Medical Marijuana in California, 1996-2006

For 10 years a vast public-health experiment has been conducted in the nation’s most populous state: What have doctors learned about the medical efficacy and safety of cannabis?


In November, 1996, California voters enacted Proposition 215, making it legal to grow and use cannabis, with a doctor’s approval, for medical purposes. Prop 215 didn’t create a record-keeping system because the authors didn’t trust the government and didn’t want to generate a master list of cannabis users. So, over the course of the past decade, a vast public health experiment has been conducted in California but no state agency has been tracking doctors who approve cannabis use or patients who medicate with it.

To assess the results in the absence of data garnered by the government, O’Shaughnessy’s surveyed doctors associated with the Society of Cannabis Clinicians. The SCC was founded by Tod Mikuriya, MD, in 2000 so that doctors monitoring their patients’ use of cannabis could share data for research purposes (and, alas, respond to threats from federal and state authorities). More than 20 doctors have attended SCC meetings, which are held quarterly. Philip A. Denney, MD, is the current president.

“Approve,” not “recommend,” is the apt term, since more than 95 percent of the patients consulting specialists had been self-medicating previously.

Twenty-one doctors with cannabis-oriented practices were interviewed briefly by phone in the Fall of 2006. Of these, 14 responded to an emailed questionnaire. (One responded on behalf of colleagues at nine offices.) Between them, physicians associated with the SCC have approved cannabis use by approximately 160,000 patients. “Approve,” not “recommend,” is the apt term, since more than 95 percent of the patients consulting specialists had been self-medicating previously.

Survey Questions

1. How many patients have you approved to use cannabis through October 2006? 2. What percentage had been self-medicating with cannabis prior to consulting you? 3. With what medical conditions have they presented? 4. What results do patients report? How does cannabis appear to work in treating your symptoms? 5. What medications has cannabis enabled your patients to stop taking or cut back on?

Survey Responses

The Context of Prohibition:

Cannabis has long been a topic of heated debate. Many patients report finding cannabis to be a more suitable treatment for their medical conditions than other pharmaceuticals. For many, cannabis provides relief from chronic pain, nausea, and muscle spasms, improved appetite, and reduced anxiety. However, the legal status of cannabis remains uncertain, and the federal government continues to classify it as a Schedule I drug, despite widespread evidence of its medicinal benefits.

The following survey questions explore the experiences of doctors who have approved cannabis use by their patients.

1. How many patients have you approved to use cannabis through October 2006? Twenty-one doctors with cannabis-oriented practices were interviewed briefly by phone in the Fall of 2006. Of these, 14 responded to an emailed questionnaire. (One responded on behalf of colleagues at nine offices.) Between them, physicians associated with the SCC have approved cannabis use by approximately 160,000 patients. “Approve,” not “recommend,” is the apt term, since more than 95 percent of the patients consulting specialists had been self-medicating previously.

2. What percentage had been self-medicating with cannabis prior to consulting you? More than 95 percent of the patients consulting specialists had been self-medicating previously.

3. With what medical conditions have they presented? Many patients with multiple sclerosis report that their condition has not worsened for many years while they have been using cannabis regularly. MS and other neurodegenerative diseases share the common benefits of reduced pain and muscle spasms, improved appetite, improved mood and fewer incontinence problems.

4. What results do patients report? How does cannabis appear to work in treating your symptoms? Many patients with end-stage renal disease on dialysis and those with transplanted kidneys show mental ease, comfort, and lack of significant graft-versus-host incompatibility reactions in my small series. Diabetics report slightly lower and easier-to-control blood sugar levels, yet to be studied and explained.

5. What medications has cannabis enabled your patients to stop taking or cut back on? Other rheumatic diseases similarly show remissions. Spasticity cannot be treated any more quickly or efficiently than with cannabis. Other medications have been using cannabis to treat a wide array of chronic conditions. Control represents freedom from fear and oppression. Control—or lack thereof—is a major element in self-care.

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, and spasticity cannot be treated any more quickly or efficiently than with cannabis. According to the testimonies that I hear on a daily basis from people with serious medical conditions, medical marijuana is becoming and illuminating.

From many people with cancer and AIDS come reports that cannabis has saved their lives by giving them an appetite, the ability to keep down their medications, and mental ease.

