

# MARAJUNIA Anti-Prohibition Project

An Inland Empire Medical Patient Support Group  
& Law Reform Organization

COMPASSION & COMMON SENSE



Articles by  
Lanny Swerdlow, RN

June 2010

# Using Alcohol to Demonize Marijuana Newest Cop Gambit



## Healthy Living

In the upcoming initiative campaign to tax and regulate cannabis, you will be inundated by false, misleading and self-serving statements from opponents. One of the most egregious you will hear *ad nauseam* is that marijuana use causes significant health and social problems.

In a recent speech to the California Police Chiefs Assn., U.S. drug czar Gil Kerlikowske stated “. the social costs of legalizing marijuana would outweigh any possible tax that could be levied.” When state Assemblyman Tom Ammiano’s bill to tax and regulate cannabis like alcohol was heard before the Public Safety Committee of the California Assembly, the sea-of-blue opposition present at the hearing intoned the same mantra. In both cases, they justified their statements by pointing to the social and health costs of alcohol, which is like comparing apples to oranges—although a more apt comparison would be a Big Mac to a fruit salad.

At least they acknowledged that the taxes raised from the legal sale of cannabis would be significant and would put a major dent in California’s staggering budget deficit. But their claims, made with totally straight and stern faces, that the health and social costs of allowing the recreational use of marijuana would dwarf the amount of taxes raised are bogus. A study conducted by researchers from the Centre for Addictions Research of British Columbia at the University of Victoria and the Canadian Centre on Substance Abuse at the University of Ottawa found that health-related costs per user are eight times higher for consumers of alcohol than they are for those who use cannabis. Tobacco is even worse, with a cost factor 40 times higher.

Looking at the use of these substances in relation to healthcare costs, the report stated that “In terms of costs per user: tobacco-related health costs are over \$800 per user, alcohol-related health costs are much lower at \$165 per user and cannabis-related health costs are the lowest at \$20 per user.”

The report noted that the \$20 cost for cannabis use was primarily “enforcement-related.” Law enforcement is determined to drive those costs even higher. Even though police claim that they have no choice but to enforce marijuana prohibition laws, they are always up in Sacramento and other state legislatures pressuring for more and more draconian anti-marijuana laws. Of course, they also push for more money to fight this scourge that they claim so drastically affects the physical and mental health of the community that “the social costs of legalizing marijuana would outweigh any possible tax that could be levied.”

Unlike cannabis, the social and health costs of alcohol consumption are enormous. The National Institute on Alcohol Abuse and Alcoholism pegs the annual social and health costs of alcohol use at \$185 billion. Taxes raised from alcohol sales do not even come close to that amount, but there is no push by law enforcement to return to alcohol prohibition.

Far from increasing healthcare costs, the use of cannabis can significantly reduce these costs. One of the major reasons is because people who consume cannabis significantly reduce their consumption of alcohol—many refraining from drinking at all. Although this would result in a significant reduction in taxes raised from alcohol, taxes on cannabis would make up for most it.

The proven ability of cannabis to reduce stress would lead to enormous reductions in healthcare costs associated with ailments such as cardiovascular disease, autoimmune diseases, digestive problems and mental impairments. In addition, the legendary uses of cannabis to relieve pain, anxiety, depression and insomnia would significantly reduce the need for prescription pharmaceuticals. This would result in staggering healthcare cost savings, not to mention the savings in the health of the patient by significantly reducing the number of prescription pharmaceuticals they take—with many patients not even having to take them in the first place.

The losses to the giant pharmaceutical corporations will be equally staggering—so staggering that you might want to consider selling your shares of Pfizer and Merck when the Cannabis Tax and Regulate Initiative passes. The drug czar is wrong. Legalizing cannabis will reduce harmful social problems, not exacerbate them, and it will yield enormous tax revenues to provide essential government services. Although the amount of money raised by taxing the licensed and regulated use of cannabis will amount to billions of dollars, the amount of savings in reduced healthcare costs will dwarf the amount of taxes raised. Combining the savings with the additional tax revenue and the savings in not having any marijuana prohibition laws to enforce will easily surpass \$100 billion.

