repressive power throughout the continent: "The war on drugs can be interpreted critically as a U.S. sponsored, neo-colonially mediated war against populations whose socioeconomic vulnerability is connected to the U.S. sponsored, neo-colonial project of uneven economic globalization" (Corva 2008:191; see also Robinson and Scherlen 2007; Schneider 2008).

Narco-criminalization also serves to deny rights. If marijuana workers were not criminalized as narco-delinquents, there might exist public discussion concerning their rights in intellectual property. Instead, we are invited to see marijuana cultivators of

the twentieth century as a "dangerous" subject versus the pharmaceutical corporations that will now ensure the "efficacy and safety" of marijuana "as a modern medicine" (Clarke and Merlin 2013:454). The reason legalized marijuana is expected to be so profitable for governments and corporations is precisely because there do not exist patents on products like "shatter" or black-market crafted, THC-rich cannabis strains, as criminals may not claim rights.

Here it is worthwhile to briefly consider Marx's (1990 [1876]:500) concept of "primitive accumulation," which is "not the result of the capitalistic mode of production, but its starting point." The classic example put forward by Marx, in this regard, was that of the acquisition of land through colonial conquest, yet the analysis may extend to the enclosure of other "commons" or non-capitalist relations. Rosa Luxumburg (2003 [1913]), for example, emphasized how capitalism continually relies on non-capitalist relations, reorganizing these by way of colonial imperialism in order to access new supply sources, markets for surplus value, and reservoirs of labor. More recently, David Harvey (2004) has suggested the term "accumulation by dispossession" to capture the necessarily enduring role of "primitive" or "original" accumulation, as Marx had cast it. New colonial frontiers must always be found, be they markets in derivative financial objects or the markets in air inaugurated by "carbon markets" (air had remained one of the last "commons," yet, with its commodification, a new frontier is created).

Marijuana itself has long been a global commodity, yet many of the social relationships that occur alongside and attendant to the production of marijuana products, as well as the knowledges, services, and goods exchanged in its production, have not yet been organized as capitalist relations. As Chris and Mark articulate in their interview, the black-market marijuana sector is one of few areas of commercial activity wherein the people who come into contact involved are not relegated to categories of mere "consumer" and "producer." The affective bonds referred to by Chris and Mark constitute relations of reciprocity that are threatened by the advent of state and corporate monopolies in marijuana production and distribution. (With respect to precedent in this regard, note that Corva [2014] discusses how marijuana legalization has disrupted diverse forms of social solidarity and non-capitalist relations, in the context of California's "Emerald Triangle.") The replacement of trust by regulation in the form of state-sanctioned corporate control is not represented in dominant accounts of legalization, nor is the fact that black-market marijuana work has been providing indispensable flexible employment that has allowed many to make ends meet, including trimmigrants, the cooperative described above, the retired working class Canadian man who rents his workshop for the production of hashish because his pension check leaves him below the poverty line, or, indeed, the vast number of Latin American citizens impacted by U.S.driven structural adjustment programs (see also Borden 2002).

Instead, state controlled medical and recreational marijuana is positioned as involving "safe" and "healthy" social relations, as well as a "safe" and "healthy" marijuana product. This is the case, even though historical precedent suggests that corporate development of "medical" marijuana does not actually ensure its increased efficacy and

safety as a modern medicine unless we understand modern medicine to be primarily a class-making device, wherein the use of increasingly strong-acting and synthesized intoxicants are made respectable for specific white, middle-class consumers. The recategorization of opium as medicine in the nineteenth century, for example, functioned to criminalize the working poor consumer, as well as vilify the racialized populations who had traditionally provided opium versus the emergent socially constructed categories of "expert" white, professional suppliers and authorized middle-class "patient" consumers (see Berridge and Edwards 1987). In the words of legalization proponents, medical marijuana is "innovative, regulated and safe" (Thompson 2016), as well as associated with positive values such as "diversity" and "access." The "legal growing and distribution of medicinal marijuana can provide opportunities for economically disadvantaged groups" (Thompson 2016; see also Eichensehr 2018; McVey 2017). Yet, as we continue to explore below, legalized medical and recreational marijuana may fall short of dominant claims regarding the safety of the product and attendant social relations.