No other drug works like cannabis to reduce or eliminate pain without significant adverse effects. It works where other pharmaceuticals fail. Cannabis helps with muscle relaxation, and it has anti-inflammatory action. Patients with rheumatoid arthritis stabilize with less and more destructive flare-ups with the regular use of cannabis.

Spasticity cannot be treated any more quickly or efficiently than with cannabis. Other rheumatic diseases similarly show remissions. Spasticity cannot be treated any more quickly or efficiently than with cannabis. Other medications have been using cannabis to treat a wide array of chronic conditions. Control represents freedom from fear and oppression. Control—or lack thereof—is a major element in self-care.

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, and spasticity cannot be treated any more quickly or efficiently than with cannabis. Other medications have been using cannabis to treat a wide array of chronic conditions. Control represents freedom from fear and oppression. Control—or lack thereof—is a major element in self-care.

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, and spasticity cannot be treated any more quickly or efficiently than with cannabis. Other medications have been using cannabis to treat a wide array of chronic conditions. Control represents freedom from fear and oppression. Control—or lack thereof—is a major element in self-care.
Medical cannabis users are typically treating chronic illnesses—not rapidly debilitating acute illnesses.

... that it treats side effects of jitteriness or gastrointestinal problems. Many patients report pressure exerted by the Veterans Administration, HMOs such as Kaiser Permanente, and workers’ compensation program contractors to remain on pharmaceutical regimens. A significant number describe their prescribed drugs as ineffective and having undesirable effects.

“Mainstream” doctors frequently respond to requests of adverse effects by prescribing additional drugs. Instead of negating the problem, they often complicate it. Prevaling 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 diseases (listed by ICD-9 code) comprise a group of interest: Cohn’s disease 555.9, Anti-glomerulonephritis 583.3, Melioidosis 733.99, Porphyria 277.1, Thalassemia 282.4, Sickle cell anemia 282.60, Amyloidosis 272.3, Mastocytosis 757.33, Langerhans 710.0, Sarcoidosis 710.1, Eosinophilic myalgia syndrome 710.5.

These disorders are all of autoimmune or inflammatory nature. Research in the cancer field is advanced. While we continue to see the same 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.

Demographic Data:

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

Demographic Data:

Age:

0-18 years 9 (1%)
19-30 1,639 (19%)
31-40 3,142 (37%)
41-50 2,343 (28%) >51 2,101 (25%)

Additional Observations:

Psychotherapeutic and psychological 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. Word of mouth builds a movement. The private sector is handling marijuana distribution because the government has failed. 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.

Over the years that I have specialized in cannabis therapeutics, health benefits reported by patients have been substantiated and explained by findings from research centers around the world.

Is there a downside to the use of cannabis? The sense of intoxication rarely lasts longer than an hour and tends to be more troubling to the novice than to the seasoned user.
the experienced user. For some people, cannabis can induce dry mouth, red eyes, unsteadiness, mild intoxication, and short-term memory loss, all of which are transient. These effects are reportedly trivial compared to those brought on by pharmaceutical alternatives.

Cannabis use is steadily finding acceptance in society. Today, for many it is a regular part of their lives. People who use cannabis for the first time may require multi-tasking such as pilots, drivers, dispatchers, switchboard operators, and machine operators. The intoxicating effects of cannabis inappropriate in the workplace, and therefore reserve their use for after work.

Due to Prohibition, Californian growers have been denied the tools of analytical chemistry to test the cannabinoid contents of their plants. This has impeded the development of strains aimed at treating various conditions.

Strains
Cannabis is a complex, un-patentable plant with vast pharmacological potential. Different strains contain different mixes of cannabinoids and terpenoids that give them distinct qualities. Some strains energize you; others put you to sleep. Many patients, when they find a strain that suits their needs, try to obtain it on a regular basis. Unless they are growing their own cuts from them, however, they have no assurance that it will reproduce and make available the preferred strain from year to year.

Due to Prohibition, California growers have been denied the tools of analytical chemistry to test the cannabinoid contents of their plants. This has impeded the development of strains aimed at treating various conditions.

Nevertheless, patients continue to educate themselves about cannabis as medicine and how best to use it. Over the years that I have specialized in cannabis therapeutics, health benefits reported by patients have been substantiated and explained by findings from research centers around the world.

