

Pushing for Support of Medical Marijuana

The negative stigma associated with marijuana use and its users prevents doctors from being able to make objective decisions about whether or not marijuana use is appropriate for their patient.

Tag Words: Medical Marijuana, Pot, Weed, Cannabis, Negative stigma, Alzheimer's Disease, Glaucoma, Rheumatoid Arthritis, Unbiased treatment options, marijuana, alternative medicines

Authors: Phillip Detwiler Kayla Raden, Dan Gil with Julie M. Fagan, Ph.D.

Summary

Marijuana has been used for hundreds of years as a therapeutic treatment to alleviate pain and nausea. Although there is a potential for users to become addictive or develop certain undesirable side effects from using marijuana as a treatment, the same danger potential also remains with many of the other drugs that are commonly prescribed to alleviate pain. Many of these drugs even cause further dangers due to their addictive nature and potential for dependency. Marijuana can give AIDS patients the appetite to eat again and glaucoma patients relief, however, because our government wants to control what medications are illegal or legal, without taking notice to scientific data, many patients remain in pain while being treated with dangerous prescriptions.

Our service project aims to explore the negative stigma associated with marijuana use and its users and to try and explore why that negative association exists, even when it has been scientifically proven to be a great medical treatment. We developed three separate surveys that compared the different treatment options associated with three diseases: glaucoma, rheumatoid arthritis, and Alzheimer's disease. The survey presents different treatment options for each medical condition and allows the survey-taker to make an unbiased and completely informed decision, since each treatment is simply labeled by #1, #2, or #3. We want to see what drug a person would choose if they did not know anything about it other than its effectiveness and side effects.

Video Link

The Negative Stigma of Marijuana:

<http://www.youtube.com/user/DRJULIEFAGANSTUDENTS#p/a/u/0/JmErgcG6Pgg>

The Issue: Marijuana

(PD)

The history of the marijuana plant or (*Cannabis sativa*) is a long and interesting time line going back thousands of years. The most important product derived from this plant is hemp. Hemp fiber has been used to for several products over the years. Mostly for fabrics and ropes. Fabric samples of this plant have been found that date back to 8000 B.C. in Mesopotamia. References to the plant and its use for fabric have been found in writings that date back even further (*History of hemp, 2005*).

The ropes and fabrics that were made with hemp weren't just any fabrics and ropes. They were used to make the sails and ropes that traders and explorers used to travel around the world by ship. In addition to the fiber other great products have come from the marijuana plant such as hemp seed oil that was used as one of the best and cleanest burning lamp oils, it has been used as a the base solution for paints and varnishes. Another important use for the plant was hemp paper (*History of hemp, 2005*).

It is clear that marijuana plant has provided human cultures many great products that have helped advance mankind towards the future. In today's day and age marijuana take on several other roles in addition to the ancient or historical uses. If you asked a random person on the street what they know about marijuana the response would most likely include that it is an illicit drug, it make you high, it is illegal, it is unhealthy, long term use will give you cancer and make you stupid etc. a few people may mention that it is or can be used for medicinal purposes. Some of these responses are true, some more than others. It is true that marijuana is considered an illicit drug and it can alter ones mental state. It is also true that it is and can be used for medicinal purposes.

The role of marijuana as a medicine is one of the most important roles it will play in our generation and generations to come. It can be used to help alleviate many illnesses and diseases. Unfortunately because marijuana is considered to be an illicit drug by the federal government it is illegal to use marijuana for medicinal purposes. This is where the problem lies. Many people recognize the fact that marijuana can be beneficial to field of medicine but even more people are influenced by the negative stigma that has been created about marijuana over the past century. This stigma creates a barrier to the legalization of medical marijuana.

The illegalization of marijuana is a long twisted trail of lies and deceit for personal and financial gains. It is a story filled with racism, propaganda, misinformation, and little to no supporting research. It all starts in California shortly after the turn of the century. Shortly before the passage of the Harrison Narcotics Tax Act narcotics authorities turned their sights towards marijuana or "marihuana" as it was referred to then. One of the leading reasons marijuana was being targeted was the association of the drug with Asian immigrants. Many people in California at this time were opposed to the Asian immigrants and associated the immigrants and drug negatively together. To further the negative associations with marijuana it was frequently brought over and used by Mexican immigrants and soldiers. Its use in Mexico was associated with criminals, and soldiers "lending it a discreditable reputation for madness and violence." These negative racial

associations with the drug help push it into the 1913 Poison Act Amendments (Gieringer, 2006).

