Cannabis As a Substitute for Alcohol

By Tod H. Mikuriya, M.D.

The author has treated 92 patients who report that cannabis use helped them reduce their alcohol consumption in part or entirely.

SUMMARY

Ninety-two Northern Californians using cannabis as an alternative to alcohol obtained letters of approval from the author. Their records were reviewed to determine characteristics of the cohort and efficacy of the treatment—defined as reduced harm to the patient. All patients had previously tried other therapies and found that for at least a subset of abstinent patients, cannabis use is associated with reduced drinking. The cost of alcoholism to individual patients and society at large—warrants testing of the cannabis-substitution approach and study of the drug-of-choice phenomenon.

KEYWORDS

Addiction, alcohol, alcoholism, cannabis, depression, drug-of-choice, harm reduction, marijuana, pain, substitution.

INTRODUCTION

Physicians who treat alcoholics are familiar with the cycle from drunkenness and an inability to withdraw, drying out, and apology for behavioral lapses, accompanied over time by illness and debility as the patient careers from one crisis to another. (Tainter and Mendelsohn 1969)

"Harm reduction" is a treatment approach that seeks to minimize the occurrence of drug/alcohol addiction and its impacts on the addict/alcoholic and society at large. A harm-reduction approach to alcoholism adopted by 92 of my patients in Northern California involved the substitution of cannabis—with its relatively benign side-effect profile—as their intoxicant of choice.

No clinical trials of the efficacy of cannabis as a substitute for alcohol are reported in the literature and there are no papers directly on point prior to my own account (Mikuriya 1970) of a patient who used cannabis consciously and successfully to reduce his problematic drinking.

There are ample references, however, to the use of cannabis as a substitute for opiates (Birch 1889) and as a treatment for delirium tremens (Clingdinn 1843, Moreau 1845), which were among the first uses to which it was put by European physicians. Birch described a patient weaned off alcohol by use of opiates, who then became addicted and was weaned off opiates by use of cannabis.

"Ability to take food returned. He began to sleep well; his pulse exhibited some normality; and after three weeks he was able to take a turn on the verandah with the aid of a stick. After six weeks he spoke of returning to his post, and I never saw him again."

Birch feared that cannabis itself might be addictive, and recommended against its use as a substitute for the opium ingredient in their elixir. "Upon one might be addictive, and recommended that the patient be looked at carefully in the apparently successful two-stage treatment he was describing.

In the late 19th century in the United States, cannabis was listed as a treatment for delirium tremens in standard medical texts (Eades 1887, Pottery 1995) and manuals (Lilly 1898, Merck 1899, Parke Davis 1909). Since delirium tremens signifies advanced alcoholism, we can adduce that patients who were prescribed cannabis and used it on a longterm basis were making a successful substitution.

By 1941, due to prohibition, cannabis was no longer a treatment option, but attempts to identify and synthesize its active ingredients continued (Loew 1950). A synthetic THC called pyrhexyl was made available to clinical researchers, and one paper from the period reports its successful use in easing the withdrawal symptoms of 59 out of 70 alcoholics. (Thompson and Proctor 1953)

In 1970 the author reported (op cit) on Mrs. A., a 49-year old female patient whose drinking had become problematic. The patient had observed that when she smoked marijuana socially on weekends, she decreased her alcoholic intake. She was advised to substitute cannabis any time she felt the urge to drink. This regimen helped her to reduce her alcohol intake to zero. The paper concluded, "It encountered more patients like Mrs. A. and generalized that somewhere in the experience of certain alcoholics, cannabis use is discovered to overcome pain and depression—target conditions for which alcohol is originally used—but without the disfrabilized emotions or the physiologic damage. By substituting cannabis for alcohol, they can reduce the harm their intoxication causes themselves and others.

Although the increasing use of marijuana starting in the late '60s had renewed interest in its medical properties—including possible use as an alternative to alcohol (Scher 1971)—meaningful research was blocked until the 1990s, when the establishment of "buyers clubs" in California created a potential database of patients who were using cannabis to treat a wide range of medical conditions. The medical marijuana initiative passed by voters in 1996 mandated that prospective patients get a doctor's approval in order to treat a given condition with cannabis—substituting cannabis for alcohol in an estimated 30,000 physician approvals as of May 2002. (Gieringer 2002)

In a review of my records in the spring of 2002 by Jerry Mandel, PhD, 88 patients were identified as using cannabis to treat alcohol abuse and related problems. This paper describes characteristics of that cohort and the results of their efforts to substitute cannabis for alcohol.