Healthy Marijuana

Whereas above we explore the marijuana industry's unseen workforce, below we explore the medical marijuana industry's unseen patients, as well as how these overlap at times with the unseen workforce above. Kevin's story, for example, serves to convey multiple themes evident in the stories of other working-class research participants in a synthetic fashion. Kevin is an upwardly mobile Canadian in his early forties, who spent years working in the black-market marijuana sector before entering graduate school as an adult. He offers his story in a certain reflexive style familiar to the academic reader.

Kevin first found himself in the marijuana clinic due to the recommendation of a psychotherapist; when he began suffering panic attacks, his therapist helped him acquire a referral. Kevin already knew that smoking pot reduced his attacks and did not want to begin a regimen of pharmaceutical drugs for his anxiety when he might simply legalize his use of marijuana instead.

@@@I have to go back every three months for a clinic visit that costs seventy bucks. First, I see the doctor, who signs off on my legitimate medical need for marijuana, and then they send me in to see the on-site counselor. I'll never forget the first time I met that guy. He showed me around the website, saying he was gonna help me find strains that meet my particular medicinal needs. He started by asking if I was 'familiar with the product'. I said something like, 'I like Jack, definitely sick of the M-39.' He saw right away that I was 'familiar with the product' [laughter].

'Well then, let me explain how this works then. You'll see if you scroll over the pictures, they'll give you the traditional names. So, you see there's Sedamen, for example, but if you scroll over it says, "Purple Kush."

'I see, so they are re-branding everything with names that sound like pharmaceuticals' is what I said.

'Basically, yeah...' is all he said. He seemed to have some critical understanding of the whole charade. But it's like.... this just made me hate him even more. He went on about Sativas and Indicas and CBD and THC, but I wasn't listening. I was just thinking about how I *knew* this guy from somewhere. I then realized he was that guy who used to buy bulk shwag [low-potency leaf] off Shawn and Derek to cook oil, used to drive a blue Lincoln...As soon that hit me I became even angrier. There's no way this guy knows more about Sativas and Indicas than *I* do. Like, here's some private school kid telling me Kush weed makes you sleepy and getting paid *how* much an hour? ~

Kevin went on at some length about why this scenario was infuriating, before turning back to his narrative:

@@@At some point David [the counselor] started saying something about how I should order my monthly 45 grams at once because the website will always count my '30-day allowance period' from the time I last order, so if I start ordering small amounts at intervals, I will *never* be able to order a month's allotment all at once, which could be a problem if I were to go on vacation. I told him that one of the reasons I wanted to be able to buy weed legally was so that I could have a place where I could go get a small amount on Friday night, and then be dry [without marijuana] during the week. From [black-market] bike delivery I was having to buy a quarter [seven grams] as a minimum purchase, which I never finish by Sunday, so I end up smoking it all week. I don't actually need to smoke all week to avoid the panic attacks...I say this to David, the expert, suggesting it's sort of fucked up that the minimum purchase from the clinic is six times larger than from criminal vendors, and y'know what the guy says? He says:

'You have what we call the Big-Bag Syndrome.' I mean I guess it's totally typical isn't it—getting upgraded to a respectable middle-class citizen by having a syndrome replace your addiction. Anyway, David explained they have a safe onsite and that if I want to, I can come drop off my pot on Mondays and pick it up on Fridays. He says he's sort of making an exception here, but, in general, the clinic tries to 'meet the diverse needs of its patients'—'there are some patients here who have family concerns,' he says. So, basically, I am still not respectable after all. *Respectable* patients have family concerns, whereas I can't even figure out what that's supposed to mean, because I'm sure he said the damn pot containers are child-proof." ~

Kevin laughs but does not look amused as he explains that by family concerns, the counselor was referring to questions of "confidentiality." Some middle-class clinic patients worry about maintaining class respectability; the new medicalized status of marijuana is not necessarily enough to insulate them from social stigma. All of this is of official concern to clinic staff, whereas forcing Kevin to buy 45 grams at once is not.

When Kevin finally discussed how he quit the medical marijuana clinic, he became quite serious. He had been referred to the clinic during the first year of its operation. At this time, waiting times for appointments were less than 15 minutes, yet, two years later, Kevin found himself waiting up to three hours for his appointment. On his last visit to the clinic, Kevin had paced around impatiently. At one point he asked a staff member

why the wait times were so long. Why were they overbooking appointments? Wait times were even longer than those at the state-funded free clinic, which he felt was wrong because the marijuana visits cost seventy dollars each. Kevin wanted to know who was making the money. He was then told by the receptionist that he was "agitating" the other patients, at which point he said "good, let's do some political agitation, everyone here should refuse to pay their seventy dollars for having four hours of their day wasted, especially when everyone can get the same weed delivered to their homes for cheaper." When he finally saw the doctor, he pointed out that he was attending the clinic in the first place because he had post-traumatic stress disorder and found it problematic that an institution that supposedly existed to help him heal continually placed him in an economically exploitative (and therefore triggering) scenario.