It is written in *The Forbidden Fruit and the Tree of knowledge*

“Geometric increases in Mexican immigration after the turn of the century naturally resulted in the formation of sizeable Mexican-American minorities in each western state. It was thought then and is generally assumed now that use of marijuana west of the Mississippi was limited primarily to the Mexican segment of the population. We do not find it surprising, therefore, that sixteen of these states prohibited sale or possession of marijuana before 1930. Whether motivated by outright prejudice or simple discriminatory disinterest, the result was the same in each legislature—little if any public attention, no debate, pointed references to the drug's Mexican origins, and sometimes vociferous allusion to the criminal conduct inevitably generated when Mexicans ate ‘the killer weed’ (Bonnie & Whitebread, 1970).

This legislation in 1913 put marijuana on the map as an illicit drug. From that point on Marijuana as a drug became more popular. The saga continues with more legislation and targeting in 1930's with the introduction of Harry Anslinger and the creation of the Federal Bureau of Narcotics. “In 1930, Treasury Secretary Andrew W. Mellon appointed Harry J. Anslinger, his niece's husband, to the fledgling Federal Bureau of Narcotics” (Turner, 1998). This small fact would lead into the creation of the 1937 Marihuana Tax Act. The act was one pushed forth by Anslinger in an attempt to completely legalize marijuana and all the associated products derived from its plant, including hemp, hemp seed oil, and medical products. There are many notions behind why Anslinger was so motivated to pass this act. Some say it was an attempt to define his career with greatness and bring more success to the FBN. Others say it was a political/business interest that was beneficial to many of Anslinger's associates.

Anslinger got his job from Andrew Mellon who had ties to the DuPont company through his bank Mellon Bank. DuPont was getting into the business of synthetic fibers and would be in competition to hemp.

“At this time, hemp was an enormous industry in the States, where new extraction technology was being developed that made hemp products, such as paper and fabric, cheaper than ever before. Hemp seed oil was being used to manufacture paints and varnishes. The first plastics had been manufactured from cellulose, and hemp, with its huge cellulose content, was at the forefront of the nascent plastics industry” (Turner, 1998).

Furthermore, Anslinger worked with William Randolph Hearst who was a well know News Paper owner and writer. Hearst would publish horror stories about marijuana and its users in his newspapers and magazines. It was written that,

“Anslinger set about whipping up a frenzy of popular opinion against ‘the Killer Drug,’ which was mostly used by Blacks and Mexicans. By playing on people's racism, he was able to justify the blanket ban on all forms of hemp, in spite of the fact that most industrial hemp produces very little psychoactive resin. He found vocal support from the media magnate William Randolph Hearst, a.k.a. Citizen Kane” (Turner, 1998).

To add to the exploitation of the situation it was said that Hearst was racist against Mexicans and he also had interest in putting hemp out of the market because he too owned forest that he used for paper production that were in competition with hemp paper.

“Not only did Hearst own the newspapers, he owned the papermills and the forests as well. The elimination of hemp from the market would do him no harm at all. He was also a virulent racist with a particular dislike for Mexicans - in 1898 he had had 800,000 acres of prime Mexican timber land seized from him by Pancho Villa. Since 1916, he had been orchestrating a campaign against "marihuana" in his newspapers, pedaling disinformation about its deleterious effects. Reporting concealed the medicinal and practical applications of the plant, which were then well known to the American public, by simply not telling people that marijuana was exactly the same as stuff as hemp” (Turner, 1998).

All of the propaganda and misinformation of this era was the foundation that built the negative stigmas and barriers for marijuana. The common term to describe this was “Reefer Madness.” The term references the propaganda film named “Reefer Madness.” In today’s culture it is clear to most how ridiculous the movie and propaganda and ideas about marijuana were back then. Even so this is the origin of the negative shadow that has followed marijuana through out the past decades.