Demographics:
Gender: 62% male, 38% female.
Ages range from 14 to 86 years old.
The male mean age is 45.9 years with a median age of 46.
The female mean age is 47.4 with a median age of 48 years.
The graphs of the age and gender distribution are similar with the exception that there is a bump in the leading edge of my male patient population as compared to the female patients, which I account for by young men’s work injuries, sports injuries, motor vehicle accidents, and problems stemming from military service, including injuries and post-traumatic stress disorder.

The vast majority of patients in my practice are Caucasian or African-American, with only about 1% African-American, 2% Native American, 1% Pacific Islander, and 2% Asian.

Frank Lucido, MD (Berkeley) is a family practitioner who began aiding patients’ use of cannabis soon after the passage of Prop 21. He conducts about 900 cannabis consultations per year (including follow-up visits).

Appraisals issued: >3,000

Previously self-medicating: 99%

Contraindications to cannabis use: 1%

Psychiatric disorders (33%), including Depression, Chronic Anxiety, Insomnia, Bipolar Disorder, ADHS, and OCD.

Neurologic disorders (14%), including headaches, Multiple Sclerosis, Restless Leg Syndrome, Parkinson’s, Neuromyopathy, Tinnitus, Seizure Disorders.

Genitourinary problems (5.6%), including Severe Dismenorrhea, Menopausal Syndrome, Endometriosis, PMS, Interstitial Cystitis, Nephrolithiasis.

Gastrointestinal (12.5%), including chronic abdominal pain, hepatitis C, Irritable Bowel Syndrome, Crohn’s, Ulcerative Colitis, GERD, Anorexia, Nausea, Diverticulitis pain.

Other complaints, notably Glaucoma (3%), Medication side effects (2.6%), Asthma (2.3%), Cancer, lymphoma, leukemia, Meniere’s/sinusitis.

Energizes you; others put you to sleep.

Dr. Hergenrather and her mother at the Patient Rights of Treat conference in Santa Barbara, April 2006.

Effects of cannabis:
Patients are able to be more active (work, exercise, etc.); sleep, eating and overall ability to function improved.

Drug use reduced:
Chronic pain patients report reduced use of opioids, NSAIDs, muscle relaxants, sleeping pills.

Psychiatric and insomnia patients report reduced use of tranquilizers, SSRIs antidepressants, sleeping pills.

Neurologic patients reduce use of opioids, muscle relaxants, NSAIDs, triptans and other migraine headache remedies.

Unusual conditions treated:
Gulf War Syndrome. Patient uses cannabis to mitigate chronic neuropsychiatric pain from nerve damage, chronic nausea, and migraine, as well as PTSD from his experiences in combat.

Comments on strains and dosage:
Patients vary tremendously in their dosage needs. In general, Sativa strains stimulate mental productivity and are best for alertness and focus. Indica strains are commonly sedative and are best for sleep and relaxation.

Adverse effects:
Reported adverse effects are rare in part because the patient coming to a medical cannabis consultation has already tried cannabis as medicine.

I have had perhaps 10 patients in 10 years who had never tried cannabis or who had not used cannabis in 8 years and were uncertain if it would effectively treat their current illness or symptoms.

Two patients have discontinued use in the past year, one from smoking and one from decreased productivity.

The overwhelming majority report that they are MORE productive when their symptoms are controlled with cannabis.

Demographics:
In a recent series of 393 consecutive patients, 195 were male, 108 female. Their ages, plotted, would form a bell curve:
< 18 2 30-39 60 60-69 24 18-20 4 40-49 80 70-79 1 21-29 40 50-59 89 80-89 1

ADHD patients:
In process of my course I have treated about five patients per year for attention deficit disorders. In recent years, however, more patients report reusing cannabis to treat ADD and ADHD, and I am issuing more approvals. The present rate is approximately one patient per month.

Cannabis as a substitute for alcohol: I have had only three patients in 10 years who primarily diagnose for cannabis use was alcoholism. Many recovering alcoholics are using cannabis for chronic anxiety and/or depression, so to some extent they are substituting it as a treatment for problems they previously self-treated with alcohol. Because alcohol can damage the liver and cause destructive behavior, cannabis use is rightly termed “harm reduction.”