On the way out of the clinic, Kevin realized that he had encouraged illegal activity in the waiting room, and remembered that, when he first joined the clinic, he had signed a waiver about his medical record being given to law enforcement if ever he was charged with a marijuana-related offense. He decided that, given the fact that every time he visits the clinic, he gets more agitated, it was not safe for him to go back there anymore. He used his next month's prescription allotment to buy as much CBD-rich marijuana as possible (the only kind not readily available on the black-market) and let his membership at the clinic expire. He was frustrated that he would no longer be able to buy CBD-rich marijuana, the kind that is particularly helpful to ease anxiety (see e.g., Clarke and Merlin 2013). He always looked for seeds in every container, so he could grow it himself, but the company "obviously really doesn't want that."

Kevin expresses it most explicitly, yet it was also clear to Dave, Chris, and Mark, that the differences between them and the new respectable legal marijuana providers, of both medical and recreational varieties, were simply ones of race and class. At the new trade shows, Mark explained, "the real exhibitors are on the other side of the table." The same was true at the cannabis oil workshops I attended at Kevin's medical marijuana clinic. At one such workshop, half of the attendees demonstrated previous experience in the craft, insofar as they arrived carrying their own ointments and infusions. They engaged in informal showand-tell activities before the workshop proper, during which time the workshop facilitator asked participants questions, such as "how do you get such a great saturation?"; "that's a darker color than anything I have ever made"; and "what kind of oil are you using?" Meanwhile, attendees were told during the workshop that it is illegal for them to sell or share their products. One participant remarked, "yeah we are just allowed to share the recipe with you and we all know you are doing research for [a specific marijuana company], you just told us earlier that you are quitting your job at the clinic and going to work for them at the end of the summer."

At the December Holiday Party of the same clinic, patients were invited to sell jewellery, carvings, and other crafts that one might typically find sold at a traditional Christmas bazaar. Patients were not allowed to exchange marijuana products, however, and the only form of cannabis sharing that was permitted at the clinic was sharing

marijuana cigarettes (joints). Even this, the staff informed us more than once, was illegal. According to the law, we should be smoking our own personal marijuana all the time, but they would kindly "turn a blind eye." Meanwhile, David, the counselor, discussed how he would soon be working for the largest medical marijuana corporation in Canada to work on developing marijuana marketing, in anticipation of full legalization. In his words, the company was going to "be ready" and "corner the recreational market." David discussed a dinner he had organized where guests paid $200 entry to be offered "marijuana and food pairings"; instead of savoring specific wines with each dish, the attendees were given particular strains of marijuana to smoke.

At this point, Stefan, one of the partygoers, lost his temper. During the ensuing argument, it became clear that Stefan and David had seen each other earlier that week, at a parliamentary session in the capitol[1]. Stefan had gone to Ottawa as an independent citizen to argue for the rights of "crafters" to be able to sell their wares: Not only was he against government monopoly, but he was concerned that small-time (working class, previously-criminalized, low-capital-bearing) marijuana artisans would not be able to access the market. For his part, David had attended on behalf of his new employer to argue for the right of small business to obtain licenses to sell marijuana (as opposed to a legalization scenario where the state would have a monopoly on sale). When in Ottawa, Stefan had apparently challenged David, saying this was good for "his corporation" but "what about the small guy"? David had said, "we *are* the small guy compared to the government." A few days later, at the party, they were re-hashing the argument. "You are not the small guy, you are a massive corporation compared to the independent crafters from who you have stolen everything you know about how to make everything you sell! Everything from hashish to oil to shatter to ointments to everything!"

