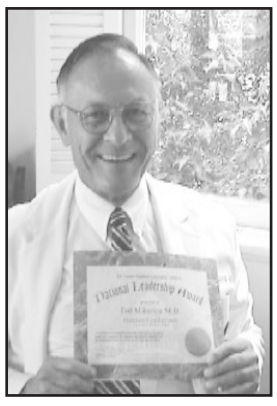
Tod'sAdvice for the Republican Party



The National Republican Congressional Committee in July, 2001, sent Tod Mikuriya, MD, a gilt-sealed certificate naming him Honorary Co-Chairman of the NRCC's Physician's Advisory Board. "Once you've given them money, you're on the mailing list forever," he remarked.

Mikuriya, who had approved marijuana use by some 5,000 patients at the time, sent his "grateful acceptance" to NRCC chairman Tom DeLay (R-Texas): "This award is a welcome antidote to being dissed by district attorneys and harassed by the California Medical Board," he wrote.

Mikuriya included programmatic advice for the Republican leadership:

• Repeal the Controlled Substances Act of 1970, which is unscientific and harmful to health policy.

• Transfer drug policy to the Surgeon General to substitute medical management for punitive and prohibitive enforcement solutions.

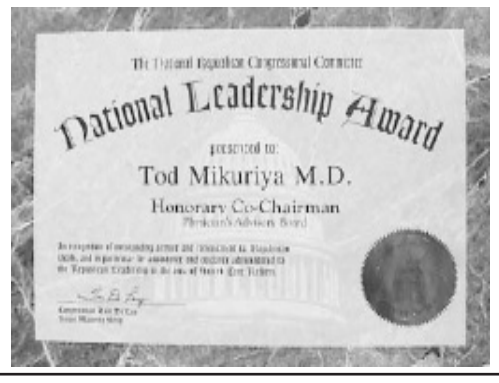
• Re-deploy DEA to EPA to prevent chemical terrorism and pesticide poisoning.

• Prohibit direct advertisement of all prescription drugs.

• Restore medicinal cannabis to availability with definitions in the U.S. Pharmacopoeia for composition and potency.

• Hold hearings on covert human drug testing by intelligence agencies and corporations.

• Review the scientific legitimacy of drug testing as an indicator of fitness for duty.



Exchange With a Woman who was Into Speed

Holy Smoke!

To the Editor:

...Long story short, I became dependent on the drug to deal with my depression and to help keep my weight down, which now, ironically, I see how the meth really didn't help with either. I only snorted speed and not very big amounts. And, I never smoked it nor shot it. When my sinus infections were at their worst (from guess what?), I would ingest speed orally. I think this is why I was able to "control" my dependency for such a long time, because I didn't smoke or use needles...

Earlier this year... I realized the stuff was quite literally poisoning me. I walked away from it and with the exception of one setback, I haven't used since. Though I made my own personal decision to stop poisoning myself, I knew in the early stages of my recovery that going cold turkey was going to be almost impossible as the drug was too intimate —too many "triggers..." So I turned to the least harmful drug I know —cannabis. It was on rare occasions that I would smoke marijuana during the last 10 years because I was all about "stimulants." However, at a friend's urging, I decided to use cannabis (sativa) anytime I got a "trigger" to use speed. And, Holy Smoke, it has worked like magic. The best part is that it's not something I use everyday (at most 3 or 4 times a week) and those "speed triggers" are becoming less and less...

...When using speed I also craved hard alcohol (vodka) and with the increasing use of speed I was also increasing my use of hard alcohol. Since I have quit meth, I have very little desire for hard liquor. When I smoke, the only thing I want to drink is water. I do still like my red wine, but I don't imbibe near as much as I did. I am now truly a light-to-moderate wine drinker.

I have more energy, more confidence, and most importantly more serenity... Sativa does NOT make me tired and I don't get the munchies. With the exception of mildly "zoning" out sometimes, there is nothing in the way of adverse effects from my marijuana use. However, I am monitoring this and will be the first to admit if it starts affecting me negatively. Oh yeah, I'm losing weight too! Who knew?

Some would argue that I have just traded one addiction for another. I don't agree at all. Marijuana is not "my poison." It's been my recovery tool. Besides, if you know anyone who has been in institutional rehab or recovery, with few exceptions, they get pumped with all sorts of prescription drugs to help them with their "recovery." I happen to think marijuana is a much better option than any prescription drug.

Believe me, after what I've done to myself the past three years, I am being extremely attentive to any kind of dependency or addiction patterns.

C.M., Santa Rosa

Dr. Mikuriya's Reply

Cannabis Follows the Fat

Dear C.M.

Thank you for your personal account of amphetamine problems and your discovery of cannabis substitution as a viable solution.

Each drug has a specific profile of action that has tremendous impact upon the psyche and physiology especially when used on a chronic basis. Physically, amphetamine (or for that matter, any biogenic amine), mimics the fight- flight response of the body, namely the sympathetic nervous system that produces adrenalin. and noradrenalin. Appetite is suppressed, there is a sense of improved attention/concentration, elevation of mood and decreased vulnerability to bad feelings. Decrease in empathetic awareness and connection is just one of the consequenses.

