

Health and Prohibition: An Exploration of Seattle's Medical Cannabis Community

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INTRODUCTION

In this paper, I will share the results of my qualitative research investigations into Seattle's medical cannabis community. I conducted participant observation at two sites: a Saturday class where medical cannabis patients learn about cannabis cultivation and a non-profit church organization that is a medical cannabis dispensary. I also conducted an in-depth interview with a medical cannabis patient who suffers from Crohn's disease. This will be the main focus of this paper.

Broadly speaking, my research interests are currently aimed at studying the ways that prohibition drug policies affect individual health and public health. The drug policies I am referring to are those enforced by governing bodies across all scales, from municipal and state to national and international. In addition to the numerous health impacts of 'war on drugs' policy such as those related to incarceration and the stress of threatened criminal sanctions, inadequate access to treatment of addictions, and ongoing violence in the unregulated black market dealing of prohibited substances, there are also the health impacts of prohibiting a substance that is health-promoting. Though I am interested in all the health impacts of the drug war, it is this latter category that I focus on here. As it is said that the first casualty of war is the truth, the same is true for the drug war environment which has succeeded in blocking many attempts to conduct research into the health benefits of prohibited substances. I have chosen to conduct research regarding the

health effects of criminal sanctions on medical cannabis patients as part of a broader geographic and population-based research project looking into the health promoting effects of cannabis. In creating and producing this type of knowledge, I am aligning myself with Edward Said's notion of "antithetical knowledge" which he describes as "the kind of knowledge produced by people who quite consciously consider themselves to be writing in opposition to the prevailing orthodoxy" (1981: 149). The orthodox understanding is that cannabis is harmful and has no medical benefit.

BACKGROUND

While cannabis has been used medicinally for thousands of years and with official endorsement in the United States until 1937, modern medicine recognizes cannabis for its analgesic, anti-inflammatory, immunomodulatory, neuroprotective, anti-emetic, anti-spasmodic, and pro-phagic properties. It has been shown to be helpful for cachexia, nausea, and loss of appetite experienced by cancer and HIV patients due either to their primary condition or to the side effects of dominant treatment modalities. Cannabis has also been shown to be efficacious in the reduction of intraocular pressure experienced in glaucoma, as an analgesic in the treatment of chronic pain syndromes, and again as an analgesic and muscle relaxant to treat pain and/or muscle spasticity associated with conditions such as multiple sclerosis, myasthenia gravis, fibromyalgia, and spinal cord injury. Crohn's disease or IBD, Hepatitis C, and seizure disorder are also treatable by cannabis. Other indications are being investigated. For example, in Israel, cannabis is being used to treat soldiers with PTSD, and in Canada, some rheumatoid arthritis patients use cannabis therapy.

Currently, ten US states have laws in place that recognize medical cannabis use for patients with physician recommendation. An eleventh state, Maryland, recognizes the medical necessity defense for patients on trial for cannabis-related criminal charges. The Controlled Substances Act passed by the US Congress in 1970 classifies cannabis as a Schedule I substance having “no currently accepted medical treatment.” However, thanks to a Compassionate IND (Investigational New Drug) program, seven individuals currently use medical cannabis supplied by the federal government. All others who possess cannabis do so illegally under federal law, including those who use cannabis medically. On November 29, 2004, the US Supreme Court heard oral arguments in the case *Ashcroft v. Raich* which turns on the question whether or not the US Congress has legal reach to regulate state-sanctioned intrastate use of cannabis for medical reasons. That decision is expected in the next few months and may impact the course of my research.

In Washington State, the Washington State Medical Quality Assurance Commission maintains a list of clinical diagnoses that are approved for treatment with medical cannabis. This is pursuant to the medical marijuana law that Washington State passed by voter referendum in November 1998, RCW69.51a.