Marian Fry, MD (Cool)
Mollie Fry graduated from UC Irvine School of Medicine in 1985 and began her career as a family practitioner. She stopped practicing in 1998 to home school her children. After Prop 21 passed, Fry, who is herself a breast cancer survivor, resumed seeing patients (employing a physician’s assistant to handle the initial interview).

Her husband, attorney Dale Schaffer, established an adjoining practice to advise patients of their rights.

Fry and Schaffer have charged patients with cultivation under federal law. She continues to practice while fighting the charges.

Approvals issued: 12,000

Previously self-medicating: >80%

Conditions being treated:
Chronic pain, 85%.
Includes all mechanisms from muscle spasm, to nerve pain, to musculoskeletal pain (the “loading dose”). By determining the appropriate dose for each patient’s symptoms, the patient learns to inhale as needed to achieve and maintain therapeutic effect.

Although it is not a medical condition per se, schizophrenia is a prominent request. Although many patients report enhanced flexibility and an ability to identify the child’s needs as those of a separate and unique individual. Parents are able to interpret the child’s behavior in an age-appropriate manner. Improved communication leads to shared experience. The parent becomes present and the child benefits from the increased positive attention.

Many patients report that cannabis stimulates their interest in art, music, poetry, writing, and other creative endeavors. Insight is manifested by an ability to recognize one’s place in the universe. Patients report that cannabis allows them less self-centered and egocentric and more aware of the needs of other people and the impact their own behavior affects other people and how they may be contributing to a negative interaction. Cannabis can be a useful adjunct in the marital-counseling process.

Comments re strains and dosage:
As a result of Prohibition, not enough information is available regarding strains and I don’t feel comfortable making a comment on this subject.

Regarding delivery methods, I feel strongly that edible cannabis is underutilized. As noted in a previous communication (Spring 2006), oral ingestion is a useful method of using cannabis, because it minimizes the differences between strains. Oral ingestion is recommended for those seeking lifelong relief from chronic pain, such as pain, glaucoma, diabetes, lupus, rheumatoid arthritis, and multiple sclerosis. It is also useful as a patient who smokes cannabis learn to inhale as needed to achieve and maintain their desired effects, patients who use oral cannabis can employ an analgesic THC to distribute the alcohol, which is usually using a vegetable-oil extract, she calculates the amount needed to produce the desired effect without over-sedation (“the loading dose”). By doing this, how long it takes for the effect to come on and wear off, patients can schedule a

continued on next page

Medical Marijuana in California, 1996-2006 from previous page

Mothers and fathers report enhanced flexibility and an ability to identify the child’s needs as those of a separate and unique individual.

Medications discontinued or reduced include Oxycotin, Norco, Percocet, Vicodin, Flecser, Soma, Valium, SSRI antidepressants, blood pressure medications Norvac and Hydrochlorothiazide.

Approximately 1% of my patients report reduced reliance or discontinuation of seizure medication by substituting Cannabis for Dilantin and remaining seizure free. Many of my patients no longer require their Timopatic drops and are able to maintain normal pressures with the use of Cannabis.

Many of my patients who have lost hope in conventional pharmaceutical treatments report enhanced health, decreased use of prescription medications, and an overall sense of well-being despite chronic illness.

Unusual conditions successfully treated include: Cervical Cancer, Eczema, Pсорiasis, and dermatitis of all types are being treated successfully. Also, skin reactions associated with Agnew’s disease.

Although it is not a medical condition per se, parenting problems are alleviated by the use of cannabis. Mothers and fathers report enhanced flexibility and an ability to identify the child’s needs as those of a separate and unique individual. Parents are able to interpret the child’s behavior in an age-appropriate manner. Improved communication leads to shared experience. The parent becomes present and the child benefits from the increased positive attention.

Many patients report that cannabis stimulates their interest in art, music, poetry, writing, and other creative endeavors. Insight is manifested by an ability to recognize one’s place in the universe. Patients report that cannabis allows them less self-centered and egocentric and more aware of the needs of other people and the impact their own behavior affects other people and how they may be contributing to a negative interaction. Cannabis can be a useful adjunct in the marital-counseling process.

Comments re strains and dosage:
As a result of Prohibition, not enough information is available regarding strains and I don’t feel comfortable making a comment on this subject.

