Correspondence & Commentary

Paradiso Prosecution A Sign of Cruelty

Aaron Paradiso, 27, is a remarkably bright person who became quadriplegic in an automobile accident (not his fault) in late adolescence. He is a prime example of both the cognitive (emotional) and somatic benefits of cannabis —and a prime example of the cruelty of the drug war.

Aaron is due to stand trial in January in San Joaquin County Superior Court. He is charged with cultivation (52 plants) and possession of marijuana for sale, plus a firearms violation. His mother, Debra Paradiso, is also charged.

Bear in mind that U.S. District Judge Thelton Henderson has ordered that a receiver take control of California's prison healthcare system to correct conditions of "outright depravity."

Tom O'Connell, MD

Catch-22

Dear Dr. Mikuriya,

I really don't want to take a lot of your time, but briefly need to give you some background on my condition.

I have been living with chronic pain for 20 years. I suffer from complications due to Ankylosing spondylitis. I have now come to the conclusion that some meds are not right for me. I have to be honest with myself and with what medications really have a positive effect on my life and keep me living with minimal impact on my family.

Marijuana has been one medication which I have been researching and I am now experiencing promising positive effects. When using the medication I actually have an urge to get off my butt and get active again.

The drawbacks of the medication are obvious. I work a full-time job and want to continue to work full-time. The company I work for has drug testing which could affect my position, in fact I could very well be dismissed with disgrace because of my use of this very effective medication.

I have a family and really want to be involved, but sometimes pain gets so bad, or legal medications prevent me from being reliable. I feel I'm caught in a catch 22. Feel good and risk losing my job, or be miserable and safe in my job.

So this is my question. I live in a suburb of St. Louis. Medical marijuana doesn't appear to be a legal option. Is a prescription for Marinol a possible substitute? If so, how do I bring it up to my pain doc and get the prescription? Could I get the prescription and actually use med marijuana without detection from random tests? I really want to stop using some of these legal drugs that are having a negative effect on my life and family. But I am really afraid of losing what I've been working so hard for.

Thank you for your time,
A.R.

Dr. Mikuriya Responds:

Most companies employ a test that does not distinguish Marinol (pure THC) from marijuana (THC plus hundreds of compounds). The standard test is only for the presence of THC metabolites in your system. There is a more expensive test that detects metabolites of THCV, a plant cannabinoid, and therefore establishes use of the plant.

To be searched for illegal metabolites is demeaning and degrading. Millions of Americans submit to testing in order to get or keep their jobs. Many know they could function efficiently on cannabis.

To be searched for illegal metabolites is demeaning and degrading. Millions of Americans submit to testing in order to get or keep their jobs. Many, like you, know they could function efficiently on cannabis. They face the same Catch-22.

Your suffering is the end-product of racist and bigoted abuse of drug laws that started back in 1934 when Harry J. Anslinger from the Department of Treasury's Alcohol unit launched a successful campaign to criminalize marijuana. The resulting prohibition, with the inappropriate involvement of police and prosecutors in health decisions, led, ultimately, to your treatment with ineffectual and harmful medication.

I frequently get letters from people in other states and I can only express my condolences. We in California changed history with the passage of the Compassionate Use Act of 1996. But even here, drug testing by employers prevents working people who could benefit from using cannabis from actually doing so.

Tod Mikuriya, M.D.

Discount Requested

Dear O'Shaughnessy's: There are huge numbers of medical cannabis users who are without legal protection because they can't afford a doctor's appointment for a recommendation. Many patients are impoverished, unable to afford both rent and medicine (which includes a doctor's appointment).

At the request of the late Dr. Richard White, the Medical Marijuana Patients Union administered a needs grant program for the poor, allowing low-income patients some relief. Appointments were made for $50 after screening the prospective patient through a questionnaire and phone conversation to determine their true need.

MMPU wants to make this a statewide program. Dr. Frank Lucido has offered to honor 10 needs grants per year. Doctors interested in opening their practice to help make medical access for the poor a reality can contact the MMPU, po box 2059, Ft Bragg CA 95437, 707-964-YESS.

Pebbles Trippet

Affirmative Action for Cannabis Users?

A prescient cartoon by Joel Pett ran in USA Today while the International Cannabinoid Research Society was meeting in Clearwater. "They want to take our house for condos, our social security for Wall Street and our kids for the war," says the woman. "Pass the medicinal marijuana," says the man.

Events indeed could be heading towards a partial, begrudging legalization of marijuana for medicinal use to mollify the American people as the corporate rulers dismantle our productive capacity and wage war for oil. Affirmative action would be their model —benefitting 10% of those in need and declaring the problem solved. According to this scenario, the government would reschedule marijuana (taking credit for compassion, "the democratic process works," etc.). Doctors would then approve its use for AIDS and cancer patients and a few "fortunate" others, while state medical boards and the DEA enforce a "standard of care" that effectively disallows prescriptions for less grave illnesses. The current persecution of opioid-prescribing pain specialists should not be ignored. —*F.G.*

Painful Lessons to be Learned From DEA War on Opioid Prescribers

By Joe Talley, M.D.

