

Cannabis, the Anti-Drug!

Some Implications of the Survey

Despite urging from Drs. Hergenrather and Mikuriya, their colleagues in the Society of Cannabis Clinicians never would adopt a common intake form. Thus the data they've collected from patients over the years cannot be neatly aggregated, and the survey published in this issue, "Medical Marijuana in California, 1996-2006," is crude indeed.

And yet it has a certain power. The recurrent findings and observations don't lose their validity because the doctors arrived at them from different angles. The presentation may not be sophisticated, but the content is substantial and real.

Approximately 160,000 patients have been authorized to use cannabis by some 30 MDs involved in the survey. In Oregon, where a 1998 voter initiative created a medical-marijuana program that tracks participants, an equivalent number of cannabis specialists have issued 45% of the approvals. By extrapolation we put the number of Californians who have become legal cannabis users since Prop 215 passed at around 350,000.

There are many confounding factors (Oregon doesn't recognize mood disorders as treatable by cannabis, for one), but the 350,000 figure is roughly confirmed by an analysis of approval letters filed with an agency that issues ID cards in California.

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The SCC doctors whose practices are strictly cannabis-oriented all reported that 95% or more of their patients had been using the herb prior to seeking approval. The implication is that, with few exceptions, only experienced users have availed themselves of the protection provided by Prop 215. The Prohibitionists may have lost the election in 1996, but they've managed to keep millions

of Californians in a state of suspended naivete about cannabis.

The anti-drug

The extent to which cannabis enables patients to reduce their intake of pharmaceutical and over-the-counter drugs is a consistent theme, starting with the lead author (Mikuriya), who states it simply: "Opioids, sedatives, NSAIDs, and SSRI anti-depressants are commonly used in smaller amounts or discontinued. These are all drugs with serious adverse effects."

Dr. Sullivan's list is a little more extensive: "Opiates, muscle relaxants, antidepressants, hypnotics (for sleep), anxiolytics, neurontin, antiinflammatories, anti-migraine drugs, GI meds, prednisone (for asthma, arthritis)."

Helen Nunberg, MD, of MediCann quantifies the trend: "51% of the 1,800 patients report using cannabis as a substitute for prescription medications; 48% report using cannabis to prevent prescription medication side effects; 67% report using cannabis to reduce dosage of prescription medication; 49% of patients using cannabis for chronic pain were previously prescribed an opioid (such as hydrocodone) by their personal physician."

Is it any wonder that the corporate drug manufacturers oppose legalization of cannabis for medical use? Cannabis is the anti-drug!

Reports of cannabis-using pain patients reducing their opioid intake by 50% jibe perfectly with studies showing that lab animals need half the opioids to achieve pain relief when also treated with a synthetic cannabinoid.

The extremely wide range of conditions for which cannabis provides relief is striking in itself and fits with what scientists have learned about the body's endocannabinoid system, which functions as a "retrograde messenger," setting the tone and tempo for other neurotransmitter systems like a conductor facing an orchestra.

Clinicians know that cannabis can enhance focus (like a stimulant, but without causing jitters) and, paradoxically, can bring on sleep. Research explains the paradox: the cannabinoid system works to achieve homeostasis —to inhibit neurons firing too intensely and to disinhibit neurons firing too sluggishly.

Cannabinoids perform this stay-on-an-even-keel role in systems that regulate appetite, movement, learning (and forgetting), perception of pain, immune response and inflammation, neuroprotection and other vital processes.

The SCC doctors express frustration that they don't know the cannabinoid contents of the strains their patients are using. All concerned wish that a high-CBD strain was available. The doctors would have learned a great deal in 10 years about how high-CBD cannabis differs from high-THC cannabis. Prohibition has impeded important research.

Adverse effects

What of the alleged adverse effects —including addiction— on which the marijuana prohibition rests? Dr. Denney's response puts it succinctly: "Virtually none reported by patients, except contacts with the legal system. Patients are able to stop using easily in order to pass drug tests or when traveling. Overdose from edible cannabis —an unpleasant drowsiness lasting six to eight hours— is rare and transient."

Dr. Lucido reports that "decreased productivity" caused two patients to stop using cannabis. But, he adds, "the overwhelming majority report that they are MORE productive when their symptoms are controlled with cannabis." U.S. employers please note.

The SCC patient population is biased, obviously —all but a small fraction felt in advance that cannabis helped them and were undeterred by any side effects. And those experiencing adverse effects might not return for renewed approvals. Nevertheless, the sheer number of patients whose experience is reflected in

the survey —more than 150,000— and the absence of serious adverse effects as reported to other doctors, the media, and the medical board is remarkable. If common sense prevailed, cannabis would not be classed as a "dangerous" drug. Lexapro would.

America needs more farmers and fewer sales people.

While the SCC doctors reported generally consistent findings, each had something special to add —an unusual illness treated, an original insight, a poignant generalization such as this one by Dr. Fry: "Health is a state of mind, body and spirit; by restoring their connection to nature, cannabis helps patients on all three levels."

Marijuana prohibition is part of a broader disconnect from nature that we, the people, have been sold in the name of progress. Synthetic pharmaceuticals are said to be "pure," even though their side-effects can be horrific unto death. A tremendous sales force is in place to promote their use and suppress the competition. In the U.S. today, the medical establishment and government itself are extensions of the corporate sales force.

America needs more farmers and fewer sales people. And we need to start diagnosing the causes of our problems instead of just treating symptoms.

—F.G