Regarding delivery methods, I feel strongly that edible cannabis is underutilized. As noted in a previous communication (Spring 2006), oral ingestion is a useful method of using cannabis, because it minimizes the differences between strains. Oral ingestion is recommended for those seeking lifelong relief from chronic pain, such as pain, glaucoma, diabetes, lupus, rheumatoid arthritis, and multiple sclerosis. It is also useful as a patient who smokes cannabis learn to inhale as needed to achieve and maintain their desired effects, patients who use oral cannabis can employ an analgesic THC to distribute the alcohol, which is usually using a vegetable-oil extract, she calculates the amount needed to produce the desired effect without over-sedation (“the loading dose”). By doing this, how long it takes for the effect to come on and wear off, patients can schedule a

continued on next page
subsequent “maintenance dose” to keep on an even keel. The sedation that may be perceived as a negative side effect during waking hours is insignificant in the effect that chronic pain patients and others require for a good night’s sleep.

Orally ingested cannabinoids can exert their effects for close to eight hours—adequate sleep for most patients—eliminating the need for a maintenance dose in the middle of the night.

The efficacy of cannabis applied topically as an ointment or tincture is likewise underdosed. Dose is controlled by the individual monitoring the effects on the skin lesions being treated. My patients have had great success with using 1/4 cup of extracted cannabis oil in a hot bath for overall distribution, followed by localized applications to severely inflamed areas. Cannabinoids and terpenes from these healing components of the plant are absorbed directly through the skin; the anti-inflammatory properties are outstanding, reducing recovery time from injuries and promoting healing of lesions. Topical cannabis has also been used by my lupus patients and rheumatology patients to increase the function of joints and decrease nodule formation. Many recipes are available for both vegetable-oil-based and rubbing-alcohol-based preparations.

Adverse effects? The most significant negative reactions are due to fear of incarnation and the results of abuse by officers unwilling to follow true California law.

Philip A. Denney, MD

Robert Sullivan, MD, whose separate practice is at an undisclosed location, has specialized in cannabis consultations in partnership with Dr. Denney since March 2004. Sullivan spent more than 20 years on the staff of an emergency medicine physician.

O'Shaughnessy’s • Winter/Spring 2007

Demographics: My office does not compile this data, but I can generalize with some assurance that my patients are about two-thirds male and more than half are over 50 years old. They are predominately white, with the majority having completed high school and beyond. Those who are not disabled do not report problems getting and maintaining satisfactory employment. Most use Cannabis in the evening for pain and for chronic stresses and pains and are not under the influence during work hours.

Adolescents? These are misleadingly low. Many high-achieving, successful, adults use cannabis for other problems but in fact meet the criteria for an ADHD diagnosis. Most ADHD patients in my practice are teenagers with parental consent to substitute Cannabis for more dangerous and addicting drugs like Ritalin, Dexedrine, etc. These patients do much better with Cannabis, show marked improvement in appetite and sleep, and are more successful in school.

Substitute for alcohol? More than half of my patients express a preference for Cannabis over alcohol. Those who have been alcoholics as evidenced by DJU and other court proceedings find that substituting Cannabis for alcohol makes it much easier to resist sobriety.

Ample research demonstrates that excessive alcohol use often results in domestic violence and motor vehicle accidents. This is not the case with Cannabis use from my experience.

Demographics:

- Caucasian (gringo) 64%, Hispanic 30%, Black 4%, Asian 2%
- Ethnicity: Caucasian (gringo) 64%, Hispanic 30%, Black 4%, Asian 2%
- Gender: Male 75%, Female 25%
- Age: 20-40 33% <20 2% >65 5% 20-40 33%
- Employment: Most use Cannabis in the workplace.
- Weight and height: Large variation, with a preference for Cannabis over alcohol.
- Ethnicity: Caucasian (gringo) 64%, Hispanic 30%, Black 4%, Asian 2%
- Gender: Male 75%, Female 25%

- Weight gain, tolerance, anxiety (related to potential theft from an outdoor garden), dry mouth, tachycardia, temporary memory decline, anxiety, red eyes. All described in response to my inquiry (not spontaneous).
- None reported in 2007.

