

Only Medical Use Is Moral *continued from page 15*

side effects in the treatment of serious medical conditions.



But what about the non-medical or recreational use of marijuana? Isn't occasional marijuana use similar to occasional alcohol use?

Rabbi Dorff recently raised this issue by suggesting that, from a Jewish moral viewpoint, "marijuana in and of itself is not inherently bad or good" ("Judaism and Marijuana"). It depends upon how much a person uses as well as the scientific evidence regarding its short- and long-term effects.



So what does scientific research tell us about the safety of short- and long-term marijuana use? Despite decades of research, the science is controversial, with occasional conflicting results.

A number of studies have demonstrated the positive benefits of marijuana in treating medical conditions. The *Physician's Desk Reference* lists such medical indications for marijuana as chemotherapy-induced nausea and vomiting in addition to cachexia from cancer and HIV-AIDS.

However, studies have also shown that marijuana can impair learning, problem-solving, perception, and coordination. This makes sense, because delta-9-tetrahydrocannabinol or THC, the main active chemical in marijuana, acts upon brain receptors found in areas which influence memory, concentration, sensory perception, coordinated movements, and pleasure.

to the subsequent abuse of other illicit drugs." And again, according to the Institute of Medicine report, "although few marijuana users develop dependence, some do." On most addictive substance scales, cannabis ranks much much lower than tobacco and alcohol.

From a Jewish perspective, do you think cannabis should be legalized? The question makes me chuckle—and wince—as I recall President Richard

Still, many questions remain unresolved.

Does smoking marijuana lead to addiction? The U.S. Department of Health and Human Services reported that approximately 9% of long-term marijuana users do become addicted, and that number increases to 17% among persons who start young (*National Institute on Drug Abuse: Info Facts*, Nov. 2010). Other experts, however, do not believe that marijuana is, in fact, addictive.

How does marijuana use affect people who are susceptible to anxiety, depression, and schizophrenia? Some studies have found a correlation—but it is not clear whether marijuana contributed to these illnesses or was used to alleviate existing symptoms.

How about marijuana's effects on the lungs? No studies have shown that smoking marijuana causes lung cancer or chronic lung disease, although some report that marijuana smokers have increased respiratory symptoms, such as a daily cough, more frequent lung infections, and miss more days from work.

And does marijuana affect marriage, career, social life, and mental health? In one study, a majority of heavy users reported low levels of satisfaction in many areas of their lives. It is uncertain, however, if moderate or light users share these negative long-term feelings.



As I think about the pros and cons of marijuana use, I find a striking similarity between the current viewpoints of Judaism and contemporary medicine. Both support its use in providing comfort for seriously ill patients. In cases where marijuana is the best available treatment, I agree that it should be appropriately

Nixon's comments caught on his White House tapes 40 years ago! "You know, it's a funny thing, every one of the bastards that are out for legalizing marijuana is Jewish. What the Christ is the matter with the Jews, Bob? What is the matter with them? I suppose it is because most of them are psychiatrists."

I am not a psychiatrist, but as a medical doctor who belongs to a people with a long history of being persecuted for no reason, I find it unconscionable for a Jew,

prescribed and medically supervised.

I find the medical literature and the Jewish tradition less supportive of marijuana for non-life-threatening illnesses or outright recreational use. As physicians, our first goal is to "do no harm." Since what constitutes "harm" varies among different people, more research is needed to assess the negative consequences of marijuana use, especially in vulnerable populations such as the young, the mentally ill, and patients with existing heart and lung diseases.



And so, I was able to reassure Esther, the woman with breast cancer, that California and Jewish law sanction her using marijuana. As she hates all types of smoking and is uncomfortable lighting up in front of her husband and grandchildren, I prescribed the oral form of marijuana—Marinol—which, thankfully, is relieving her nausea and increasing her appetite.

I did, however, reject Jonathan's request, referring him instead to a therapist who could help him address mood and coping issues. Hopefully, as Jonathan improves, he will be better able to navigate the pressures and challenges of college life.

The national debate about legalizing and using this fascinating and controversial drug goes far beyond issues with medical patients. It challenges us to balance our strong support for freedom of choice with equally strong moral and social obligations arising from our Jewish tradition. Hopefully, over time, we can gain more knowledge to help guide our individual and collective choices regarding marijuana. □

or anyone else, to stigmatize people who are medicating themselves with a God-given herb. We bless the fruit of the earth and the fruit of the vine. In Genesis we learn that God said, "Behold, I have given you every plant yielding seed that is on the face of all the earth, and every tree with seed in its fruit." I certainly enjoy a nice glass of red wine—but to bless alcohol and curse cannabis seems hard to rationalize from my perspective as a physician, a scientist, a humanitarian, and a Jew. □