At the medical marijuana clinic as elsewhere, wealthy, white legal vendors are rhetorically positioned as "safe," compared to "dangerous" vendors that are working-class and people of color and, furthermore, legal marijuana is itself positioned as more "safe" and "healthy" than marijuana that is not legal: Legal marijuana is called "Sedamen" and indicated for insomnia, and its regulation under law will ensure that it is "pure." Legal recreational marijuana is also healthy—once marijuana may be considered medicine for some, it is healthier for all. "For the first time, adult Canadians who choose to consume cannabis have a safer, lower risk, healthier and more socially responsible choice," explains Canadian Border Security Minister Bill Blair (*CBC* 2018b). Ethnobotanists Clarke and Merlin (2013:454) are also enthusiastic that cannabis is already a "popular and effective medicine" but "[p]harmaceutical research companies are developing new natural cannabinoid formulations and delivery systems that will meet government regulatory requirements and be used to relieve a growing number of medical indica-

[1] This was a Canadian parliamentary session regarding Bill C-45 "An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts," the first session of which opened December 3rd, 2015. www.parl.ca (retrieved July 23, 2018).

tions," yet regulatory requirements are not necessary in and of themselves for humans to benefit from cannabis.

In fact, although one cannot predict with certainty that the synthetic THC products developed by pharmaceutical companies, such as Nabilone, will develop into dangers equivalent to the synthetic opiates Oxycontin and Fentanyl (see e.g., Helmore 2017), Chris pointed out during the interview, cited above, that "big pharma" will probably start "refining weed into 'marijuana crack' by producing THC acetate," and historical precedent validates his line of thinking. Finally, as Kevin's ethnographic narrative above suggests, legalized (and/or) medicalized narcotics do not necessarily constitute more "health" and "safety" unless the "public" of public health is narrowly defined on bases of race and class.

Although health is a categorical good often taken for granted, health and healing are complex and opaque socially constructed categories, mobilized for political ends. Within the modern, liberal nation-state, the medicalized life comes under a specific purview of care and is granted specific class-based (and class-making) social and political rights. Whether we rely on the theoretical models provided by Michel Foucault (1973, 2002 [1976]) or Talcott Parsons (1975), it is clear that sickness and health are not merely states of the physical organism, but institutionalized roles. The sick person is absolved of social responsibilities (going to work, for example) because his incapacity is judged to be due to forces beyond his control. This absolution of responsibility to perform social and economic roles is unevenly distributed based on social class—not only does upwardly-mobile Kevin not enjoy smooth access to the medical marijuana clinic once he is a member, but the only reason he is referred in the first place is because of his new-found economic power that allows him to access therapists who legitimate his need for medical marijuana. If he had not enjoyed class mobility, his marijuana use would have remained recreational at best, criminal at worst. As Kevin points out himself, one is "upgraded to a respectable middle-class citizen by having a syndrome replace your addiction."

The class-making divisions of health enjoy a long history. We may even observe the general point that public health is always/already about class, wherein public health begins as a project in the eighteenth century, being further consolidated during the nineteenth and twentieth centuries, to protect the wealthy residents of modern urban developments from the health risk posed to them by the urban poor (Berridge 2007; Foucault 2002). More specifically to the present case, we may note that the nineteenth-century categories that sanctioned middle-class use of opium, while criminalizing working class consumption, were likewise medical use, versus a constructed "luxurious" use among the working class. Then, as now, the middle class subject is granted empathy for his or her pain, for which opiates or cannabis may serve as medicine, whereas the working class subject, whose body is often engaged in pain-inducing physical labor for many hours each day, is understood to use drugs (as opposed to medicine) as a luxury or for recreational purposes (see Berridge and Edwards 1987).

Following Canguilhem (1978), health may be understood as a certain "elasticity," a resource that enables adaptation to and absorption of new challenges. Thinking along these lines, we may observe that being granted ill health in the neoliberal context may be increasingly valuable as a classed privilege, wherein the elite subject may mobilize (a lack of) health to resist pushes to be fluid and flexible in devoting his or her body to income-generating activity, wherein the working class employee may not mobilize the same mechanism to become absolved of this social and economic responsibility (see also Zick Varul 2010:80). In other words, there is reason to expect that with the advent of medicalized marijuana, professional class consumption may be morally sanctioned for reasons of "mental health," whereas the equivalent working-class consumer of marijuana, who does not succeed at vigorous economically productive activity, will be rather viewed as a "lazy delinquent." The risks obfuscated by "healthy" marijuana are therefore multiple. Legalized medical narcotics may be refined to become stronger and more addictive, state-monopoly on marijuana business dispossesses diverse working class marijuana workers of a longstanding revenue source, and, not only do working class persons not enjoy equal access to medicalized marijuana products, they do not enjoy access to the rights-bearing status of "illness" that serves to make marijuana use respectable.

