

It's Medical & Moral

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through an anti-inflammatory mechanism. So cannabis, in and of itself, may be a very useful pain reliever.

Evidence from animal studies indicates that cannabinoids, in conjunction with opioids, are synergistic in pain relief. That is $1+1 = 5$ and not $2!$ A study I just completed (not yet published) on patients with chronic pain who take morphine or oxycodone, while still on the same dose of the opioid, found that supplementing with cannabis significantly reduced their level of pain as reported on a visual analog scale. This could have considerable public health ramifications, allowing patients with chronic pain problems to use cannabis in order to maintain on a stable or lower dose of opioids for longer times.

The findings of the Institute of Medicine (IOM), which is part of the National Academy of Sciences, are consistent with what my research has shown. In 1999, the IOM's most recent study of cannabis—*Marijuana and Medicine: Assessing the Science Base*—concluded that marijuana benefits patients by reducing nausea and vomiting, loss of appetite, and pain.

Equally important is the empowerment patients feel in being able to grow their own medicine. I always ask my patients, "What brings you joy?" Many of them tell me that they derive joy from gardening. If you have cancer and you're facing death or you feel that part of you is dying, then growing live plants can be very empowering. And what is a greater *mitzvah* than to enable people with a life-threatening illness who feel they've lost their locus of control to grow their own medicine?

Do you prescribe marijuana for your patients?

Physicians cannot actually *prescribe* marijuana, but in the 15 U.S. states and the District of Columbia that have passed legislation allowing its medical use, physicians can *recommend* it to their patients. A physician will give a patient a letter suggesting that he/she try cannabis for specified health problems, and the patient can then present the document either to a state office to

register and obtain an identification card or directly to a cannabis dispensary to access the medicine.

Still, because in America federal law overrides state law and the U.S. government classifies marijuana as an illegal substance, if the feds decide to go after the physician writing that recommendation, there can be consequences. Fortunately, for most physicians and their patients this has not been an issue. In October 2009, Deputy Attorney General David W. Ogden issued a memo for selected U.S. states attorneys stating that "prosecution of people with cancer or other serious illnesses who use marijuana as part of a recommended treatment regimen consistent with applicable state law, or those caregivers in clear and unambiguous compliance with existing state law who provide such individuals with marijuana, is unlikely to be an efficient use of limited federal resources."

How can cannabis continue to be considered an illegal drug when even the National Academy of Sciences acknowledges it as medically helpful?

Federal law regarding marijuana is not about science; it's about politics. I don't want to sound like a conspiracy theorist, but this strict legislation is part of an international treaty—the United Nations Single Convention on Narcotic Drugs, 1961—that keeps cannabis illegal by clumping it incorrectly with narcotic drugs. In addition, incarcerating hundreds of thousands of cannabis users (800,000 currently) keeps prisons in business and provides state revenue from the confiscation of individuals' material goods through asset forfeiture and property seizure.

Such punishments are antithetical to the Jewish teaching "Justice, justice, shall you pursue." Many of those people who use marijuana "recreationally" may actually be treating something—*anxiety, stress, sleeplessness*—and the government is incarcerating them for medicating themselves. And even for those people who choose marijuana solely for recreational use, the punishment appears much worse than the crime—especially when one considers that adults are allowed to "self-medicate"

with tobacco and alcohol, both of which are much more harmful to the body and a financial drain on public health in a way that cannabis just is not.

Isn't smoking marijuana harmful to the lungs?

In a 2006 study funded by the National Institute on Drug Abuse (NIDA), UCLA investigator Emeritus Professor of Medicine Donald P. Tashkin, MD reported that chronic marijuana use actually led to a slight, albeit not statistically significant, decrease in the risk of lung cancer as compared to people who didn't smoke marijuana. This supported data from prior animal studies as well as epidemiologic information reported from a Kaiser Permanente cohort 10 years earlier. A NIDA-funded investigator for nearly 40 years, Dr. Tashkin has also studied the broader effects of marijuana on the lungs and found no adverse pulmonary effects that, he said, would justify keeping marijuana illegal.

Those opposed to marijuana also say that it can cause schizophrenia in young people and serves as a gateway to using cocaine, heroin, and other highly addictive drugs.

In some studies self-reported use of cannabis in adolescence has been associated with an increased risk of developing schizophrenia. However, another school of thought suggests that young people with a predisposition to schizophrenia actually find that their thought processes benefit from cannabis use. Hence the cause and effect relationship here may be muddled, as the adolescents may be using the cannabis to treat their nascent thought disorder as opposed to having cannabis be the cause! In any case, I do not advocate the use of cannabis in young people.

Regarding the gateway issue, studies have shown that marijuana does not lead to cravings for heroin or cocaine. The Institute of Medicine report noted that because marijuana is the most widely used illicit drug, it is predictably the first most people encounter; however, most drug users actually begin with two non-illicit addictive drugs—*tobacco and alcohol*. The Institute concluded that "there is no conclusive evidence that the drug effects of marijuana are causally linked