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September 2010

## Affordable Access



As a nurse working at the THCF Medical Clinic, I conduct physical exams on patients coming to see the doctor to obtain a medical marijuana recommendation. When they come in for their annual renewal, I always ask them how cannabis helped. I get all kinds of responses from “it relieves my pain” to “I don’t take as many anti-depressants” to “I can finally get a good night’s sleep.”

Recently a 75-year-old lady who has degenerative disc disease and advanced arthritis—that little old-lady pain that never goes away—came for her renewal. When I asked her how cannabis had helped her last year, she responded by telling me “Before I started using marijuana, I was taking 6 to 8 Vicodin every day. Now I take only one or two and sometimes I don’t have to take any. It has changed my life.” As usual I was very moved by what she said, but the amazing thing about cannabis is that I hear similar stories all the time.

It was what she said next that was so disheartening. “But you know,” she said very quietly, almost like she was embarrassed to admit “sometimes I have to take the Vicodin because I can’t afford the marijuana.”

I am well aware that most patients cannot afford to obtain all the marijuana they need for therapeutic relief, but hearing it from her hit me a like a ton of bricks. I never ever want to hear again a 75-year-old lady in chronic little old-lady pain tell me that she has to take “Vicodin because I can’t afford the marijuana.”

The exorbitant cost of marijuana is beyond belief. You can go to any grocery store and for \$10 purchase a pound of good quality coffee. Coffee, however, can only be grown in certain regions of the world, is very labor intensive, has to be shipped to this country, processed and then delivered to stores. In contrast, cannabis sells for half the price of gold, even though cannabis can be grown more like alfalfa, which currently sells for 10 cents a pound.

If we grew corn like we grow marijuana, you would be paying \$25 an ear. Everyone should be able to afford marijuana, but because of the byzantine laws that govern how most medical marijuana patients can get their medicine, little old ladies in pain will never be able to afford all the marijuana they need and neither will the vast majority of medical marijuana patients.

There is absolutely nothing on the horizon that will lower the price—nothing, that is, except for Proposition 19. The think-tank known as the Rand Corporation, no friend of marijuana—medical or otherwise—released a report stating that if Prop. 19 passes, marijuana prices will drop to \$40 an ounce as Prop. 19 will make large-scale outdoor commercial cannabis cultivation legal.

Prop. 19 allows municipalities to enact an excise tax on marijuana, but at \$40 an ounce, marijuana will be far cheaper even with an excise tax of \$100 an ounce. Through their collectives, medical marijuana patients are exempt from the requirements of Prop. 19, so our 75-year-old lady will be able to get her medicine excise tax-free at a regulated and licensed collective. She will be able to get an ounce for \$40 which even little old ladies on Social Security could afford.

One common thread found amongst almost all medical marijuana patients who oppose Prop. 19 is that they have access to all the marijuana they want—usually because they are in a position to grow it themselves. Since they get all they need then to hell with everyone else—after all, it’s all about their needs.

Very few of those opposing Prop. 19 have done anything that will realistically lower the price to the point where most people can afford to purchase sufficient quantities. Collectives masquerading as not-for-profit entities especially do not want to see the price substantially reduced. If Prop. 19 fails, I challenge all these patients and collective operators opposed to Prop. 19 to roll up their sleeves and actually do something to get the price down—if not to \$40 an ounce—at least to \$100 an ounce.

Don’t hold your breath waiting for that to happen though. Lowering the price is not about them—it’s about you. On Election Day, get yourself to the polls and vote Yes on 19.