Marijuana has made some evolutions since the days of the 1937 Marihuana Tax Act in many different ways including legally, culturally, and in terms of usage. There have been many changes in the laws with the coming and going of state and federal agencies. Also there have been changes in the ways the drug is viewed. It is no longer thought of as a homicide inducing narcotic but now it is termed a “gate way drug” that leads new users onto more serious drugs. This is a debatable term that some say is unfounded. In contrast some view this substance as a miracle medicine that can relive a number of symptoms for several diseases with limited side affects, in most cases much less sever side affects then FDA approved medicines.

There is no question that this topic will be debated for some time. It has a long history of illegalization and usage. It also takes time for the stigmas and barriers to break down. Sometimes this takes generations. With continued research and awareness eventually these things can be overcome and marijuana will be once again acceptable to society as a beneficial producer whether it be for fiber or medicine.

(KR)

For my part of the project I focused primarily on the social/cultural aspects that may contribute to the negative stigma associated with marijuana use. I read papers about the cultural differences of people’s lifestyles even in just the United States. I also looked at the differences in views of marijuana use having to do with generational differences in Americans. I went to a UMDNJ clinic for senior dental students treating both healthy patients and patients suffering from HIV/AIDS. Speaking to a few of the older doctors and professors there, I was quite pleasantly surprised to find out they adamantly support the legalization of marijuana use as a prescription drug. Hearing from medical professionals and medical educators that they also believed the negative stigma given to marijuana is unsubstantiated and narrow-minded made me feel very hopeful for the future.

One of these medical professionals in particular, Dr. David Bolger, made it a clear point to me that he felt the politician's regulation of what doctors can and cannot prescribe seems to not make sense, since they are not the ones who attend professional school and have the educational backgrounds to thoroughly understand scientific data and its significance. He also added that this issue is especially pressing because while marijuana cannot be prescribed as a treatment option, patients are instead getting prescribed far more dangerous and addictive narcotic drugs. Had any other plant been discovered that had the same therapeutic effects that marijuana provides, it would be hailed as a sort of wonder drug, but because it is marijuana, people do not even want to consider its beneficial qualities.

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The Service Project: Survey

For our service project, we really wanted to see what treatment option a person would choose, if they were in a blind study and only knew what the medications did and not necessarily which was which. Essentially, we created our own little scientific study but rather than administering drugs we had volunteers fill out an unbiased survey with qualitative data and descriptions of each treatment. However, one of them is actually marijuana. We were interested to see if people might actually choose marijuana if they knew only what it did as a medication and not its use in a cultural context.

The survey will grant an idea of what the general population would choose as far as treatments when it comes to certain diseases. The goal is not to trick people into choosing medical marijuana by removing the label, but rather to allow anyone to choose for themselves what they would believe to be most beneficial. The scientific data and analysis for the benefits and possibilities for medical marijuana is out there, but most people fall victim to the negative stigma associated with the recreational use and "pot culture" that is portrayed by the media and government. With the proper knowledge and usage of medical marijuana, the negative stigma associated can be overlooked and allowed for the proper application of medical marijuana in the medical world.

One of the most important things we wanted to push for was education of marijuana to be taken seriously as a medication alternative. However, as soon as many people hear the words

“marijuana” or “smoke” or even, “THC” they already have their minds made up and do not want to listen. The survey is a wonderful educational tool because each survey taker must read and pay full-detailed attention to each choice, since as far as they can see; they have no prior knowledge or bias towards or against each of these unnamed treatment plans. By having people take the survey and even surprise themselves by choosing marijuana (something they may have initially been against if they knew what treatment it was) we are educating without preaching.

Author: Dan Gil

Survey Analysis

Total Number of Respondents: 121

A sample of 121 unbiased survey responses was collected regarding treatment choice for 3 different conditions: Rheumatoid Arthritis, Glaucoma, and Alzheimer’s Disease. Out of the 121 responses, 67 people all chose the same unlabeled treatment option which seemed most beneficial to them. The treatment they chose was Medical Marijuana. When the labels were removed, approximately 55% of people chose Medical Marijuana as their preferred option.