Demographics (estimates):
- 75% Male, 25% Female
- Age: 40-50 years old 60%
- >65 5% <20 2%
- Ethnicity: Caucasian (gringo) 64%, Hispanic 30%, Black 4%, Asian 2%
- Economic status: Very poor 10%, Racer 27%, Working/middle class 50%, Well off 10%, Very wealthy 3%

- Approximately 8-10% of my patients are “officially” disabled by criteria of MediCare, California, or the military.

Robert Sullivan, MD

(Redding, Lake Forest), has specialized in cannabis consultations in partnership with Dr. Denney since March 2004. Sullivan spent more than 20 years on the staff of an emergency medicine physician.

Helen Nunberg, MD, MPH

(Santa Cruz), was a family practitioner for more than 20 years before getting a Master’s Degree in Public Health in 2003. She began doing cannabis consultations in 1995 and became medical director of MediCann, a statewide chain of clinics. This report is based on a review of 1,800 patients’ files drawn from nine MediCann clinics.

Approvals issued to date = 53,000

Previously self-medicating: 96%

Diagnoses:

- 71% of patients report marijuana relieves or reduces chronic pain. Most common diagnoses in this group are low back pain, muscle spasm, neck pain, chronic respiratory disease, arthritis, and degenerative disc disease with radioculopathy. 29% use marijuana for mental health. Most common diagnoses: anxiety, depression, attention deficit disorder (ADD), situational stress, and post-traumatic stress.

Substitute for alcohol?

- 23% use for insomnia; of those, 38% have insomnia due to pain. 16% report relief of gastrointestinal symptoms, the most common being nausea, anorexia, abdominal pain, Hepatitis C, Irritable Bowel Syndrome, and gastrointestinal reflux.

Improving sleep. 25% report decreased appetite. 85% report better energy. 85% report decreased symptoms. 70% much improved—able to reduce intake of other medications, better able to handle problems. 85% report improvement in work and/or home life and general happiness.

Cannabis works therapeutically by treating present symptoms and prophylactically by preventing or delaying or reducing of symptoms.

Drug use reduced:

- Opiates, muscle relaxants, antidepressants, hypnotics (for sleep), anxiety, neuropathy, anti-inflammatory, anti-migraine drugs, GI meds, prednisone (for asthma, arthritis).

- Unusual conditions:

- Paroxysmal Atrial Tachycardia.

- Ritzsyn, Adderall, etc. These patients are “officially” disabled by criteria of MediCare, California, or the military.

9% use for migraine headache.

- 2% have HIV, 2% have cancer.

Side effects:

- Dry mouth: 38%; Pleasant change in mood or perception in 31% (not bothersome).

- Hunger in 28% (may not be bothersome).

- Improved appetite may be the reason for cannabis use.

- Fatigue 9% (may not be bothersome).

- Improved sleep may be reason for use.

Cough 8%

- Problem with memory 4%

- Memory lossness 3%

Demographics:

- 73% male.

- Mean age: 38 years old

- Age range 14 - 83

Substance Abuse:

- 12% of patients report using mari-

-juana to not use alcohol or other drugs that affected them adversely. Our phy-

- sicians make the diagnosis of alcohol or drug dependency in remission in 2% of patients.

Prescription Drug Substitution:

This is very significant.

- Those who have been alcoholics as evidenced by DJU and other court proceedings find that substituting Cannabis for alcohol makes it much easier to resist sobriety.

- Amendment 2007: Cannabis has helped enough to reduce other medications.

Comments re strains and dosage:

- Changing strains helps postpone toler-

-ance. High-dosage patients are more likely to develop tolerance. I leave the characterization of effects of specific strains to cannabis dispensers and pa-

- tients, but this is an extremely important

- step.

- Adverse reactions?

- None common (c. 1%), none “serious.”

- Weight gain, tolerance, anxiety (related to potential theft from an outdoor garden), dry mouth, tachycardia, temporary memory decline, anxiety, red eyes. All described in response to my inquiry (not spontaneous).

- None reported in 2007.

- Depression 1%

- Generalized anxiety 2%

- Panic attacks 2%

- Gastroesophageal reflux.

- 4% report past use of barbiturates.

- None common (c. 1%), none “serious.”

- Weight gain, tolerance, anxiety (related to potential theft from an outdoor garden), dry mouth, tachycardia, temporary memory decline, anxiety, red eyes. All described in response to my inquiry (not spontaneous).