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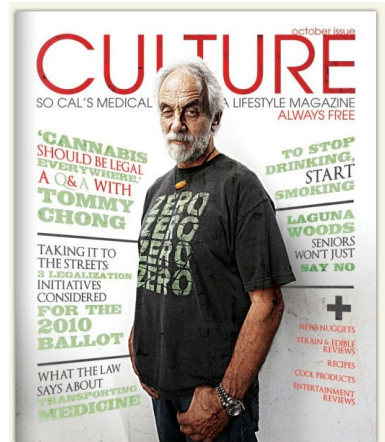
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October 2010

## AIDS and Access



Although I never believed the use of cannabis was detrimental to health, the idea that its use was beneficial for health did not enter my consciousness until 1995 when I became a caregiver for a close friend who had contracted AIDS.

A roly-poly guy, my friend had wasted away to next to nothing due to ravages of this disease. Helping to provide him with the necessities of life, I discovered that his use of cannabis restored his appetite so he would eat, keep his weight on and stay alive. Many of the medications he took had severe, debilitating side effects and the cannabis would mitigate the side effects so he would stay compliant with his medications. And in 1995, AIDS was considered a terminal disease—you got AIDS, you died—so it was very depressing as well. Cannabis helped lift his spirits so he wasn't so damned depressed about everything.

To obtain this medicine that made him feel life was worth living, helped him stay compliant with his medications and restored his appetite so he would eat and stay alive, we had to deal with criminals to get it.

Although in countries with functioning health care systems, AIDS is no longer considered a terminal disease, it is still very debilitating with many patients experiencing nausea, peripheral neuropathy, depression and a host of other debilitating symptoms. It is not surprising then to find that almost one out of three AIDS patients utilize marijuana to help them lead a normal life.

Due to the vociferous opposition of federal law enforcement agencies, almost all AIDS organizations steer clear of marijuana fearing the loss of their federal funding. Even with the more enlightened Obama administration, which has allowed funding for needle exchange programs to reduce the spread of AIDS amongst injection drug users, most AIDS organizations do not feel safe in even discussing marijuana with their clients, let alone helping them obtain it.

I helped staff the exhibit booth sponsored by Americans for Safe Access at the 2007 United States Conference on AIDS held in Palm Springs. Patient after patient after patient thanked ASA for all the work they were doing and told us on how critical marijuana was for their health and without it, they would be “zombies”—the most common phrase used to describe their life without marijuana. Yet, due to the fear of losing funding, AIDS organizations turn their backs on the very people they are supposed to help.

This is most unfortunate as many AIDS patients find the high price of this life-affirming medication makes it impossible to obtain sufficient quantities to provide all the therapeutic relief they need. Even worse, many patients cannot afford any when the choice is between obtaining medicinal marijuana and food and housing. Every Monday in Riverside, the Inland Empire AIDS Medical Marijuana Patient Group meets seeking to solve this vexing health problem. Sponsored by the THCF Medical Clinic, the group provides AIDS patients with information on the health benefits, methods of ingestion and means to obtain cannabis along with the knowledge needed to navigate the tortuous briar patch of laws, regulations and licensing requirements.

The major thrust of the group will be helping patients obtain medicinal marijuana. To accomplish this feat, they are turning to the medical marijuana community and the collectives that provide them with their medicine. The group is asking collectives to commit to providing regular donations of free and low-cost marijuana to be distributed to qualified AIDS patients.

All collectives that provide regular donations are awarded a Certificate of Appreciation to be proudly displayed on their premises for their members to see. If your collective is not displaying this certificate, give them a copy of this article and tell them to get with the program.

One of the first collectives to join in the effort is Riverside's Inland Empire Patients Health and Wellness Center. They provide cannabis for a tincture specifically developed for AIDS patients by group leader Tom Place. As more collectives join the program, the group expects to be able to supply more AIDS patients with either free or low-cost medicinal marijuana.

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November 2010

# What is the Appropriate use of Medical Marijuana?



You haven't used cannabis since you were in your 20s and you want to start again. With all the nonsense that has been put into your head ever since you were just a kid, you are to be congratulated for overcoming decades of lies. Congratulations—you are now on a road to increased health and decreased stress.

