

Continuing Mutual Education (About O'Shaughnessy's)

The Society of Cannabis Clinicians (SCC), was founded in 1999 by Tod Mikuriya, MD to enable doctors monitoring cannabis use by their patients to share findings and observations. It was originally called the California Cannabis Research Medical Group.

O'Shaughnessy's is produced for the SCC doctors by the managing editor and distributed to patients, caregivers, and concerned citizens. The goal is mutual continuing education—to keep ourselves abreast of scientific developments in the field of cannabis therapeutics, as well as relevant political, legal and economic developments.

As Rick Steves pointed out in his speech at this year's NORML meeting (see page 26), we're all subjected to a constant dumbing-down process in America. O'Shaughnessy's is an attempt to compensate for our mis-education.

To get involved with the paper as a contributor and/or distributor, contact journal@ccrmg.org. Our phone number is 415-305-4758.

Subscriptions are not available, but a contribution of any amount to the California Cannabis Research Medical Group will get you on the mailing list for future issues. The CCRMG is a nonprofit 501(c)3 organization.

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We look forward to the day that the ratio of science to politics in these pages is 10:1. **The field of cannabis therapeutics will really take off once California growers have access to an analytical test lab and can determine the cannabinoid content of their plants. Then patients can begin treating their given conditions with strains of known composition—high in CBD to treat anxiety and insomnia, high in THC to stimulate appetite, etc.** And SCC doctors and committed dispensary operators will be able to conduct clinical trials that transform anecdotal evidence into data acceptable to those members of the medical establishment not totally in thrall of the pharmaceutical industry.

The obstacles to research are political. The forces in our society that opposed the medical marijuana initiative in 1996 have choked off its implementation. By all estimates, fewer than 200,000 Californians have obtained approval to use cannabis medicinally in the nine years since it became legal—in a state where millions might benefit if they felt free to try.

More than five million adult Californians voted for Prop 215 in the privacy of a voting booth. (That's an antiquated image but let's let it stand.) All but a few are scared to ask their own doctor for a recommendation. What that does that say about the general level of fear in the "land of the free and the home of the brave?"

The Sheriff's "Joke"

"Alameda County Sheriff Charles Plummer has a doctor's letter stating on-the-job stress should qualify him to buy marijuana for medical needs," begins a recent story by Karen Holzmeister of the *Oakland Tribune*. Tod Mikuriya, MD, read the lead and thought Plummer deserved credit for a groundbreaking gesture.

It's understandable that the subset of Californians who have sought a doctor's approval to medicate with cannabis includes a high percentage of the young, brave, macho, and poor.

Then he read on: "As a joke, Plummer's physician wrote the note, which the sheriff showed to members of the district attorney's office. They agreed the letter would be Plummer's ticket to getting a card that would open doors at any of the six cannabis dispensaries in unincorporated areas."

You don't have to be a psychiatrist to know that things people say "as a joke" can reveal below-the-surface concerns. Being sheriff of a mostly urban county in an era of social breakdown is a stressful job, indeed. Either Plummer's doctor didn't think the request was a total joke, or s/he made an ethical stretch in signing a letter approving his use of cannabis.

According to the *Tribune*, "After touring all the clinics [in Alameda County's unincorporated areas], Plummer said he can't see himself queuing up alongside patients who appear to be 'unsavory people' and 'young men under 30 who look like people you would arrest a lot.'"

It's understandable that the subset of Californians who have sought a doc-

tor's approval to medicate with cannabis includes a high percentage of the young, brave, macho, and poor. Middle-aged, middle-class people are more likely to have jobs, families, interests to protect. Many become "risk averse," too embarrassed to ask their regular physician to approve cannabis use, and afraid that going to a specialist might result in negative consequences with an employer, an insurance company, a family court judge, etc. Not to mention the government.

Nine years after the passage of Prop 215, law enforcement's ongoing opposition has led to this: a middle-aged professional can't find a dispensary where he'd feel comfortable stopping by after work to see what strains are recommended for stress.

What the sheriff sees as a diminution of his power to control the citizenry, the doctor sees as a positive. Mikuriya says, "Whatever other benefits a doctor may help a patient obtain by approving their cannabis use, the conferring of legitimacy is a benefit of the utmost importance for their well-being."



"The Players" — pen and ink drawing by John Denney

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