Dr. Tod's Tactical Suggestion

An Audit to Monitor Compliance

By John Trapp

With the passage of Proposition 215 in 1996, Dr. Mikuriya's fear was that the plain language of the initiative would be suborned by federal and state officials. With the December 30, 1996 statement released by then Drug Czar Barry McCaffrey, Dr. Mikuriya's fears were realized. McCaffrey attempted to bring the full force of the federal government to bear in negating the will of California voters.

In response to this attack, Dr. Mikuriya's mantra became "implementation and compliance." In order to implement the new law, Dr. Mikuriya began performing clinics around the state. His stated goal was to create enough legal patients that their weight would prevent the federal government and the state Attorney's General office from rolling back the law.

Dr. Mikuriya started holding clinics in Red Bluff, Eureka, San Francisco and elsewhere. After his exam he would admonish the patient that if they appreciated the new law, then it was up to them to fight to keep it. In this manner citizen activists were created around the state, individuals with a vested interest in protecting the new law.

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When a patient who had complied with the law was arrested —as they often were in the early days— Dr. Mikuriya would call the offending office (usually county sheriffs and district attorneys) asking to see their training and information bulletins. He made "non-compliance forms" for the patients to fill out and file with offending agencies. He urged the patients at every opportunity to demand compliance from local and state officials.

In February 1997, AG Lungren put out the first *"Update"* to local officials monitoring the progress of medical marijuana cases through the courts. One *Update* asked any sheriff or DA who came across a recommendation from Dr. Mikuriya to forward a copy to Senior Assistant AG John Gordnier. This request led directly to complaints to the medical board regarding Dr. Mikuriya's actions in recommending cannabis to patients.

In response to these *Updates* from the Attorney General's office, Dr. Mikuriya pushed the idea of performing a

Tod Mikuriya and John Trapp at Asilomar, June 2002

systematic "audit" to track implementation and compliance with the new law by agencies at the state, county and municipal level.

Leaders of the drug-policy-reform movement were committed to funding medical marijuana initiatives in other states; none were interested in paying staff to contact every sheriff and every child protective service agency in 58 counties —to use but two examples—to ask if they had revised their guidelines to not conflict with Health and Safety Code section 11362.5 (Prop 215).

Failing to gain support for the audit, Dr Mikuriya began collecting the necessary data himself. Over the next eight years he oversaw the contacting of each County Board of Supervisors, Sheriff, District Attorney, and Health Department (often several times each) requesting any implementation documents and/or training and information bulletins. Rather than interpret these documents, Dr. Mikurya had them posted directly to the Society of Cannabis Clinicians website.

Dr. Mikuriya's pursuit of implementation documents became so repetitive that some county sheriffs would forward documents as they were created rather than waiting for the inevitable request.

Now somewhat outdated, the audit can still be found online at http://ccrmg.org/audit.

This web archive served as an informational resource for patients attempting to comply with local regulations, attorneys researching local laws, and even for local public officials in developing their own regulations.

What Mikuriya Learned From His Patients

Ten years of monitoring patients medicating with cannabis brought Tod Mikuriya a sense of professional fulfillment, but his to-do list kept getting longer. One project he had planned was a companion volume to "*Marijuna Medical Papers*" — *"Cannabis Clinical Papers"* was the working title— that would include his own studies and those of doctors Tom O'Connell, Jeffrey Hergenrather and others who had been collecting data from California users.

To this end we conducted a survey in the Fall of 2006 —the 10th anniversary of Prop 215's passage. Tod's own responses represent a condensation of what he (and the others) had learned.

Approvals issued to date: 8,684.

Previously self-medicating: >99%

Category of use:
Analgesic/immunomodulator 41%
Antispasmodic/anticonvulsant 29%
Antidepresssant/Anxiolytic 27%
Harm reduction substitute: 4%

Results reported are dependent on the conditions and symptoms being treated. The primary benefit is control without toxicity for chronic pain and a wide array of chronic conditions. Control represents freedom from fear and oppression. Control —or lack thereof— is a major element in self-esteem.

With exertion of control, with freedom from fear of incapacity, quality of life is improved. The ability to abort an incapacitating attack of migraine, asthma, anxiety, or depression empowers.

Relief from the burden of criminality through medical protection enhances a salutary self-perception.

Alteration in the perception of and reaction to pain and muscle spasticity is a unique property of cannabis therapy.

Patient reports are diverse yet contain common elements. 100% report that cannabis is safe and effective. Return for follow-up and renewal of recommendation and approval confirms safety and efficacy.