I interviewed the parents of a friend of mine after they took all 3 surveys. When I presented to them what they chose both were surprised and stated they would have never thought it was Medical Marijuana. For the Glaucoma survey they both chose the treatment with 1 drop/day. I asked them why they choose that option, they responded:

“The other treatment option only had to be taken 1 time a day. I did not like the fact I would have to remember taking my medicine 2-3 times a day. My husband has enough trouble remembering to take his other medications.” I then said this to her husband “If your medicine was in the form of say a brownie or cookie, would you have an issue taking your medicine then. His response “For once I’d be looking forward to taking my medicine, and would have no issue remembering when to take it. Who wouldn’t mind eating 3 cookies a day as their medication.”

Essentially the main reason people did not choose Medical Marijuana was because they did not want to have to deal with taking “medication” 2-3 times a day. When it was revealed that it was not taking a pill but instead eating some baked good, most responded by changing their answer to Medical Marijuana.

After analyzing the results from the surveys, it was evident that by removing the labels of treatment options, people became more open to the idea of medical marijuana as a treatment option. So much to the point that when the facts were presented in front of them, the idea that the treatment was medical marijuana did not even cross most their minds. People who took the surveys ranged from 20-60yrs old and their occupations ranged from students to engineers, designers, managers, architects, and even pharmaceutical reps. Below is a breakdown of the responses of all 121.

Unbiased Alzheimer’s Disease Survey Statistics

Total responses: 37

Number of responses per treatment:

Treatment 1- 6

Treatment 2- 5

Treatment 3-3

Treatment 4- 2

Treatment 5- 21

Ages of respondents:

20-29: 16
30-39: 7
40-49: 5
50- Up: 9

Unbiased Rheumatoid Arthritis Survey Statistics

Total responses: 44

Number of responses per treatment:

Treatment 1- 27
Treatment2- 7
Treatment 3-4
Treatment 4- 4
Treatment 5- 4

Ages of respondents:

20-29: 22
30-39: 6
40-49: 7
50- Up: 7

Unbiased Glaucoma Survey Statistics

Total responses: 40

Number of responses per treatment:

Treatment 1- 2
Treatment2- 2
Treatment 3-3
Treatment 4- 19
Treatment 5- 0
Treatment 6- 14

Ages of respondents:

20-29: 18
30-39: 2
40-49: 3
50- Up: 4

Editorials

Support medical marijuana

<http://www.dailytargum.com/opinions/support-medical-marijuana-1.2402742>

By Kayla Raden

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I have firsthand knowledge of someone who routinely provides people with highly addictive, potentially lethal drugs on a daily basis. He does this openly and seems to have little fear of being caught. In addition, he makes a substantial amount of money doing this. OK, now I am ready to identify him: He is my physician.

The first thing any health care provider wants is to "do no harm," as stated in the original Hippocratic oath. How can this said health care provider first "do no harm" if the legal drugs he or she is prescribing to a patient have undesirable side effects or can potentially become addictive to the patient? There is one drug with well-documented benefits — particularly for terminal cancer patients and people suffering from AIDS — a drug used by at least three U.S. presidents, a drug with virtually no potential for addiction and no major side effects other than perhaps the "munchies" and a newfound appreciation for Phish. This drug is tetrahydrocannabinol, otherwise known as marijuana.

I ask: Is it fair for patients suffering insurmountable amounts of pain to be denied access to a treatment that can offer them some amount of relief just because of politics? Political opinions opposing the availability of medical marijuana to those who need it are dictated by old fashioned and negative stereotypes of marijuana users. Equating an individual who is so sick from chemotherapy that she can barely eat with a college student who smokes recreationally is an incredibly insensitive and narrow viewpoint.

If scientific research and data have shown marijuana to be an effective method of treatment for certain symptoms of often very painful illnesses, then our government really should mind its own business. The politicians are not the ones who attend medical school, complete fellowships or see the pain that terminally ill patients endure on a daily basis. Health care providers are the experts of their field and the government needs to stop trying to make marijuana into a political football to be played in a selfish arena to further their own personal agendas.

The bottom line is that, had any other plant been discovered with the same therapeutic effects that marijuana provides, it would be hailed as a sort of "miracle drug." Instead, because marijuana has such a vivid history in the United States, personal and political opinions are taking precedent over the opinions of those who really know what they are talking about. My question to those opposed to medical marijuana is this: What are you smoking?

Kayla Raden is a School of Environmental and Biological Sciences senior majoring in agricultural science.