- None reported in 2007.

- Depression 1%

- Generalized anxiety 2%

- Panic attacks 2%

- Gastroesophageal reflux.

- 4% report past use of barbiturates.
Medical Marijuana in California, 1996-2006

Tom O’Connell, MD (Oakland)

had a successful career as a thoracic sur-

geon, including 13 years in the U.S. Army. In 2001 he came out of retirement to conduct can-

nabis consultations. He soon concluded that there was pressure on patients to em-

phasize somatic rather than psychiatric problems, and designed his interview to ev-

olve through the prescribing doctor. Approvals issued >4,000

Percentage already self-medicating?

Of the named condition they have been self-medicating?

Medical Marijuana in California, 1996-2006

Conditions being treated?

Patients are self-medicating to treat symptoms. The most common are Stomach, acid, and dysphoria (90%)

Of the condition: Insomnia, chronic or recurrent (90%)

Inability to eat breakfast (40-50%)

Migraine (10-15%)

Other common conditions (2-5%) include Irritable Bowl Syndrome, Fibromyalgia, Seizure disorder, GERD, Diabetes (type 1 and 2) and Viral hepa-

titis C. (Most hepatitis patients were not sick enough to be treated. For those who became chronic users did so to

treat a wide variety of both psychotropic and somatic symptoms. Results suggest most, if not all, of those who

became chronic users did so to treat a wide variety of both psychotropic and somatic symptoms. Results suggest most, if not all, of those who

were chronic users for three decades or longer. On the other hand, all cohorts born before 1946, which correspond to about 16% of

treatment by cannabis than depression, anxiety, insomnia. There is a prevailing attitude explicitly espoused by law enforcement — that physical symptoms are more “serious” and therefore more appropriate for treatment by cannabis than depression, anxiety, insomnia. chosen to look at the impact of cannabis on alcohol consumption. I see the severe alcoholic (multiple DUSL, multiple blackouts) as in a class apart. I recommend to all with this history that they scrupulously avoid alco-

hol. Ditto anyone with Hepatitis.

Cannabis consultants should bear in mind that if information about emotional problems isn’t elicited, it won’t be offered.

If cannabis consultants should bear in mind that if information about emo-
tional problems isn’t elicited, it won’t be offered. Likewise, information about initiation and use of other drugs has to be specifically sought and patients have to be reassured that it’s safe to divulge. There is a prevailing attitude explicitly espoused by law enforcement — that physical symptoms are more “serious” and therefore more appropriate for treatment by cannabis than depression, anxiety, insomnia. This attitude has no basis in medicine or ethics, and should not be passively adopted by patients and doctors.

A large department of the mostly non-industry sponsored “medical marijuana” movement and know almost nothing of the politics. That “reform” doesn’t speak

about the politics. That “reform” doesn’t speak

with the prescribing doctor. I have the feeling that most don’t.

To ten 1 or 12 percent have made a conscious substitution. More than 90% reduced their alcohol intake once they became chronic users, which is the way I’ve

known is the degree to which their profile is representative of the much larger “recreational” market.
Cannabis, the Anti-Drug!

Implications of the 10-Year Survey

By Fred Gardner

Despites urging from Drs. Hergenrather, Lucido, and Mikuriya, their colleagues in the Society of Cannabis Clinicians never would adopt a common intake form. Thus the data they’ve collected from patients over the years cannot be easily aggregated, and the survey published in this issue, “Medical Marijuana in California, 1996-2006,” is crude indeed.

And yet it has a certain power. The current findings and observations don’t lose their validity because the doctors arrived at them from different angles. The presentation may not be sophisticated, but the content is substantial and real.

With few exceptions, only experienced users have availed themselves of the protection provided by Prop 215.

Approximately 160,000 patients have been authorized to use cannabis by some 30 MDs involved in the survey. In Oregon, where a 1998 voter initiative created a medical-marijuana program that tracks participants, an equivalent number of cannabis specialists have issued 45% of the approvals. By extrapolation we put the number of Californians who have been legally using cannabis since Prop 215 passed at around 350,000.