After decades of unfounded abstinence, you probably have some questions about its use. Those questions usually center on what is the appropriate use of cannabis and what is the appropriate amount to use? To get a better understanding, an explanation of how doctors prescribe medications would be helpful. When a doctor prescribes medicine for what ails you, he will provide it either as “take as directed” or “take as needed.” Antibiotics are an example of “take as directed” medicine. The doctor gives you 24 pills and directs you to “take one pill every six hours until all the pills are gone.” It doesn't matter if the infection no longer appears present, you take one pill every six hours until all the pills are gone—you take it exactly “as directed.”

“Take as needed” or PRN is the other dose regimen. Vicodin is an example of a PRN medication. The doctor instructs you to “take one pill every four hours as needed for pain.” If after four hours you don't have any pain, you don't take the medication unlike the antibiotic which you take every six hours even if the infection appears to be gone. Cannabis most definitely falls into the PRN category as the appropriate use is determined by the user. For people who find that cannabis has little if any effect, makes them dizzy or other negative side effect, the appropriate use will be no use.

For most people, use will be occasional. A person comes home all stressed out from a difficult day's work or they have been working in the garden all afternoon and their back is aching—they will use it occasionally as needed. A person suffering from insomnia will use it every night before going to bed. A person with chronic pain, morbid depression or recovering from alcohol and drug abuse will use it morning, noon and night and for them that is the appropriate use.

The question then becomes how much to use. In the case of cannabis, and only cannabis, you use as much as needed to obtain a therapeutic dose which is the dose at which you achieve the therapeutic relief you are seeking. This is very individualistic with some finding just a puff or two to be all they need and others “bogarting” that joint. The same is true for edibles, tinctures and balms.

The amount you consume will usually be directly proportional to the quality of the cannabis you are consuming. Those varieties high in THC and other cannabinoids will provide therapeutic relief at a lower dose than poorer quality cannabis. Rather than freaking out about today's marijuana with higher concentrations of THC and other cannabinoids, our government's health officials should be lauding the horticulturists who have created these concentrated varieties as they significantly reduce the amount of smoking necessary to obtain therapeutic relief.

Whether you can afford primo marijuana or must consume more mundane varieties, you cannot overdose no matter how much you smoke. There is not a single study showing any correlation between how much cannabis a person consumes and their likelihood of developing cancer, emphysema or any other disease. In fact there are a growing number of studies in peer-reviewed, evidentiary based medical journals showing users of cannabis have a lower rate of developing many cancers than people who do not consume any cannabis.

The appropriate amount of cannabis for an individual to use is whatever it takes to get the therapeutic re-

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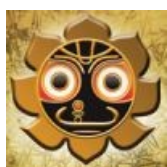
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December 2010

## She enjoyed smoking Ganja for 125 years!



A little-noticed story carried on *allheadlines.com* on Dec. 4, 2006, reported that a 125-year old woman, Fulla Nayak, a resident of a small village near the coast of India, “died of old age.” The story noted that, “*She said the reason of her living for so long is smoking Ganja and drinking wine made out of Palm Leaves.*”

Most remarkably, a story about her as being one of the oldest women alive in India had been published less than a month earlier on *newkeralia.com*, an Internet-based news service for the Indian state of Kerala. That story also noted that “*Fulla loves to smoke ganja and cigars and take palm juice.*”