What goes up must come down. The biogenic amines all increase in tolerance and become ineffectual. The crash is inevitable. The withdrawal depression with its irritability and lethargy are most uncomfortable with the return of bad feelings now compounded by the physiologic state. Empathetic competence is toxically impaired with self-preoccupation and dysfunction. The use of amphetamine for the initial psychic discomfort has been gross overkill and problematic in itself. If only the amphetamines did not have this cyclic effect because of its short action and physical tolerance.

Enter cannabis. The pharmacological route is substantially different from other psychoactives. Cannabis follows the fat. Because the molecules are not soluble in water like other drugs, it travels the phospholipid pathways. Cannabis has a different effect on psychic discomfort. It modulates or eases emotional reactivity. Cannabis is an antidepressant with lifting of mood but without the stimulation or activation of the autonomic nervous system.

Unlike biogenic amines there is no suppression of appetite or digestion. When cannabis is discontinued there is less withdrawal and physical reaction. Sleep is enabled with cannabis compared with the stimulants that disrupt sleep and circadian rhythm. Amphetamines ironically diminish physical activity as compared with cannabis that facilitates.

You have discovered these differences that make cannabis substitution for amphetamine a viable pharmaceutical alternative. Your experience with amphetamine dependence is not dissimilar from alcoholism. Both amphetamine and alcohol poisoning can respond to cannabis substitution as a treatment. I have more than 500 alcoholic patients who have gotten their lives back. More than 500 families saved. With alcohol and amphetamine abuse empathetic competence is destroyed by toxic self-absorbtion. Cannabis substitution restores the ability to effectively relate to family and community.

Notwithstanding, addiction treatment programs remain totally ignorant of cannabis substitution as a substantive harm reduction intervention because of ignorance-based dogma. Furthermore, I am refused the opportunity to present these findings to my psychiatric colleagues who perpetuate rather than treat illness.

I am pleased to say that the Society of Cannabis Clinicians, a group of California cannabis physician consultants, would agree with harm-reduction-by-cannabis-substitution treatment.

Tod H. Mikuriya, M.D.

THM to Addiction Specialists:

Cancel My Denial

To: California Society of Addiction Medicine
74 New Montgomery Street, Suite 230
San Francisco, CA 94105

American Society of Addiction Medicine
4601 North Park Avenue Suite 101
Chevy Chase, MD 20815

Colleagues,

As I contemplated whether or not to renew this year with the not unsubstantial dues, I asked myself "Why should I?" Over the years since I joined the organization I have tried to raise the possibility of a harm-reduction option for the treatment of alcoholism. Notwithstanding my repeated and persistent entreaties, I have been repeatedly denied any opportunity for a collegial and professional forum. I have even offered to make my patients available for questioning and review. Nothing. Lame excuses —not ready yet.

Forays into spiritualism with self-styled practitioners responding to the "spiritual needs" of addicts was particularly disturbing. Somehow I don't remember any training in medical school in theological studies. The blurring of boundaries and confusion of identity diminishes, attenuates medical leadership, and reduces professional credibility to cultism. Medical Review Officers conducting forensic examinations are not engaged in a medical activity. Endorsing their enforcement of corporate authority diminishes medical leadership and reduces ASAM/CSAM to shills and trough feeders. The societies support the federal government's irrational drug-war policy while prominent addiction specialists seek to maximize their share of court referrals.

I officially give up on ASAM/CSAM and any possibility of a magical ethical transformation. I have been denied the opportunity to present a viable, effective, and medically appropriate intervention: cannabis as a substitute for alcohol and other addictive substances.

Retrospectively, I wonder why I waited so long to quit. I can no longer maintain my wishful thinking that somehow ASAM/CSAM could be fair, objective, professionally and medically correct.

I shall not be renewing my membership.

Tod H. Mikuriya, M.D.

Member since 1974
Certified by ASAM 1986
MRO Certified by ASAM 1992

P.S. From Dr. O'Connell:

Protective Effect Observed

Dear Tod,

Your key insights about harm reduction are supported and amplified by data gathered over the past five years in my practice. Each Medical Cannabis Applicant is queried about the age at which they first tried (initiated) alcohol, cannabis, and tobacco, as well as certain certain common milestones in their subsequent use of those agents. They are also queried about their possible initiations of seven other schedule 1 agents: psilocibin, LSD, peyote (or mescaline), cocaine in any form, meth, ecstasy, and heroin.When one correlates that data with year-of-birth cohorts, race, and gender, the inescapable conclusion is that the sooner a vulnerable adolescent begins chronic use of cannabis, the more protected they are against self-medication with alcohol, tobacco and those pharmaceutical agents sold as "therapy" for common emotional symptoms related to anxiety and depression.

Tom O'Connell, MD