

# Marijuana as Medicine

For centuries *Cannabis sativa* has been known as a mind-altering hallucinogen. In the 1960s it became the *sine qua non* of the counterculture (the era of the pothead). In the 1990s it has evolved into "medical marijuana," the miracle drug capable of relieving virtually all pain and disease.

What is the truth about marijuana? Does it have medicinal value? How did it become transformed from an illicit, outlawed weed to serious consideration as a vital medicine?

## Acapulco Downer

There has been more extensive research on marijuana over the past 40 years than on any other substance. Marijuana contains over 420 compounds, including 60 cannabinoids (the psychoactive ingredients). Delta 9 THC, a tetra-hydro-cannabinol, is the most active in producing the high people seek from marijuana.

Cannabinoids from a single marijuana cigarette deposit in the fatty tissue of the body (brain, testes, ovaries, etc.) and remain there for three to four weeks. Repeated use of the drug produces THC storage in these vital organs for months. By contrast, when alcohol is consumed it is metabolized in a few hours.

Contrary to the arguments of its advocates, marijuana is physically and psychologically addictive. Additionally, when a user stops he experiences withdrawal symptoms. Also, myriads of psychological symptoms develop as use becomes chronic.

When a joint is inhaled, over 2,000 noxious chemicals invade the lungs. Users typically "toke," holding the smoke in their lungs to enhance the absorption of THC. This produces more rapid lung damage than smoking tobacco. Marijuana and tobacco share the same chemical compounds (except for the cannabinoids), but somehow cigarettes are deemed the more deadly, while pot is touted as a medical necessity.

The high from pot has been described by its users as a euphoria, a pleasant, relaxed escape that causes one to become self-absorbed and to pay less attention to his surroundings. The anticipation of these sensations is the major reason for



use. And with repeated use, one's ability to think becomes dulled, concentration is more difficult, and pathological thinking develops. The ability to perform tasks — especially new ones — diminishes, the memory becomes impaired, the sense of time is altered, and an inertia or lack of motivation develops. In many users an amotivational syndrome sets in.

Chronic users often develop such problems as emotional instability, difficulty in absorbing and integrating new information, and decreased work performance. As the brain's "pleasure center" becomes exhausted, users have difficulty in experiencing pleasure and often put forth less effort to socialize. Users go from a sense of suspiciousness to a full-blown paranoia — and, eventually, to total "burnout."

## Repeat a Lie Often Enough ...

In spite of the documented side effects associated with marijuana use, it has nonetheless been promoted as useful in the treatment of an amazing variety of ailments. Unfortunately, the truth about marijuana's effectiveness in treating physical maladies is completely overblown:

- **Glaucoma.** Proponents claim pot smoking lowers the pressure in the eyes of glaucoma patients. A small pressure drop does occur in some patients when mari-

juana is used every two to four hours around the clock. This would mean, of course, that the user would be constantly stoned. In many users the pressure increases, however, and recent research indicates that pot users have a decreased circulation to the optic nerve — a serious problem. Also, there have been medications available for years that are as effective as marijuana and that have minimal side effects.

- **Cancer.** Marijuana is advocated to fight nausea in patients receiving intensive chemotherapy. But it is really no better than the many safer anti-nauseants available. Also, pot has been found to damage the immune system, which is important in fighting cancer and other serious ailments like AIDS, infection, etc.

- **Pain.** Pot is not an analgesic. For example, users frequently have toothaches which are not relieved with their pot smoking; they require the standard pain killers. Marijuana is not helpful in fighting other kinds of pain either.

In short, all the "medical uses" for marijuana, including asthma, seizures, multiple sclerosis, muscle spasms, etc., are really just excuses to get high. Some users may be under the delusion they are being helped, but pot users typically smoke for the THC while still taking the

standard medications for their disease. Synthetic Delta 9THC (Marinol) is available by prescription for some conditions and is effective. Pot users say they prefer the side effects from pot to the side effects of prescription drugs, however.

### NORML's "Red Herring"

In essence, then, rather than being a medicine, marijuana is a health hazard. Who would call a drug "recreational" if they realized that chronic use causes permanent brain damage? Pot use is never cited by proponents as a factor in high school dropout and failure rates, as well as the increase in promiscuity and sexually transmitted diseases. Such is the case, however. Another area they ignore is the dramatic effect pot has on the ability for one to drive a car safely. Not only is the driver impaired in major ways while high, but for hours after the high wears off. Why are these important facts not better understood by the public?

For more than 35 years the media have suppressed information on pot. The National Institute on Drug Abuse (NIDA) published an annual report on "Marijuana and Health" for many years — each issue cataloging the increasing THC content of

the weed and the dramatic research findings on damage to the user's body. These reports have been ignored by the media, although all levels of media outlets were supplied with NIDA findings.

In 1971 the National Organization for the Reform of Marijuana Laws (NORML) was founded. It soon became a highly organized and influential body. There are 80,000 members, with attorney members in many larger cities. NORML conducts seminars to train lawyers in defending users and pushers when they are arrested. The hearings in state houses across the country are highly choreographed by these lawyers. They often call in NORML's national advisers — Lester Grinspoon, MD and Thomas Ungerleider, MD — for the hearings. For many years these two psychiatrists have been major activists in the pot war. Dr. Grinspoon declares that marijuana is a "wonderful medicine" and finds it useful for almost every malady. Users who have major medical problems are featured witnesses at hearings. These patients declare that they would be dead except for their pot. The media (especially television) feature these experts and patients, usually ignoring the testimony of legitimate medical experts.

If marijuana is legalized there are billions of dollars to be made by the unscrupulous. Billionaire financier George Soros, who admits to having experimented with pot, gave a million dollars for the California and Arizona pro-pot initiatives.

The Federal Drug Administration issues narcotic licenses to physicians. Under license guidelines, Schedule 1 substances "have no accepted medical use ... and have a high abuse potential." Included in this category are heroin, marijuana, and LSD. Any physician, however, can receive marijuana for use in legitimate medical research. But pot users want free access to the drug. Further, the Psychotropic Convention Treaty of 1971 classifies marijuana as a Schedule 1 drug. The U.S. is one of the 74 nations that have accepted the treaty.

In 1974 the director of NORML, Keith Stroup, was interviewed for a student paper at Emory University. He was asked about using marijuana with chemotherapy patients and answered, "We are trying to get marijuana reclassified medically ... we'll be using the issue as a red herring to give marijuana a good name."

A fascinating article, "The Return of Pot," by Hanna Rubin, appeared in the February 17, 1997 issue of *The New Republic*. A visit by Rubin to San Francisco's Cannabis Cultivators Club demonstrated the total absurdity of state-sanctioned use of pot. Rubin stated, "It is as if the rotting of the late '60s San Francisco described by Joan Didion in *Slouching Toward Bethlehem* has been preserved in reverse; the characters are the same, but the center was holding." Rubin recounted the lives of the burnt out beings who frequent these clubs and made it obvious that "medical marijuana" is the red herring that NORML plotted. The article should be must reading for state legislators facing the issue of legalizing "medical marijuana."

### The Bottom Line

Using marijuana for illness would be like a physician prescribing moldy bread (containing penicillin) for pneumonia or suggesting cigarette smoking for stress or weight loss. Prescribing pot for any medical condition is totally irresponsible. Some doctors do and are either naïve about the damage marijuana causes or perhaps are users themselves. ■

— PAUL LEIHART, MD

*Dr. Lethart has 20 years of experience in treating substance abuse and other addictions.*

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