The *newkeralia.com* article written on Nov. 14 reported that “*According to Narayan Nayak, his grandmother, Fulla Nayak of Kanarpur village in the coastal district of Kendrapada district, is definitely the oldest woman living in the world.*” Although her grandson, who is now 76, unequivocally states her age is 125, a voter photo identity card issued by the government in 1995 would put her age at 120 years. What is so fortunate is that this article was written by a reporter who actually interviewed Nayak. The following excerpt is quite illuminating. “*Fulla has never suffered any debilitating ailment in her long years. All these years, cold and cough have been my worst complaints,*” Fulla told *Indo-Asian News Service*. Except for her weak eyesight, Fulla maintains good health and walks without support. The grand old woman (two of her four daughters are still alive) lives along with more than two dozen relatives in a small mud-walled thatched house in Kanarpur, about 25 kilometers from the district headquarter. Her eldest daughter, Jamuna, 92, lives in the same village. Her husband died at the age of 50. She said she has hardly any unfulfilled wishes now. “*I want to give more love to my great-great grandson Rajiv if I remain alive for a few more years. Now her only desire is to go to the holy city of Puri to worship Lord Jagannath at the far end of her life.*” She must have known the end was near as she died about three weeks later on Dec. 4, 2006. Of course, at 125, the end is always very near.

The *allheadlines.com* article, the only media source that reported on her death, did not mention if she ever made it to Puri, but making it to 125 years is practically beyond our ability to comprehend. This story is four years old and I never heard or saw any mention of it in any media at the time of her not-so-untimely death. If she was a vegetarian or drank goat milk or especially if she went to church and prayed every day, it would have been reported *ad nauseam* in the mainstream media, but not apparently if she attributes her long life to smoking pot—that would be politically and socially incorrect not to mention that it might upset all the multi-billion dollar advertisers from the alcohol and pharmaceutical companies.

I am sure most of you who are reading this and regularly use cannabis know just how beneficial it is to your health. FULLA LIVED TO 125 AND IN GOOD HEALTH ALL 125 YEARS!!! I don't doubt that good genes played a major role in that extraordinarily long life, but cannabis could have played a role in it and certainly played a role in her extraordinarily good health for such a long time. Although this story is just anecdotal evidence of the life-affirming properties of cannabis, an avalanche of medical research in the last decade provides mountains of evidence for the ability of cannabinoids to slow the aging process and delay the onset of cancer as well as cardiovascular and Alzheimer's diseases.

Dr. Robert Melamede, in his ground-breaking scientific review *Cannabis As a Harm Reduction Agent* published in the Sept. 22, 2005 issue of the peer-reviewed, evidentiary based *Harm Reduction Journal*, postulated “that appropriate cannabis use reduces biological harm caused by biochemical imbalances, particularly those that increase in frequency with age.”

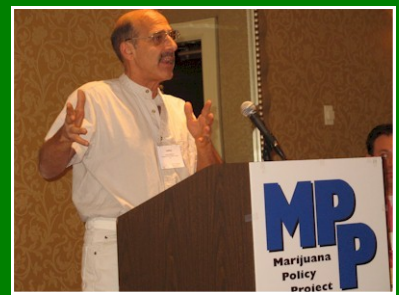
Any review of recent scientific publications will list a veritable cornucopia of ailments that cannabis safely and effectively treats. There are many others that conclude that the appropriate use of cannabis promotes and maintains good health. Although cannabis may very well extend one's life a bit, the importance of cannabis use is that it extends good health throughout your life. One-hundred-and-twenty-five years is certainly way out of the ordinary, but what was so extraordinary about Mrs. Nayak was not only living 125 years, but the fact that for her entire lifespan, right up to the very end, she “*maintains good health and walks without support.*” That's more than genes—that's cannabis.

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January 2011

# Exercise, Marijuana and Your New Years Resolution



The most venerable of New Year's traditions is the resolution. Unfortunately, not following through on New Year's resolutions is a venerable post-New Year's tradition.

Improving one's health is the most frequent resolution and the No. 1 route chosen to improve health in these New Year's resolutions is exercise. Any gym rat can tell you that the number of people going to a gym swells for the first couple weeks after the New Year and drops precipitously shortly thereafter. This is truly sad as exercise is the number one action most people can take to improve their health significantly.