Conclusion

Clarke and Merlin (2013:453) write that *Homo sapiens* and cannabis are involved in a "reciprocally creative relationship"—the "mutualistic relationship" between humans and cannabis may be characterized as "symbiosis." Yet, it is only by imagining the "plant-human relationship" as singular that it is possible to speak in terms such as "on the human side of this coevolutionary partnership is the CB1 receptor" (Clarke and Merlin 2013:453). Imagining the cannabis-human relationship as singular obscures the diversity of relationships between humans and cannabis (and other humans) that will be replaced with different relationships in the process of legalization. Only some humans will become "patients [who] can look forward to a steady flow of new Cannabis medicines providing welcome relief" (Clarke and Merlin 2013:454). Other humans will not. And some humans, who have been producing "healing" cannabis all along, will lose their incomes on account of state monopolization. Even the privileged sector of legal marijuana consumers will not necessarily be made "healthier" by consuming state and corporate controlled marijuana, as opposed to the biodiverse strains currently sold by autonomous growers. All of these facts are obfuscated by the false dichotomy that constructs marijuana workers and their product as "dangerous" and government sanctioned corporate control of marijuana as "safe."

The medicalization of cannabis use in North America is one and the same with redefining the consumption and trade of marijuana as respectable, wherein the class respectability of some persons always relies on a lack of respectability of others. The

"healing" activities of new marijuana professionals and consumers are therefore necessarily constructed against the "damaging" equivalent activities conducted by persons of color and the white working-class—the traditional purveyors of marijuana who are cast as violent criminals. The difference between the "patient" versus the "addict" and the "health professional" versus the "drug dealer" is one of race and class. These discourses normalize the process in which the local traditional knowledge of diverse marijuana workers is appropriated by an oligopoly of profit-driven corporations.

A social good often cited in relation to marijuana legalization is that new tax revenues from marijuana will be spent on schools, health-care, or low-income housing, and yet there is no objective reason to presume that new tax dollars will be spent in this way. Another common and widely compelling argument for the legalization of marijuana in North America relates to a projected reduction in incarceration rates for black men in the United States, who are the majority of persons in prison for marijuana crimes. It is true that, in the years since legalization, there are fewer black men entering prison for marijuana charges in the state of California, for example, where it is also possible to have previous marijuana charges erased from one's criminal record (see e.g., Ferner 2018). Some local governments are also developing programs to ensure that persons previously persecuted for marijuana crimes (and/ or who live in "overly policed areas") are given certain priority when applying for hire in the legal marijuana sector (Ferner 2018). Yet black men and other people of color are still disproportionately arrested for marijuana crimes, whether these crimes be felonies that remain on the books or new misdemeanors, such as smoking (legal) marijuana in public (see e.g., Lopez 2018; Patterson 2017; Roberts 2017 offers arrest and felony statistics by race). In Canadian and United States contexts, we also see new forms of race and class criminalization being developed in the form of housing law. With the legalization of marijuana, landlords are invited to prohibit marijuana smoking in their rental properties. In Halifax, Canada, for example, where smoking marijuana in public spaces is punishable by a $1000 fine, such housing laws ensure that marijuana is only legal for the propertied class and render working-class pot smokers a criminalized source of public revenue—Chris's concern that working-class pot-smokers will become a "cash cow" appears valid.

Changing marijuana laws does not change the fact of white supremacy. It is, therefore, important to ask uncomfortable questions about how "saving black lives" is rhetorically articulated to justify the consolidation of marijuana revenues in the hands of white elites. It is likewise important to consider how, in the United States context, the phrase "people of color" is often implicitly or explicitly meant to encompass only non-white citizens of the United States, wherein shifting marijuana revenues from Mexican to U.S. conglomerates is imagined to be good for "people of color" only because all non-U.S. citizens are excluded from analysis.

While some patients very much appreciate sharing sessions at the medical marijuana clinic, and it is true that the CBD-rich marijuana developed by legal corporations is considered helpful by many consumers, and it is even the case that legalization facili-

tates, in some ways, the development of community-based marijuana-related businesses on indigenous land (personal communication, Clifton Nicholas, 2017), social scientists working on questions of marijuana legalization and medicalization would do well to remain vigilant regarding the racialized class politics of public health and how these unfold in regard to medicalized marijuana.