METHODOLOGY

Identifying Alcoholism

The median follow-up (20 months) provided multiple opportunities to identify alcoholism as a problem for which treatment with cannabis might be appropriate. The intake form asked patients to state their reason for contacting the doctor, and enabled them to prioritize their present illnesses and describe the course of treatment to date. The form also asked patients to identify any non-prescribed psychoactive drugs they were taking (including alcohol), and invited remarks. A specific question concerned injuries incurred "while or after consuming alcohol."

My reading of patients' medical records provided an additional opportunity to identify alcohol abuse, as did the taking of a verbal history.

Evaluating Efficacy

At follow-up visits (typically at 12-month intervals) patients were asked to list the conditions they had been treating with cannabis and to evaluate their status as "stable," "improved," or "worse." Patients were asked to evaluate the efficacy of cannabis (five choices from "very effective to "ineffective") and to describe any adverse events. Patients were asked to identify any changes in their "living and employment situation," and if so, to elaborate. The question about use of non-prescribed psychoactive drugs, including alcohol, was repeated.

Comparison of responses in a given patient's initial and follow-up questionnaires enabled us to assess the utility of cannabis as an alternative to alcohol.

Patient Background

Gieringer (op cit) notes that "Many patients who find marijuana helpful for otherwise intractable complaints report that their physicians are fearful of recommending it, either because of ignorance about medical cannabis, or because they fear federal punishment or other sanctions. This is especially true in regions where the use of marijuana is less familiar and accepted." The patients whose records were used as the basis for this study were all seen in ad hoc settings arranged by local cannabis clubs —72 in San Francisco. They form a special but familiar and well known in their communities.

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fisherman (3), heavy equipment operator (3), painter (2), contractor (2) cook (2), welder (2), logger (2), timber faller, seaman, hardwood floor installer, barge crane operator, building supplies, house caretaker, ranch hand, concrete pump operator, cable installer, silversmith, stone mason, boatwright, auto detailer, tree service, handyman, cashier, nurseryman, glazier, gold miner, carpet layer, carpenter’s apprentice, landscaper, river guide, screen printer, glazier. Eleven were unemployed or didn’t list an occupation; four were disabled, two retired; and two patients defined themselves as mothers. Others were in sales (5), musicians (5), clerical workers (3), paralegal, teacher, actor, artist, sound engineer, computer technician.

Eighty-two of the patients were men. Patients’ ages ranged from 20 to 69. Twenty-nine were in their twenties; 16 in their thirties; 24 in their forties; 20 in their fifties; three in their sixties. Exactly half —46 patients— had taken college courses; only four had college degrees. Five did not complete high school.

Teetotallers were very few, all of the African American patients in the sample were teetotallers. Overall, a large number of patients reported that they were alcoholics or had been so, and a slightly smaller number that they were alcohol abusers or had been so. This statement was not always made in the same year.”

Cannabis Use/Effects

Prioritizing Alcoholism

Fifty-seven of the patients identified alcohol or cirrhosis of the liver as their primary medical problem. Secondary problems reported by this group were Depression (15), Pain (14), Arthritis (7), PTSD (6), Insomnia (6), and Ritalin (5). Exactly half —46 patients— had taken college courses; only four had college degrees. Five did not complete high school.

Seventy-eight patients smoked joints (15) and Ritalin (8). Prescription drugs were SSRIs (31), opiates (23) NSAIIs (18) disulfiram (15) and Vitinal (8). Three became aware of medical effect within one year. Ten became aware of medical effect within 1-5 years. Ten became aware of medical effect within 5-10 years. Ten became aware of medical effect within 10-15 years, and one at age 65. Twenty-four patients reported realizing immediately upon using cannabis that it exerted a beneficial medical effect. Some of their responses still seem to reflect their relief at the time.

Many, when encountering problems in life, are treated with, or seek out, mind-altering drugs.
(12 months) Albert reported improved communication with family members and fewer problems relating to other people. His alcohol consumption had decreased from 36 drinks/week to zero (one month of sobriety).

- Carol G. presented initially at age 35 as homeless and unemployed, suffering “severe depression, Anxiety, Pain.” Her problem with alcohol was inferred from her response concerning non-medical-psychoactive drug use: “I drink and smoke too much — started when I couldn’t get marijuana.”