The Unbiased opinion will overcome the Negative Stigma

By Dan Gil

The title says it all. Negative stigmas have a very powerful effect when it comes to influencing the decision of people. "Word of mouth" can influence the opinion on a matter known nothing about simply because it is believed to be true, even if the topic at hand has untapped benefits.

What I am speaking of is the negative stigma associated with medical marijuana. The feeling some would agree upon is that the “pot culture” is that of teenagers, college students, and “hippies” who are using it for recreational purposes, that the only use for it is that of having no use because it is labeled a narcotic and “gate way drug”.

This negative stigma associated with medical marijuana shrouds the actual applications of it in the medical and scientific field, cutting it short for what it can actually achieve. Many people have automatically looked upon medical marijuana as useless even though it can alleviate the symptoms of arthritis, glaucoma, and Alzheimer’s disease similar to as the drugs commonly prescribed to date without all of the harsh and long lasting side effects. Many every day substances in fact have harsher and longer lasting effects in comparison to medical marijuana. Tylenol, Alcohol, caffeine, eating trans fat have harsher side effects in the long run, even more so because people use these every day and do not think anything of it. If a negative stigma was associated with trans-fat (to the degree that it is with medical marijuana), very few would eat trans-fat simply because of the stigma in place.

In order to overcome the negative stigma associated with medical marijuana, the facts, the benefits and applications regarding it must be presented in a manner that allows for people to make a decision without having a preordained opinion. Not only does the negative stigma have to be removed but they have to be educated about the topic at hand. Some people believe that medical marijuana cannot be controlled in a sense that it can be taken as a prescription, that it would be abused and the purpose would become lost. This “idea” is only due to the negative stigma.

The potential of medical marijuana is only bound by the fact it is herald as a lost cause and has no potential benefits. The sheer fact that it has a potential multifaceted therapeutic effect on Alzheimer’s disease is one of the few facts known by few, and accepted by even fewer. The other commonly used drugs for treating Alzheimer’s disease only work in one dimension and have harsh biological effects that with prolonged exposure might do more harm than good.

One approach to removing the negative stigma, allowing for an unbiased opinion is to present the information in a manner without labels. If the facts are presented in a way that the benefits and side effects of medical marijuana are compared to that of commonly used treatments without labels, the true nature and applications for medical marijuana can be achieved and acknowledge. Hopefully, by allowing for the people to see the use and benefits to medical marijuana in the medical and scientific field, the unbiased opinion can overcome the negative stigma.

By Phillip Detwiler

November 2, 2010

Arthritis Today

1330 West Peachtree Street,

Suite 100

Atlanta, GA 30309

To the editors of Arthritis Today,

I am writing this letter in regard to the current news on medical marijuana. As I am sure you and many of your readers have noticed in the past few years there has been a lot of discussion and debate about legalizing medical marijuana in the news. It is fair to say that this issue is one of the larger and most popular ones of our time. It conflicts state governments with the federal

government and affects millions of people around the country who are suffering from a variety of illness that could benefit from using medical marijuana.

The reason I am bringing this to your attention is because arthritis is one disease that medical marijuana can benefit. As a magazine of such integrity as yourselves I feel that you can help fight the battle to legalize medical marijuana. Your reader base is full of the people we need to help and people who can help accomplish that goal including patients, family members, caregivers, doctors, and researchers.

The main problem behind legalizing MM is breaking through the social barriers that have walled marijuana off from medical use. The past history of marijuana and its uses have created negative stigmas towards it. It scares people to think that an illicit drug could possibly be used to make people healthier, happier, and more comfortable.

By openly supporting MM your magazine could create positive awareness towards accomplishing the goal of legalization. Articles with supporting data and interviews with professionals in the fields of arthritis would help to break the barriers and to calm the publics and governments nerves on MM. It would also show people who suffer from the disease that there is another alternative that is as natural as any other herb or homeopathic remedy.

With the help of your magazine and its readers we could turn over the social stigmas and create an awakening to MM. In the end it would benefit those who need it most. We can help put an end to a foolish prohibition against medical marijuana. Thank you for your attention to this matter and please continue to provide your readers with the information they need to fight their own battles against arthritis.

Sincerely,

Phillip Detwiler

Student, Rutgers University