In recent years, the sociology of medicine has often given way to a sociology of health (or illness), which does not necessarily highlight health as a social, political, and class-making category, but rather works alongside agents of policy to create "healthy" workers and populations (see e.g., Burnham 2013; Zick Varul 2010). In anthropology as well, the categories of "suffering" (in general) and "trauma" (in particular) often function as new transcultural universals that organize disciplinary priorities (see e.g., Robbins 2013). Given that both of these disciplinary shifts have happened in conjunction with increased research funding for health-related research, today's social scientist is at risk of participating in neoliberal governmentalities and forms of biopolitics that he or she might otherwise study critically. To whit, social scientists may be tempted to participate in the broad excitement regarding the possibilities of marijuana taxation, purification, medicalization, and monopolization, thus wittingly or unwittingly contributing to the false dichotomy on offer—that of the "war on drugs" versus a state-managed corporate oligarchy of marijuana providers. Instead, the role of social scientists could be to critically study these feelings of excitement, analyzing them in relation to ideologies of race, class, pollution, and the brute political economic realities of il/legalization. It is important to keep in mind how legal marijuana products may be refined to become stronger and more addictive, how state-monopoly on marijuana business dispossesses diverse working-class marijuana workers of a longstanding revenue source, how working-class persons may not enjoy equal access to medicalized marijuana products, or the respectability granted to consumers of marijuana who do so for "health" reasons. For all these reasons, a transfer of control over marijuana trade and associated revenues to state governments and large corporations does not necessarily constitute a transfer into "safe" hands, unless safety and capitalist relations are understood as one and the same. As staff of the medical marijuana clinic reminded the patients—medical marijuana is legal, but sharing it is not.

References Cited

Arsenault, C. 2018. Canadian Cannabis Companies Invest Millions in Pablo Escobar's Home Turf in Colombia. *CBC News.* August 28, 2018. www.cbc.ca. Accessed on November 12, 2018.

Berridge, V. 2007. *Marketing Health: Smoking and the Discourse of Public Health in Britain, 1945–2000.* Oxford University Press, Oxford.

Berridge, V., and G. Edwards. 1987. *Opium and the People: Opiate Use in Nineteenth-century England*. Yale University Press, London.

Borden, D. 2002. Legalization: Who Would Win? Who Would Lose? *NACLA Report on the Americas* 36:44–51.

Burnham, J. C. 2013. Why Sociologists Abandoned the Sick Role Concept. *History of the Human Sciences* 27:70–87.

Canguilhem, G. 1978. *On the Normal and the Pathological*. D. Reidel Pub. Co, Boston.

Castellanos, F., and J. G. Olmos. 2015. Y Michoacán seguirá en manos del crimen organizado. *Proceso* 2000 (March).

CBC. 2018a. Legalization 1.0: Cannabis is Legal Now, but What Problems Still Need to be Solved? *CBC, The Current.* October 17, 2018. www.cbc.ca. Accessed on November 12, 2018.

CBC. 2018b. Canadians Welcome Legal Pot Sales, Put Up with Supply Issues on Opening Day. *CBC News.* October 17, 2018. www.cbc.ca. Accessed on November 12, 2018.

Clarke, R. C., and M. D. Merlin. 2013. *Cannabis—Evolution and Ethnobotany*. University of California Press, Berkeley.

Corva, D. 2008. Neoliberal Globalization and the War on Drugs: Transnationalizing Illiberal Governance in the Americas. *Political Geography* 27:176–193.

Corva, D. 2014. Requiem for a CAMP: The Life and Death of a Domestic U.S. Drug War Institution. *International Journal of Drug Policy* 25:71–80.

Courtwright, D. T. 2001. *Forces of Habit: Drugs and the Making of the Modern World*. Harvard University Press, Cambridge.

Eichensehr, M. 2018. Medical Cannabis Commission Diversity-Focused Reform Bill Passes in House, Moves to Senate. *Baltimore Business Journal*. March 8, 2018. www.bizjournals.com. Accessed on November 12, 2018.

Ferner, M. 2018. California's Marijuana Legalization Aims to Repair Damage from the War on Drugs. *The Huffington Post*. January 2, 2018. www.huffingtonpost.com. Accessed on November 7, 2018.

Foucault, M. 1973. *The Birth of the Clinic*. Pantheon Books, New York.