How can people fulfill their resolutions and stay compliant with whatever exercise regimen they chose to follow? There is an answer and the poster child providing the answer is Arnold Schwarzenegger. Schwarzenegger wanted to develop the most flawless physique the world has ever seen. He found a novel way that successfully helped him follow what was no doubt a very rigorous and demanding workout schedule. In 1989, Schwarzenegger told the *Los Angeles Times*, "We smoked pot once or twice a week before we went to the gym." I think he was probably being modest in his "pot" use, but whatever it was, it is instructive to note that he used pot *before* he went to the gym. He didn't say he smoked pot after he went to the gym for relaxing after a strenuous workout or easing the soreness of his muscles, he said he smoked pot *before* he went to the gym. Schwarzenegger was determined to build and maintain the greatest physique known to humanity. His gym workouts were the key to making and keeping this a reality. He was not going to do anything that would negatively impact on his gym workout.

He wouldn't have a couple beers *before* he went to the gym. He wouldn't have a meal *before* he went to the gym. He probably wouldn't even have sex *before* he went to the gym. So, why would he smoke pot *before* he went to the gym? Think about it. Each time Schwarzenegger went to the gym, he would spend two, three, four hours or more pushing weights and pumping iron—squat, stand, lift, repeat and repeat and repeat. Essential to developing that body, but so boring and tedious. Schwarzenegger, however, had made a significant discovery—he found marijuana a performance motivating drug. Note the distinction. Cannabis is not a performance *enhancing* drug—it is not a steroid—marijuana is a performance *motivating* drug!

By smoking marijuana *before* going to the gym, Schwarzenegger made his workout pleasurable, sensual and fun. Marijuana helped him look forward to his workout and made the repetitive exercises that are the foundation of any exercise regimen enjoyable. Even if he didn't feel like going one day, smoking some pot would get him into the mood to get up and go. You too can benefit in the same way Schwarzenegger did. First off, choose some form of exercise that you enjoy doing. It only makes sense—if you don't enjoy doing it, you probably won't continue doing it. Then get some outfit specifically for your workout; a jogging outfit, a hot pair of gym shorts. Changing into your workout clothes tells your body it's time to start working out. Then just before you start your exercises do what Schwarzenegger did: smoke marijuana.

You will find your surroundings to be more colorful, the physical sensations more sensual and the entire exercise regimen fun and enjoyable. When it comes time to exercise again, you will look forward to it for all the above reasons and because you are going to smoke some marijuana, which can turn any form of exercise, no matter how tedious, into enjoyable recreation. Healthy, enjoyable, life-affirming recreation—that's one of the major uses of cannabis and there is no better example of that than in the ability of cannabis to help people begin and stay compliant with their exercise programs. It's a New Year—will there be a New You? Cannabis can make that happen. er will the vast majority of medical marijuana patients.

There is absolutely nothing on the horizon that will lower the price—nothing, that is, except for Proposition 19. The think-tank known as the Rand Corporation, no friend of marijuana—medical or otherwise—released a report stating that if Prop. 19 passes, marijuana prices will drop to \$40 an ounce as Prop. 19 will make large-scale outdoor commercial cannabis cultivation legal.

Prop. 19 allows municipalities to enact an excise tax on marijuana, but at \$40 an ounce, marijuana will be far cheaper even with an excise tax of \$100 an ounce. Through their collectives, medical marijuana patients are exempt from the requirements of Prop. 19, so our 75-year-old lady will be able to get her medicine excise tax-free at a regulated and licensed collective. She will be able to get an ounce for \$40 which even little old ladies on Social Security could afford.

One common thread found amongst almost all medical marijuana patients who oppose Prop. 19 is that they have access to all the marijuana they want—usually because they are in a position to grow it themselves. Since they get all they need then to hell with everyone else—after all, it's all about their needs. Very few of those opposing Prop. 19 have done anything that will realistically lower the price to the point where most people can afford to purchase sufficient quantities. Collectives masquerading as not-for-profit entities especially do not want to see the price substantially reduced. If Prop. 19 fails, I challenge all these patients and collective operators opposed to Prop. 19 to roll up their sleeves and actually do something to get the price down—if not to \$40 an ounce—at least to \$100 an ounce.

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July 2010



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