There are many confounding factors (Oregon doesn’t recognize mood disorders as treatable by cannabis, for one). But the 350,000 figure is roughly confirmed by an analysis of approval letters filed with an agency that issues ID cards in California. The SCC doctors whose practices are strictly cannabis-oriented all reported that 95% or more of their patients had been using the herb prior to seeking approval. The implication is that, with few exceptions, only experienced users have availed themselves of the protection provided by Prop 215. The Prohibitionists may have lost the election in 1996, but they’ve managed to keep millions of Californians in a state of suspended naivete about cannabis.

The anti-drug

The extent to which cannabis enables patients to reduce their intake of pharmaceutical and over-the-counter drugs is a consistent theme, starting with the lead author (Mikuriya), who states it simply: “Opioids, sedatives, NSAIDs, and SSRIs anti-depressants are commonly used in smaller amounts or discontinued. These are all drugs with serious adverse effects.”

Dr. Sullivan’s list is a little more extensive: “Opiates, muscle relaxants, antidepressants, hypnotics (for sleep), anxiolytics, anticonvulsants, antihistamines, anti-migraine drugs, GI meds, prednisone (for asthma, arthritis).”

Helen Numberg, MD, of MedCann quantifies the trend: “51% of the 1,800 patients report using cannabis as a substitute for prescription medications; 48% report using cannabis to prevent prescription medication side effects; 67% report using cannabis to reduce dosage of prescription medication; 49% of patients using cannabis for chronic pain were previously prescribed an opioid (such as hydrocodone) by their personal physician.”

Is it any wonder that the corporate drug manufacturers oppose legalization of cannabis for medical use? Cannabis is the anti-drug!

Reports of cannabis-using pain patients reducing their opioid intake by 50% “are perfectly consistent with studies showing that lab animals need half the opioid to achieve pain relief when also treated with a synthetic cannabinoid.”

The extremely wide range of conditions for which cannabis provides relief is striking in itself and fits with what scientists have learned about the body’s endocannabinoid system, which functions as a “retrograde messenger,” setting the tone and tempo for other neurotransmitter systems like a conductor facing an orchestra.

Clinicians know that cannabis can enhance focus (like a stimulant, but without causing jitters) and, paradoxically, can bring on sleep. Research explains the paradox: the cannabinoid system works to achieve homeostasis — to inhibit neurons firing too intensely and to disinhibit neurons firing too sluggishly.

Cannabinoids perform this stay-on-an-even-keel role in systems that regulate appetite, movement, learning (and forgetting), perception of pain, immune response and inflammation, neuroprotection and other vital processes.

The SCC doctors express frustration that they don’t know the cannabinoid contents of the strains their patients are using. All concerned wish that a high-CBD strain was available. The doctors would have learned a great deal in 10 years about how high-CBD cannabis differs from high-THC cannabis. Prohibition has impeded important research.

Adverse effects

What of the alleged adverse effects — including addiction — on which the marijuana prohibition rested? Dr. Denney’s response puts it succinctly: “Virtually none reported by patients, except contacts with the legal system. Patients are able to stop using easily in order to pass drug tests or when traveling. Overdose from edible cannabis — an unpleasant drowsiness lasting six to eight hours — is rare and transient.”

Dr. Lucido reports that “decreased productivity” caused two patients to stop using cannabis. But, he adds, “the overwhelming majority report that they are MORE productive when their symptoms are controlled with cannabis.”

Marijuana prohibition is part of a broader disconnect from nature that we, the people, have been sold in the name of progress. Synthetic pharmaceuticals are said to be “pure,” even though their side-effects can be horrific unto death. A tremendous sales force is in place to promote their use and suppress the competition. In the U.S. today, the medical establishment and government itself are extensions of the corporate sales force.

America needs more farmers and fewer sales people. And we need to start diagnosing the causes of our problems instead of just treating symptoms.

Marijuana prohibition is part of a broader disconnect from nature that we, the people, have been sold in the name of progress. Synthetic pharmaceuticals are said to be “pure,” even though their side-effects can be horrific unto death. A tremendous sales force is in place to promote their use and suppress the competition. In the U.S. today, the medical establishment and government itself are extensions of the corporate sales force.

Conditions for which Cannabis helped patients (left) and pharmaceutical products they were able to cut back on or stop using entirely.

Illustration by Chris Blum (knowbodies.biz)