The Morality of Marijuana—2 Views

Marijuana Use Is Medical & Moral

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A MEDICAL MARIJUANA PATIENT USING A VAPORIZER.

***RJ:* What is the history of marijuana use?**

Dr. Donald Abrams: *Cannabis sativa* has been a medicine for thousands of years. In northern China, archaeologists recently discovered the 2,700-year-old grave of a Caucasian—probably a shaman or person involved in medicine and divination—buried with two receptacles containing the flowers of the female cannabis plant. This is the earliest evidence demonstrating that cannabis was known to be a pharmacologically active plant.

Use of cannabis likely traveled the Silk Road from China to the Indian subcontinent. From there it was brought to Great Britain by W. B. O'Shaugnessy, a surgeon who worked in the British East Indies Company, and cannabis later purportedly became Queen Victoria's favorite treatment for relief of menstrual cramps. At the beginning of the 20th century cannabis entered the U.S., with many pharmaceutical companies producing cannabis-based medicines to treat a wide variety of ailments, including pain, spasms, seizures, and insomnia. American physicians were able to prescribe cannabis medicines up until 1942, when it was removed from the U.S. pharmacopeia, the formulary of all drugs that physicians can prescribe.

What brought about this change?

It was largely the work of Harry Anslinger, the former assistant commissioner of the Bureau of Prohibition. When prohibition ended, he was appointed the first commissioner of the Federal Bureau of Narcotics. Claiming that cannabis was being widely used by African American jazz musicians and Mexican migrant laborers and that this would likely result in increased crime and mental illness in the U.S., he proposed that Congress pass the Marihuana Tax Act (using the Mexican name to associate the substance more with nefarious south of the border activities than the widely available medicine). The American Medical Association stood alone in opposing the act for two reasons: no evidence existed that cannabis was harmful; and this law, which would impose a dollar an ounce levy for medicinal use and 100 dollars an ounce for recreational use, would prohibit future research into cannabis' medicinal properties. Nonetheless, Congress passed the act, and five years later cannabis was removed from the U.S. pharmacopeia.

And that is how a medicine which had been used for thousands of years fell into disrepute 69 years ago.

Why is the illegalization of marijuana so significant from a medical point of view?

Cannabis has remarkable medicinal properties that have not been found in other medicines. Every day I see cancer patients who are suffering from nausea, loss of appetite, pain, depression, and insomnia. Some of them cannot tolerate the nausea that is a side effect of chemotherapy treatment, even when they're taking today's advanced anti-nausea medicines. If you ask them to try cannabis, it sometimes miraculously works for them when nothing else has. And if cannabis is the difference that enables a patient to tolerate chemotherapy, which in some instances is lifesaving, then, as Judaism teaches us, we should "Therefore choose life."

The alternative to ameliorating the five symptoms above is to prescribe five separate medications, which may interact negatively with each other and/or with the cancer treatment the patient is receiving. Thus cannabis can help to decrease the modern problem of "polypharmacy" that so many patients experience.

Marijuana is known to accentuate sensation. How is it, then, that it can help with pain?

The human body makes its own chemicals called endocannabinoids that resemble the active ingredients in marijuana (cannabinoids). These chemicals interact with the body's two identified cannabinoid receptors—CB1 and CB2. Scientists believe that one of the functions of endocannabinoids is to help us to forget. Odd as that seems, helping us to forget pain, for example, may be a good thing. Similarly, the plant cannabinoids are also believed to be active in pain relief—both centrally in the brain and peripherally

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AP Photo / Kitsap Sun, Larry Steagall

Only Medical Marijuana Use Is Moral

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A MAN SMOKING MARIJUANA BY THE SEASHORE.

Photo by Angelica Rodrigues

A few months ago, two patients, both of whom I've known for a long time, asked me to prescribe marijuana for them.

The first, let's call him Jonathan, a Jewish sophomore at UCLA, complained of headaches, stomach pains, insomnia, and a recent drop-off in his grade-point average. For the past year he had been smoking marijuana almost daily. Although federal law prohibits the use of marijuana in all 50 states, "medical marijuana" has been legal in California since 1996. He wanted a physician to sanction his use in case he got caught.

The second patient, let's call her Esther, a 68-year-old Jewish grandmother with advanced breast cancer, told me that smoking marijuana relieves her nausea from chemotherapy and restores her appetite better than any other medications. Asking for my counsel on this matter, she, too, requested a prescription.

To determine whether or not to approve Jonathan's and Esther's requests, I decided to examine both the medical and Jewish literature on marijuana use.

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In general, Jewish law opposes the use of any substance which could be harmful to one's health—a position based on the ethical principle of *pikuah nefesh*, the obligation to protect a life.

Rabbi Alfred Cohen, an Orthodox *halachist,* argues in *Drugs, A Jewish Perspective* that Judaism opposes recreational drug use for three reasons:

1. Judaism condemns the desire to lose oneself through drug use and suggests that true growth and wisdom is achieved through a lifetime of personal and moral choices;

2. When faced with personal challenges, Judaism encourages individuals to find the courage and resources to face life's problems themselves;

3. Judaism emphasizes free will, which can lead to rational decision-making. Drug use, in contrast, can lead to distortions of reality, which makes the duty of *pikuah nefesh* impossible to fulfill.

Rabbi Mark Washofsky, chair of the CCAR Responsa Committee, explains in his book, *Jewish Living: A Guide to Contemporary Reform Practice* (URJ Books & Music), that using drugs for recreation should be avoided "because they are injurious to physical and mental health. Judaism does not countenance the use of drugs for recreation; nor does it recognize any religious value gained from the 'expansion of consciousness.'"

Echoing this sentiment, Rabbi Elliott Dorff, a leading bioethicist in the Conservative Movement, writes in *Matters of Life and Death* that "Jewish law prohibits us from endangering our health unnecessarily and views such an act as worse than violating a ritual prohibition." He asserts that Jews may not use drugs recreationally, because people under the influence cannot act responsibly and are therefore a danger to themselves or others.

Writing for young adults in *Jewish Dimensions of Social Justice*, Rabbi David Saperstein, director of the Religious Action Center of Reform Judaism, advises that "in a culture permeated with reliance on drugs from Valium to aspirin and that suggests in its advertising that whatever feels good must be morally OK, it is necessary to take charge of one's life at an early age. That applies to the choices we make about our bodies, including those concerning drugs, alcohol, sex, and tobacco."

Should I then conclude, for all these reasons, that Judaism opposes the use of marijuana? Not necessarily.

Rabbis have cited the Jewish emphasis on *pikuah nefesh* to support the use of marijuana when used to treat people with serious medical illnesses. Rabbi Washofsky writes that "the tradition permits the use of drugs, as long as we do so for a legitimate medical purpose" (*Jewish Living*). Along these lines, Reform delegates at the Union for Reform Judaism's 67th General Assembly in 2004 passed a resolution that stated in part: "Licensed medical doctors should not be punished for recommending the medical use of marijuana to seriously ill persons." In this sense, Judaism views marijuana like other potent medicines: Its use is guided by weighing its benefits and

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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 syngergistic 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 Permanante 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 muddied, 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

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side effects in the treatment of serious medical conditions.

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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.

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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-tetrahydrocannibinal 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.

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.

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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 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.

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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. □

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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 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, 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. □