Marijuana and Chronic Pain

What is Chronic Pain?

Chronic pain can occur anywhere in the body.

It can range from mild and annoying to pain so severe that it interferes with mood and ability to function.

Chronic pain typically persists despite the fact that the injury has healed.

Physical signs can include tense muscles, limited mobility, lack of energy and change in appetite.

Emotional effects include depression, anger, anxiety and fear of re-injury.

Chronic pain is the number one cause of adult disability in the United States.

An estimated 100 million people in the U.S. suffer from chronic pain, resulting in roughly $600 billion spent per year on direct medical treatment and lost productivity costs.

Even mild chronic pain should be evaluated by a medical professional.

WHAT IS CHRONIC PAIN?

According to the National Institutes of Health (NIH), chronic pain persists and pain signals fire in the nervous system for weeks, months, even years. There may have been an initial mishap -- sprained back, serious infection, or there may be an ongoing cause of pain -- arthritis, cancer, ear infection, but some people suffer chronic pain in the absence of any past injury or evidence of body damage. Many chronic pain conditions affect older adults and a person may have two or more co-existing chronic pain conditions.¹
MARIJUANA AS MEDICINE FOR CHRONIC PAIN

- Research suggests that marijuana’s (cannabis) main psychoactive ingredient, delta-9-tetrahydrocannabinol (THC) and other cannabinoids that act on the brain may have potential in the treatment of pain, nausea, epilepsy, and other conditions.²

- NIH is studying cannabinoids, both in isolation and in combination with each other, in relation to the treatment of a number of medical conditions.¹

- It should be noted that THC is a neurotoxin for child and adolescent brain development.³

- The bulk of this research is on non-smoked components of cannabis, not the crude plant.

- Many research projects are examining the medical benefits of individual cannabinoid chemicals derived from or related to those in the marijuana plant, not the plant itself, although a few use unprocessed plant material.⁴

- There is no scientific basis for using smoked marijuana as a medicine.⁵

CURRENT MEDICAL MARIJUANA PROGRAMS

- Majority of medical marijuana users (96% in Colorado; 91% Oregon; 93% in Montana) report using marijuana to treat “chronic or severe pain.”⁶

- A 2011 study that examined 1,655 applicants in California who sought a physician’s recommendation for medical marijuana found that very few had cancer, HIV/AIDS, glaucoma or multiple sclerosis.⁷

- The Colorado Department of Health found that only 2 percent of “medical” marijuana users reported cancer, and less than 1 percent reported HIV/AIDS as their reason for seeking marijuana. The vast majority (94 percent) reported “severe pain.”⁸

WHAT GEORGIANS SHOULD KNOW:

1) The difference between legitimate cannabis based medicine vs. the “medical” marijuana movement and industry.

2) A study of thousands of users in California found that the average “medical” marijuana user is a 32 year old white male with a history of alcohol, cocaine and meth use, but NO history of a life threatening illness.⁹

3) There are THC-based drugs to treat pain and nausea already FDA approved and prescribed, and scientists continue to investigate the medicinal properties of other chemicals found in the cannabis plant.

TO LEARN MORE VISIT:

http://clearga.org/marijuana-and-chronic-pain
SOURCES

3 See, for example, presentation by Dr. Paula Riggs, to the Southwest Adolescent Treatment Alliance. Accessed July 15, 2015 here: http://swadol.org/2015presentation/Riggs1.pdf
6 Colorado Department of Public Health and Environment, 2011; Oregon Public Health Authority, 2011; Montana Department of Public Health and Human Services, 2011.
8 Colorado Department of Public Health, http://www.cdphe.state.co.us/hs/medicalmarijuana/statistics.html