

Synthesis Example One

Another suggested use of medical marijuana involves prescribing medical marijuana as an alternative to prescription of opioids. Lankenau et al. suggests in their research paper titled “*Initiation into prescription opioid misuse amongst young injection drug users*” That “Prescription opioids are the most frequently misused class of prescription drugs amongst young adults”. The main thesis is to describe how young injection drug users become originally addicted. Lankenau et al. examine the idea that more people become addicted to injected or sniffed “hard drugs” after having been prescribed a prescription opioid in the past. A study is described where participants ages 16-25 who had misused a prescription drug in the last 3 months and also injected or snorted a street drug in the last 3 months were asked about their prescription history. Results showed almost all participants had been prescribed Vicodin, OxyContin, or Percocet after an injury or procedure had abused those drugs first before trying any other hard drug. Opioid overdose and addiction are a huge problem in our state, with Utah ranking well above the national average for opioid related deaths at 16.4 opioid related deaths per 100,000 people, while the national average sits at only 13.3 deaths per 100,000 (CDC.org, 2016). Looking back to the literature written by Lankenau et al. we see how opioid prescription can lead to hard drug usage later in the future. “*Medical Marijuana Users in Substance Abuse Treatment*” published in *Harm Reduction Journal* by Ronald Swartz builds upon this idea by examining how those in treatment for substance abuse may be affected by medical marijuana in some way. This study shows that clients who used medical marijuana in treatment actually fared better in treatment than those who did not, with 69.2% of medical marijuana clients competing treatments having made “satisfactory progress as discharge” while only 41.1% of non medical marijuana users achieved the same rank.

When we look at both the paper by Lankenau and Swartz, we see a common theme of opioids leading to negative effects and Swartz was able to expand on this by suggesting that medical Marijuana may be able to actually aid in recovery from these drug addictions which were more likely than not started with an opioid prescription. While Lankenau does not specifically mention medical marijuana in his study, Swartz puts a more round-about spin to the subject, holding to this idea that we are overprescribing opioids where we could be prescribing medical marijuana as a safer and less addictive alternative with far fewer risks. Lucas et al. reports in a similar article published in the *Harm Reduction Journal* titled “*Medical cannabis patterns of use and substitution for opioids & other pharmaceutical drugs, alcohol, tobacco, and illicit substances; results from a cross-sectional survey of authorized patients*” that of all the participants in the Canadian Medicinal Marijuana Program in 2017, that medical marijuana was “The most commonly cited substitution was for prescription drugs (69.1% n=953), followed by alcohol (44.5% n=515), tobacco (31.1% n=406) and illicit substances (26.6% n=136)”. It was also noted that “Participants named a total of 1730 specific prescription drugs they substituted cannabis for, 35.3% of which were opioids, 21.5% anti depressants, 10.9% non opioid pain medications, 8.6% anti seizure medications, 8.1% muscle relaxants or sleep aids, 4.3% benzodiazepines, 3.4% stimulants, 1.4% anti emetics, and 1% antipsychotics”. This is another reason we need to be gathering more push for the prescription of medical marijuana in place of opioids. Medical marijuana has far fewer side effects and most patients would already prefer to use medical marijuana as a substitute if the trends shown in this study are to be believed.

Synthesis Example Two

In researching in support of my proposal that Utah's distracted driving laws change, I found two additional studies were completed independently of each other. Both help my claim of stating the dangers of distracted driving, by performing experiments. One of them is by Jay Pyzybyla and other researchers, named, "Estimating Risk Effects of Driving Distraction: A Dynamic Errorable Car-Following Model." The other, "Advanced Driver Assistance Systems: Using Multimodal Redundant Warnings to Enhance Road Safety," was performed by Francesco Biondi, including other researchers. To summarize Pyzybyla's work, 2 cars were set up, one driving behind another, and the car in front hits it brakes, while the second cars reaction time was tracked. Then, the study was done again, but with the driver in back being distracted by his/her phone. In conclusion, it was found that distracted driving results in a crash rate 3.25 times that of normal driving conditions. To summarize the second source by Biondi, he and his team performed experiments to try and solve the distracted driving problem. They got cars with the newest technology, like the multimodal signals in cars, which alerts a driver when a car in front of them is braking. Tests were taken on the reaction time of the driver when they were fully attentive to the road, and when the driver was on their phone. The study found that the reaction time of the driver who was distracted was over .4 seconds longer than the reaction time of an attentive driver. Pyzybyla goes more into the risk effects of distracted driving while Biondi explains the reaction-time, and how science may be able to fix driver error. There is not a technology in the world today to fully overcome the lack of attention of the driver. These two sources help to explain that as the world becomes more technological, and cars become more advanced, it is still up to the driver to ensure the safety of the roads that are so heavily used.

Both of the trusted experiments help state the issue that distracted driving is dangerous. This is proven by these studies, by personal driving, and by thousands of dangerous stories around the world. The connection between both is clear: distracted driving prohibits the driver from reacting appropriately as he/she would if they were fully attentive to the road. While this may seem obvious, it is not obvious enough. The law remains unchanged, and the awareness of the dangers of distracted driving remains unknown.