Foucault, M. 2002 [1976]. The Birth of Social Medicine. In *Power (Essential Works of Foucault 1954–1984, vol. 3)*, edited by J. D. Faubion, pp. 134–156. Penguin Books, New York City.

Guerra, S. I. 2015. Criminalizing Mexicans and Other Concerns: A Critical Ethnographic Perspective on Marijuana Legalization. American Anthropology Association Annual Meeting, Denver, CO.

Halperin, A. 2016. Chem Tales: Abuse is Rampant among Pot Growers." *SF Weekly.* September 21, 2016. www.sfweekly. Accessed on November 7, 2018.

Harvey, D. 2004. The 'New' Imperialism: Accumulation by Dispossession. *The Socialist Register* 40:63–87.

Helmore, E. 2017. 'It's All Fentanyl': Opioid Crisis Takes Shape in Philadelphia as Overdoses Surge. *The Guardian*, December 27, 2017. Available at: www.theguardian.com. Accessed on November 7, 2018.

Lopez, G. 2018. After Legalization, Black People are Still Arrested at Higher Rates for Marijuana than White People. *The Vox*. January 29, 2018. www.vox.com. Accessed on November 7, 2018.

Luxumburg, R. 2003 [1913]. *The Accumulation of Capital*. Routledge, NY and London.

Mancall, P. C. 1997. *Deadly Medicine—Indians and Alcohol in Early America*. Cornell University Press, Ithica, NY.

Marx, K. 1990 [1876]. *Capital Vol. 1*. Penguin, London.

McVey, E. 2017. Diversity Still a Hot Topic in Maryland's Medical Marijuana Industry. *Marijuana Business Daily*. December 11, 2017. mjbizdaily.com. Accessed on July 20, 2018.

Parsons, T. 1975. The Sick Role and the Role of the Physician Reconsidered. *Health and Society* Summer 1975:257–277.

Patterson, B. E. 2017. Pot Legalization is Transforming California's Criminal Justice Landscape—Here's How. *Mother Jones*. December 27, 2017. www.motherjones.com. Accessed on November 12, 2018.

Raskin, J. 2016. Marijuana Industry's Unseen Workforce: The 'Trimmigrants'. *San Francisco Chronicle*. December 10, 2016. www.sfchronicle.com. Accessed on March 2, 2018.

Robbins, J. 2013. Beyond the Suffering Subject: Toward an Anthropology of the Good. *Journal of the Royal Anthropological Institute* 19:447–462.

Roberts, C. 2017. California is Still Arresting Too Many People of Color for Cannabis. *Leafly*. August 22, 2017. www.leafly.com. Accessed on November 7, 2018.

Robinson, M., and R. Scherlen. 2007. *Lies, Damned Lies, and Drug War Statistics.* State University of New York Press, Albany.

Schneider, E. C. 2008. *Smack: Heroin and the American City*. University of Pennsylvania Press, PA.

Scott, P. D. 2010. *American War Machine: Deep Politics, the CIA Global Drug Connection, and the Road to Afghanistan*. Rowman & Littlefield Publishers, MA.

Shoichet, C. E. 2017. Chasing 'El Chapo': Prison Breaks, Hideaways and Life on the Lam. *CNN*. November 8, 2017. edition.cnn.com. Accessed on October 15, 2018.

Thompson, K. 2016. Diversity in Dispensaries: Fostering Innovation in New Medical Marijuana. *Active History, Canada*. March 31, 2016. activehistory.ca. Accessed on November 8, 2018.

Walter, S. 2016. For Some Female Trimmigrants, Working in Marijuana Fields Comes with Abuse. *L.A. Weekly*. September 9, 2016. www.laweekly.com. Accessed on March 2, 2018.

Weinberg, B. 2002. Drugs, Guerrillas and Politicos in Mexico. *NACLA Report on the Americas* 36:18–25.

Zick Varul, M. 2010. Talcott Parsons, the Sick Role and Chronic Illness. *Body and Society* 16:72–94.

Erica Lagalisse
The Dangers of Health and Safety
Marijuana Legalization as Frontier Capitalism
21 December 2018

Journal of Ethnobiology, 38(4):473–488 (2018).
<www.doi.org/10.2993/0278-0771-38.4.473>
Postdoctoral Fellow, London School of Economics (LSE), International Inequalities Institute, 8th Floor, Tower 1, Clement's Inn, London, UK WC2A AZ
(e.lagalisse@lse.ac.uk)
Society of Ethnobiology