FRAMING THE QUESTION

So it is not that I want to explore the question of whether medical cannabis works or not. I am not trying to survey how many people find it effective and how many do not for given conditions. Those are certainly interesting questions. I am interested in asking: with regards to those individuals who do use it, find it health beneficial, and in many

cases, have one or several independent health care providers who agree that it is beneficial, how have drug policies affected their ability to access this medicine that works for them? Given the federally prohibitive drug policies of the last several decades, how have patients' difficulties in accessing medical cannabis affected their continued health and well-being? For without the proper medicines, patients suffer. This research then is an exploration into the ways the socio-political structures work to create medical cannabis patients' suffering and how these patients respond in turn, individually and collectively. This is based on the ecological premise that macro-level policies and legislation can impact patients' health and population health by restricting access to a given therapy or by problematizing the use of a therapy. In this research project, I intend to highlight the often unheard stories of medical cannabis patients, especially as they relate to how they benefit from its therapy.

I use the term patient with purposefulness. First, because as a medical student and a (budding) medical geographer, it is part of my discursive frame. And second because the term 'patient' brings with it an ethical dimension. Recognizing someone as a patient demands that we do all we can as a society to facilitate their optimal health. A healthy patient is of utmost value. And when a patient is suffering from a treatable condition (even something as non-life threatening as lower back pain), it is intolerable to allow that patient to continue to suffer when some treatment somewhere exists that can help. Thus the 'patient' construction allows for both an inherent valuation of human life and an urgent call to action when that valuation is even slightly undercut. After all, everyone can be a patient.

One caveat: I am not supporting the position that constant, unrestrained access to cannabis for all is health promoting. This can be very unhealthy for some people. My last two visits to Seattle Marijuana Anonymous meetings have shown me that.

PARTICIPANT OBSERVATION:

My participant observation work was informed by Ian Cook's chapter on this subject. The experience gave me an opportunity to learn the stories of several medical cannabis patients and be introduced to the layout of Seattle's medical cannabis community. It was made possible through a contact I made at the Marijuana Policy Review Panel meeting at Seattle City Hall in early 2004. He—call him Tim—was my gatekeeper—to use Cook's terminology—who granted my access into certain places within Seattle's medical cannabis community. Tim is a medical cannabis user himself who suffers from the debilitating disease multiple sclerosis. He serves as the patient educator for the Green Cross Patient Cooperative of Seattle, a group who, according to their website, is “open to all that present a bona fide need for medicinal cannabis on the advice of their physician or other health care professionals.” Here is an excerpt from my participant observation diary that chronicles Tim's story:

Tuesday 18 January:

I met with Tim at a local café in the evening. Tim shared with me his own story of how he had come to use medical cannabis. In his early twenties, Tim was diagnosed with the debilitating disease multiple sclerosis (MS). In his hometown outside Chicago, IL, he began to research extensively what was known about the disease and actively sought to talk to experts in the field of MS treatment. Tim's own symptoms grew worse: he lost most vision in one eye and hearing in one ear. Walking became labored for him and he began to use a wheelchair. Though he had used cannabis in the past, he discovered soon after his symptoms worsened that cannabis tremendously helped with his pain management and mobility. Although he was on other MS drugs, he believes that the cannabis was the most effective for pain and mobility, esp. allowing him to walk again without mechanical assistance. When Washington State passed I-692 in 1998 allowing for medical cannabis protection, Tim decided to leave his home state of Illinois

and moved to Seattle, WA where he could use his medicine of choice without threat of jail. He is followed by a physician at the UW who specializes in MS treatment. The physician is supportive of Tim's usage.

Here we see the feature in Tim's story of geographic migration over several thousand miles from Illinois to Washington to move to a state that allows medical cannabis use. This opens the question of whether Tim's story is representative of a larger trend of medical cannabis patients migrating across state lines to live in states that offer medical cannabis patients legal protection.

As Green Cross patient educator, Tim serves an important support role within the medical cannabis community. He teaches a class on medical cannabis cultivation techniques. He allowed me to observe one of his three-hour classes (of which there are five total). What I was struck by was the incredible amount of scientific detail with which the class was taught. Tim justified all his recommendations with chemical and plant biological principles. Topics such as soil aeration, osmosis, lamp emission spectra, pH chemistry, humidity control, etc. were discussed. The student-patients were all engaged in the class, taking notes, and asking relevant questions. One strong concern patients had in the class was about maintaining discreteness with their indoor gardens. Even with a state law in place, concerns about maintaining discreteness are paramount.