Carol had shyly requested a recommendation for cannabis from a Humboldt County physician but, as she recounted, “I’m a paranoid and local Dr.s are scared, too. They gave me Paxil & stop smoking pamphlet.”

At a follow-up visit (14 months) Carol reported a change in circumstance: “Now have a room. But am on G.R. and paying too much.” She was still using alcohol “a little. I’m doing good dealing with not drinking illegally. Able to medicate with cannabis has helped a lot.”

Eighteen months later the pattern hadn’t changed: “Alcohol several times/week. Depend on if I have cannabis, stress still triggers.”

Fewer Adverse Effects

Patients made negative comments with respect to the efficacy of their prescribed analgesics and antidepressants (22), side-effects (26), and cost (11) — not surprising, perhaps, in a cohort seeking an herbal alternative.

- Lance B. presented as a 41-year-old alcoholic also suffering from arthritis, pain from knee- and ankle surgeries, and depression, for which he had been prescribed Librium, Valium, Buspar, Wellbutrin, Effexor, Zoloft, and Depakote over the years; “No help!” he wrote bluntly. On his return visit (one year) he reported “few relapses” and that he was able to take some classes.

- The dulling effects of Vicodin and other opiates were mentioned by seven patients. As Harvey B. put it, “When I can get Vicodin it helps the pain but I don’t like being that dooey.” Clarence S., whose skull was badly damaged in an accident, also appreciated the pain relief provided by opiates, but asserted, “Opiates make me paranoid and mean.”

- Alex A., who was diagnosed with ADHD in ninth grade, touches on some recurring themes in describing the treatment of his primary illness: “I was prescribed Ritalin and Zoloft. The Ritalin helped me concentrate slightly but caused me to be up all night. The Zoloft made me sick to my stomach and never relieved my stress or depression. I have never been prescribed anything for my insomnia but I usually have to drink some liquor to get to sleep. I think that is a bad thing as I have now begun to drink excessive amounts of whisky, which really has started to affect my stomach.” Alex first used cannabis at age 19 and became aware of benefits immediately. “I found myself running to the refrigerator and then sleeping better than I had for years.” At age 21 he fears permanent damage. “From drinking (I believe) my stomach has been altered, along with my appetite… I cannot really eat that much and feel malnourished and weaker than a 21-year-old should. My joints ache constantly and I am not as strong as I used to be. I also fear that I will become or am an alcoholic and I do not want to see myself turn into my dad.”

At his follow-up visit (12 months) Alex reported cannabis to be “very effective.” He was employed, “not partying,” doing well socially, and trying to give up cigarettes.

Drug Interactions

No negative interactions between cannabis and other drugs were reported. Several patients (3) indicated that cannabis had a welcome amplifying effect on the efficacy of prescription and OTC medications. “I hurt a lot more without cannabis and can’t function as well,” reported Liz J. “It seems to relax me so the medicines work better and faster. Additionally, cannabis is natural, unlike all these other drugs — Vicodin, Soma, Aleeve, Librium, Baclofen, have lots of side effects.”

As cannabis comes into wider use in California and elsewhere, it is important that its interactions with other medications be studied and publicized. Cannabis may also have an amplifying effect on alcohol, enabling some patients to achieve a desired level of inhibition-reduction or euphoria while drinking significantly less.

Defining Success

The harm-reduction approach to alcoholism is based on the recognition that for some patients, total abstinence has been an unattainable goal. Success is not defined as the achievement of perpetual sobriety. A treatment may be deemed helpful if it enables a patient to reduce the frequency and quantity of alcohol consumption; if drunken episodes and/or blackouts are reduced; if success in the workplace can be achieved; if specific problems induced by alcohol (suspended driver’s license, for example) can be resolved; if ineffective or toxic drugs can be avoided.

As noted, all of the patients in this study were seeking physician’s approval to use cannabis medicinally — a built-in bias that explains the very high level of efficacy reported. However, the majority were using cannabis for other conditions as well, and would have qualified for an approval letter whether or not they reported efficacy with respect to alcoholism.