Many lay people assume that most doctors know and believe that chronic pain should be treated with opioids, but are too fearful of authorities to risk their careers and freedom to do the right thing. This is not really the way it is.

I can tell you that 10 years before the DEA began to target doctors, the vast majority of doctors had already turned their backs on patients in pain and on any of the few doctors who used opioids to treat chronic pain. Pain patients can tell you how, all through the '80s and '90s they were insulted and ostracized by virtually every family practitioner, nurse, and emergency room physician they met, and the specialists who should have known better (neurologists, psychiatrists, rehab physicians, and yes, even most pain specialists!)

Most doctors do not feel intimidated by the DEA, even today, because they think the DEA is doing right!!! If a doctor goes down, they assume that he was indeed a "bad apple" who deserved it.

The Deering Clinic in Montana is not withholding opioids and/or giving their patients a terrible time because of an intimidating DEA visit. They are just doing what they always did. Had they, and the other doctors and clinics in the area, not long ago turned their backs on patients in pain, no one would have ever heard of Dr. Nelson.

I don't know the man, but fifty bucks says he did not, as a medical student, decide that pain medicine would be his specialty. I submit that he was like me and many other docs who were pursuing their chosen specialty, but when within that specialty they encountered patients in pain, they read the literature, prescribed the medications like we would for any other disease, observed the results, and continued to treat.

Then one day we discovered we were "pain specialists" for no reason other than none of our colleagues would do what we were doing. Some of these colleagues gave lip service to using opioids to treat "selected patients," but, as Siobhan Reynolds has observed, none of them ever managed to select any. And the tiny minority who would treat suddenly found an army of everybody else's patients at their doorstep.

Worse, the majority who would not treat would not give any support to those who did. Or even keep their mouths shut. To justify their own failure to do their duty, they found it necessary to disparage physicians who did.

ER doctors were the world's worst at this. Several times I had to directly challenge an ER doc who was trashing me and my patients in front of his staff. They would always deny they had done so, of course, but then would continue to do it! It was this sort of thing that began to destroy what had been a sterling reputation I had built for the previous 30 years, and it began to happen long before the DEA shifted their targets to doctors. I will bet that virtually all pain specialists will tell you they saw their own reputa-

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Joe Talley, MD, is a North Carolina family practioner whose willingness to prescribe opioids turned his office, over the years, into a "clinic of last resort" for thousands of pain patients. In 2002 Talley was raided by the DEA and had his license suspended. He faces criminal charges stemming from patients selling or overdosing on drugs he prescribed.

Talley refers to Richard Nelson, MD, a Montana neurologist under investigation by the DEA, whose license was suspended this Spring. Some of Nelson's patients turned for treatment to the Deering Clinic in Billings, where they were begrudged opioids and urged to undergo surgery.

Sibhoan Reynolds is the family member of a chronic pain patient and organizer of the Pain Relief Network. Sen. Max Baucus wrote a letter assuring Reynolds that the Deering Clinic provided adequate treatment.

Talley's assessment of his fellow physicians has implications for the medical marijuana movement. If and when cannabis is rescheduled, its availability will be controlled by conservative, miseducated doctors policed by the DEA and state medical boards.

Opioid Prescribers *from previous page*

tion similarly besmirched long before the threat of the DEA emerged in 2000.

It's the state of the medical profession that has me so pessimistic about the future of pain treatment, and the futures of all the involved patients and doctors. If we had an army of doctors out there who knew opioids, knew how to use them, and were inclined to do so, but were deterred only by the threat of the DEA, then all it would take would be the backlash created by Siobhan's efforts, the recent media coverage, and a lobby of outraged patients to tip the balance, put the DEA to flight, and change things.

But there is no such army of doctors. Instead there is a large mass of doctors who don't want to hear about it, doctors who aren't about to admit how callous and ignorant they have been, and doctors who perceive the ready availability of opioids as a threat to their very lucrative practice of "alternatives."

It is this huge majority of doctors, with attitudes ranging from apathy to outright hostility, who staff the Deering Clinics of the country. And it is one of this huge majority that will be approached by the media, or the staff of a Senator Bachus, or anyone else who is concerned but who is trying to check out the real facts. And so their interest dies a quick death.

I am the last person on earth to be an apologist for the DEA, but I will concede that there are probably some agents who actually think they are doing right, and that the majority of doctors are doing right by their patients and treating pain when they should.

It probably never occurs to these agents that the other doctors are the ones doing wrong, or failing to do right.

When one of the doctors in the community comes up on their radar as prescribing more than the others, they think he must be dirty. It probably never occurs to these agents that the other doctors are the ones doing wrong, or failing to do right. They probably think that the few Tylenol No. 2 tablets they grudgingly prescribe for one or two days is all that a doctor ought to ever need to prescribe.