Tim introduced me to the Wormhole, a non-profit church (registered with Washington State) whose mission is to provide spiritual services, clothing donations, food and housing locating services, and to assist patients with procurement of medical cannabis. The person who runs the Wormhole, Reverend Eldrige, an ordained minister, calls each patient's doctor to confirm that a medical cannabis authorization is in place for each patient who comes to the community center. In listening to one telephone

conversation that Reverend Eldridge was having with a patient seeking advice on how to obtain a medical cannabis authorization, I learned that a patient's physician can simply write a signed note in a patient's medical record instead of filling out a Washington State medical marijuana authorization form. If a physician is worried about possible federal or legal action being taken against them if they sign medical cannabis authorizations, her or his note can be as non-specific as: "patient continues to use herbal therapy." This is strategy that physician's can employ to care for their patients and protect their own interests at the same time.

The participant observation gave the opportunity to learn about the diverse medical conditions and illnesses that the medical cannabis patients I met had. Here is a brief summary:

- Tim has multiple sclerosis.
- Reverend Eldridge has had longstanding chronic migraine headaches secondary to a head trauma at age three. The trauma caused a developmental deformity with her pituitary gland leading to a condition known as empty sella syndrome. She also had a fat lobule in her CSF (cerebrospinal fluid) that causes intermittent blurry vision in one eye. Additionally, she has a C-spine (cervical spine) shear injury from an automobile accident in the 1980's that causes chronic neck and back pain. She uses no other pain control medications other than cannabis.
- Alan has chronic pancreatitis and pancreatic cancer. He also has a traumatic brain injury. He prefers cannabis tinctures over sublingual morphine for pain management.
- Eddie has multiple myeloma. He uses cannabis for muscle pain, bone pain, and appetite stimulation. He uses no other medicines for pain management.
- Jim has degenerative disc disease. Three of his lumbar vertebrae have extruded material. He is also a recovering alcoholic and suffers from depression. Cannabis helps with his pain and depression.
- Chris has multiple sclerosis. He has a fine movement tremor in his hands and has a clinical finding known as rotary nystagmus.
- Nick has Crohn's disease.

I found that this participant observation laid groundwork by exposing me to issues that I was able to explore more deeply in my interview.

INTERVIEW

One patient I met through participant observation, Nick, agreed to do an open-ended, semi-structured, in-depth hour and 15 min interview with me (see attached transcript). With regards to the mechanics of the interview, I relied on techniques described by Mary Walters in *Notes on Methodology*. In analyzing this interview, I have done a content analysis mixed with an embedded discourse analysis. I rely on the methodology discussion in Gillian Rose's book *Visual Methodologies*—specifically chapter 3 on content analysis and chapter 6 on discourse analysis I. I will begin by presenting Nick's story as a case study from which we can understand the issues generally faced by medical cannabis patients as they negotiate with the medical/legal systems under which they live.

The basic narrative

Nick Doe is a 24-year-old man from Western Washington who uses cannabis with medical authorization. He has Crohn's disease (aka Inflammatory Bowel Disease) which has required prior hospitalizations. He was generous enough with his time to allow me to interview him about his cannabis use for pain control, appetite stimulation, nausea/vomiting suppression, and prevention of Crohn's disease acute "flare-up" episodes. Conducted on 2/06/05, I focused the interview around the question of how Nick's cannabis use negotiated with the medical/legal structures in which he lived.

N: because for a while, they were saying...uh...ulcerative colitis, (*S: right*) I believe it was. 'Okay, you have ulcerative colitis. We're going to treat you with this medication, that medication...you know...and a couple of years go by...uh...seventeen years old, and things started to get really...really, really bad...like...uh...blood is coming out of my...(*S: rectum*)...in my bowels, you know, uncontrollably, I don't have any control over it, it's just running down my legs, it's going everywhere, there's no...there's no tightening the muscles to stop it. I'm vomiting...like, you know...I'm laying on the bathroom floor bleeding

and vomit everywhere...and uh...uhh...my mom took me into the emergency room which was a military...uh...facility.