Cannabis seems to work by promoting homeostasis in various systems of the body. Its salient effects are multiple and concurrent. They include—

• Restoration of normal functioning of the gastrointestinal tract with normalization of peristalsis and restoration of appetite.

• Normalizing circadian rhythm, which relieves insomnia. Sleep is therapeutic in itself and synergistically helps with pain control.

• Easement of pain, depression, and anxiety. Cannabis as an anxiolytic and antidepressant modulates emotional reactivity and is especially useful in treating post-traumatic stress disorders.

Patients treated for ADHD (ICD-9 Categories 314.00, 314.01, 314.8): 92

Patients using cannabis as a substitute for alcohol: 683.

The slow poisoning by alcohol with its sickening effects on the body, psyche, and family can be relieved by cannabis.

Medications no longer needed? Opioids, sedatives, NSAIDS (non-steroidal anti-inflammatories), and SSRI anti-depressants are commonly used in smaller amounts or discontinued. These are all drugs with serious adverse effects.

Opioids and sedatives produce depression, demotivation, and diminished mobility. Weight gain and diminished functionality are common effects. Cognitive and emotional impairment and depression are comorbid conditions.

Opioids adversely effect vegetative functioning with constipation, dyspepsia, and gastric irritation. Pruritus is also an issue for some. Circadian rhythms are disrupted with sleep disorders and chronic sedation caused by these agents. Dependence and withdrawal symptoms are more serious than with sedatives.

Opioids are undoubtedly the analgesic of choice in treating acute pain. For chronic pain, however, I recommend the protocol proposed by a doctor named Fronmueller to the Ohio Medical Society in 1859: primary use of cannabis, resorting to opiates for episodic worsening of the condition. Efficacy is maximized, tolerance and adverse effects are minimized. (Neither cannabis nor human physiology has changed since 1859.)

NSAIDs can be particularly insidious for those who do not immediately react with gastric irritation and discontinue the drug. Chronic irritation with bleeding may produce serious morbidity. Most often, the dyspepsia produced is suppressed with antacids or other medications. Many patients tolerate acute intermittent use but not chronic use.

SSRIs, if tolerated, coexist without adverse interaction with cannabis. Some SSRI users say cannabis is synergistic in that it treats side effects of jitteriness or gastrointestinal problems.

Many patients report pressure from the Veterans Administration, HMOs such as Kaiser Permanente, and workers' compensation contractors to remain on pharmaceutical regimens. A significant number describe their prescribed drugs as ineffectual and having undesirable effects. "Mainstream" doctors frequently respond to reports of adverse effects by prescribing additional drugs. Instead of negating the problem, they often complicate it. Prevailing practice standards encourage polypharmacy —the use of multiple drugs, usually five or more.

Out of the ordinary conditions?

While all pain reflects localized immunologic activity secondary to trauma or injury, the following atraumatic autoimmune disorders (listed by ICD-9 code) comprise a group of interest:

Crohn's disease 555.9
Atrophie blanche 701.3
Melorheostosis 733.99
Porphyria 277.1
Thallasemia 282.4
Sickle cell anemia 282.60
Amyloidosis 277.3
Mastocytosis 757.33
Lupus 710.0
Scleroderma 710.1
Eosinophilia myalgia syndrome 710.5

They are all clearly of autoimmune etiology, difficult to treat. Specific metabolic errors such as amyloidosis and certain anemias warrant further study and may elucidate the underlying mechanisms of the illnesses and the therapeutic effects of cannabis.

Multiple sclerosis 340.0 with its range of severity varies in therapeutic response to cannabis.

Demographic Data:
Male patients: 6,247 (72%)
Female Patients: 2,437 (28%)

Two differences were discerned in use pattern. Women are more likely to use cannabis for psychotherapeutic purposes (32% to 18%). Men are more likely to use for harm reduction (4% to 1%).

A roughly bell-shaped curve describes the age of my patients.

0-18 years 9 (1%)
19-30 1639 (19%)
31-45 3109 (36%)
45-60 3243 (37%)
>61 684 (7%)

Additional Observations:

Proactive structuralism works. Meaning: people can create something —and by doing so, set a precedent.

Medical cannabis users are typically treating chronic illnesses —not rapidly debilitating acute illnesses.

The cash economy works better than the bureaucratic alternative.

Word of mouth builds a movement.

The private sector is handling marijuana distribution because the government has defaulted.

Cannabis was once on the market and regulated, then it was removed from the market and nearly forgotten. Not all that we've learned in the past 10 years is new.