Again, I say that is SOME agents. The vast majority, I am convinced, don't care one way or the other, and view pain patients the same way German SS troopers were conditioned to view the "untermensch" of the conquered east European countries in WW II.

But I maintain it is this majority of doctors that stands in the way of any progress in the pain crisis, much more so than a disreputable bunch of bullying agents in a corrupt bureaucracy.

The Myth Of Available Treatment

The myth of available treatment is alive and well. If it were up to the medical profession, the pain issue would never move. In fact, members of the medical profession perpetrate far more than their share of the neglect and persecution that pain victims endure.

There are two main reasons for this, and both concern ethics: (1) The first is expediency. Given the malignant regulatory climate, the first ethical law of medicine has become the survival of the physician. (2) The second issue is education —but not, as many think, education in the field of pain management. The process of medical education is universally flawed in the following sense. It fails to inform physicians in training of the propensity for governments to go astray, and then require physicians to behave unethically. This deficiency can be compared to a hypothetical situation in which high school civics classes neglected to teach that the Constitution and the Bill of Rights were written to keep the government from getting out of control and turning against the people. This failure of ethical education must be at least partially responsible for the increasingly frequent allegations of unethical behavior by physicians in situations like Baghdad and Guantanamo.

Fortunately, the pain crisis isn't primarily a medical problem. (Pain is easy to control, and we have the means close at hand to do so.)

Hope arises from the realization that the pain crisis is instead, a human rights issue.

In accordance with what you have observed about physicians, the pain problem will be resolved *in spite* of the influence of the medical profession.

Frank Fisher, MD

Scripture and Strategy

By Joe Talley, MD

Inspiring sermons are not commonplace today. But I did hear one this morning that might be (1) a little comfort to any prescriber currently beating himself up, and (2) more importantly, may have implications for future defense of some of us.

There was no accurate way to foil the drug abusers and dealers without denying mercy to people tortured by pain.

Even those of us who last saw the inside of the church as a 12-year-old forcibly deposited there will probably remember the parable of the wheat and the tares. The one where farmers woke up to find their wheatfield all grown up with weeds that some wise guy had sown. They asked the boss whether they should pull up the weeds, and he said, "No, you can't tell the wheat from the tares at this point. If you go after the tares, you are bound to sacrifice a lot of good grain with it. So treat the wheat field with the same TLC you always did. The good grain is your priority. The tares we will deal with later."

"The Hold-out" by Norman Rockwell

For many people, that parable simply promises them that their enemies (all designated tares) will someday get theirs. (For a few, maybe it worries them that they might some day turn out to be tares themselves!) But the real point for today, the minister pointed out, was that all the trauma, bloodshed, discrimination, and other horror stories done in the name of religion today, everything from bloody religious wars down to squabbles about gays in the congregation, comes from Christians (Not to mention Muslims!) doing what the servants in the field wanted to do —go after the tares now. But that won't work —we can't tell who are tares and who are wheat— and it is not what our faith teaches us to do.

Some day I will be facing 12 men and women tried and true from the mountains of North Carolina (all there because they were too dumb to know how to get out of jury duty). They will live in little houses on the hillside, with American flags flying on their porch, and perhaps a sign saying "America! Love It or Leave It!" They will be haunted by the usual demons - communists, gays, liberals, foreigners, drugs (excepting alcohol and tobacco, of course), abortionists, and their rebellious teenage kids! They will almost all be professing Christians. They may not spend much of their time in a careful study of their faith, but they will remember, vaguely at least, the parable of the wheat and the tares.

At my trial, on direct exam I would want my attorney to say: "Dr. Talley, you admit you must have at some time or other given opioids to people who in fact didn't need them, or at least that many of them, for pain relief. Why did you do that?"

I would answer, "Because there was no way to be sure. There was no accurate way to foil the drug abusers and dealers without denying mercy to people tortured by pain. All of us will remember the parable in Matthew, about the wheat and the tares. The government wants me to do what the Master's servants wanted to do —to separate them out when there was no way to separate them out. To ignore the needs of the grain just to make sure the tares don't get away with anything. There is no way to justify that scientifically or morally. Just as in the case of the wheat and tares, time will tell who is who, but there is no way to tell when the guy sitting across from me in my office appears to be suffering. There are things to do to try to narrow it down, and I did those things. But in the end, there is no way to be sure. And to deny 10 people mercy just to frustrate one drug abuser is just plain wrong."

In most of the trials I have followed so far, the jury has not had it hammered home to them convincingly that you cannot tell the wheat from the tares. The government has successfully advanced the scam that we really could have if we had just tried, rather than being criminally indifferent. When my turn comes, I think of trying in some way to put over Nancy's sermon, "Why can't we just pull up the tares?" in a fashion they can grasp.

Anyhow, now let us all bow for the benediction...