Although medicinal use of cannabis by alcoholics can be dismissed as “just one drug replacing another,” lives mediated by cannabis and alcohol tend to run very different courses. Even if use is daily, cannabis replacing alcohol (or other addictive, toxic drugs) reduces harm because of its relatively benign side-effect profile. Cannabis is not associated with car crashes; it does not damage the liver, the esophagus, the spleen, the digestive tract. The chronic alcohol-abstinence withdrawal cycle ceases with successful cannabis substitution. Sleep and appetite are restored, ability to focus and concentrate is enhanced, energy and activity levels are improved, pain and muscle spasms are relieved. Family and social relationships can be sustained as pursuit of long-term goals ends the cycle of crisis and apology.

Carl S., a 42 year old journeyman carpenter, is a success story from a harm-reduction perspective. At his initial visit he defined his problem as “intermittent explosive disorder,” for which he had been prescribed Lithium. Although drinking eight beers/day, he reported “Cannabis has allowed me to just drink beer when I used to blackout drink vodka and tequila.” By the time of a follow-up continued on next page.
visit (12 months), Carl had been sober for four months. He also reported “anger outbreaks are less severe” in his creative projects,” and, poignantly, “paranoia is now mostly realistic.” He plans to put his technical skill to use in designing a vaporizer.

The Doctor-Patient Relationship
As  enumerated by patients, the doctor-patient relationship
creates that promotes candor and trust. An alliance is formed that promotes candor and trust. An alliance is expressed of relief. An alliance is created that promotes candor and trust. The priestly Brahmins, on the other hand, were quite unanimous in reviling the Godhead’s eating of meat and drinking of wine. The Egyptians, within him.⁷ Bhang, a Brahmin told me, “were quite unanimous in reviling the Godhead’s eating of meat and drinking of wine. The Egyptians, rebelling against the dependence he had acquired upon every 12-goals is to untermine sobriety. It is likely that legal access to cannabis would result in fewer young adults adopting alcohol as their drug of choice, with positive consequences for the public health and countless individuals.

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Prohibition of marijuana, the intense advertising of alcohol, and the widespread availability of bars encourage the adoption of alcohol as a drug of choice among U.S. adolescents.

Two aspects of Carstairs’ report resonate strongly with my own observations:
• The disindividuation achieved via alcohol is the Rajput kind—a flight from reality, becoming “blotto”— whereas the disindividuation achieved via cannabis is the result of focused or amplified self-control.  
• “Drug of choice” is strongly influenced by social and cultural factors, and, once determined, becomes a defining element of individual self-image, not easy—but possible—to change in adulthood. Prohibition of marijuana, the intense advertising of alcohol, and the widespread availability of bars encourage the adoption of alcohol as a drug of choice among U.S. adolescents. It is likely that legal access to cannabis would result in fewer young adults adopting alcohol as their drug of choice, with positive consequences for the public health and countless individuals.

Ring Lardner, Jn. On Cannabis As A Substitute For Alcohol
Screenwriter Ring Lardner, Jr. won an Oscar in 1938 for his script for “My Year” and another in 1970 for “MA*S*H.” His memoir “I’d Hate Myself in the Morning” (which takes its title from his foray into the House Un-American Activities Committee) includes this description of his colleagues Ian Hunter and Waldo Salt:
“Ian, too, had an alcohol problem—one that, unlike mine, increased in severity to the point of debilitation. During the period when we had to come up with an episode for a half-hour television program every week, there were times when I had to perform the task by myself. On occasion, he would pull himself together and make a big effort to match what I had done single-handed. Eventually, though, he came to the conclusion that he would have to give up drinking for good. And he proceeded to do just that, first enlisting in Alcoholics Anonymous, as he went cold turkey, then, to forfify his abstinence by substituting marijuana for alcohol. It happened that a friend of his, the blacklisted writer Waldo Salt, had made the same medicinal switchover. Since Ian and Waldo also shared a love of drawing, they could poit the cost of a model and spend an evening indulging in pot and art. Neither of them drank again, as far as I know.

“Some years earlier, when the film community was still disproportionately Jewish, my good friend Paul Jarrico announced a discovery. He had been wondering why a small group of his fellow screenwriters—Ian, Dalton Trumbo, Hugo Butler, Michael Wilson, and I— were such a close, cozy group. What bound us together, he wondered, was a factor that we were all gentiles. ‘Nonsense,’ Ian declared. ‘It’s that we’re all drunks. Instantly, I knew he was right. It was by far the stron ger bond.”

Waldo Salt’s screenwriting credits include Serpico and Midnight Cowboy.