This quote, taken from the first few minutes of the interview, captures Nick's raw, subjective experience of an acute exacerbation of his illness. He stated that soon after this episode he was diagnosed with Crohn's disease.

The next key experience that Nick describes is his initial discovery of medical cannabis as a helpful therapy. This is an important event in the illness narrative of a medical cannabis patient.

N:...So I try all these medications and...(S: right)...like I told you before when my...a friend of mine came over...and I'd...[quieter]...I'd smoked pot once or twice...like...casually...trying it...(S: When was that?) It's probably sixteen when I first...one or two times I tried it...and I was like...uh...I didn't know how to inhale because I'd never smoked a cigarette or inhaled anything before in my life. So I said, 'Man what in the hell are'...you know... 'what's the big fuss about it...it doesn't do nothing.' (S: right). You know, and then I tried it a second time and I'm like 'yeah...well...<?> It didn't do nothing. And the third time I was having another episode of the blood and the mucus...

S: That was when you were seventeen or eighteen? Or how old were you?

N: I was...I was just about two weeks short of turning eighteen so I was still seventeen. Had another episode of the blood, and the mucus, and the vomiting...and uh...you know...abdominal pain...my stomach's swollen out to here, you know...and uh...I physically couldn't get in the car to take myself to the emergency room, and my roommate and I worked opposite shifts so there was just no getting a ride. It was Friday night. We were gonna <?> everybody was out. And a friend of mine stopped by and she's like 'Man, why don't you just try getting stoned instead of going to the ER?' And I looked at her, said, 'Man, you're crazy. You want me to get stoned instead of go see a medical doctor when I'm like this.' And she's like 'Well, try it. It's not like it's going to make you any worse. I mean look at you. There's blood all over you, you puked all over yourself, I mean, come on.' And so...ah...she rigged up a pop can so we could use it like a pipe. And...uh...[quieter] I smoked a little bit of the marijuana. And I was sittin' there. I took one hit. And I took two hits. <?> I didn't realize, you know, you have to wait for it to circulate, just like anything else. Come my third hit, I closed my eyes and I just leaned back, and...ah...my whole body felt like it was vibrating from the inside out...and ah...just these waves came over me, and uh...I was just overjoyed. I just started laughing. (S: right) And, you know, I'd never been so...medicated or stoned in my entire life. And I'm sitting there and I realized, holy cow, I'm—I'm not crapping all over myself anymore, I'm not vomiting all over myself (S: Are you sure?). My...my..Yeah, my stomach has

relaxed, you know, as far as being all tight, and the..the pain and everything else...like I said, you know, it wasn't completely gone, but it 'd gone from like a ten to a three, and well if you're experiencing pain for five days straight that's a ten, you're more than grateful to receive something that's going to make it a three for you because that's ultimate relief!

What is critical to see here is Nick's first steps towards his recognition of cannabis as a medicine. He refers to the pharmacokinetics of using the botanical medicine when he says, "I didn't realize, you know, you have to wait for it to circulate, just like anything else." His use of the term "circulate" is indicative of medical discourse, an issue I will explore later. Nick further recognizes medical cannabis therapy as a way of avoiding emergency room trips.

He clandestinely begins to use cannabis purchased from the black market for health promotion until he asks his physician for an authorization at the end of 1998 after I-692 had passed in Washington State. He encounters difficulties because his physician is a federal employee working at a military base who is not allowed to touch the medical marijuana issue "with a ten-foot pole", as Nick puts it. Here is how Nick describes this encounter and the hurdles he faced:

N: And he was like, 'Really?' He goes, 'Well, continue to do what you're doing.' And I said, 'No. No, that's not the only thing that I'm here to inform you of.' I said, 'This state just passed medical marijuana law. And...I know a place where I can receive, you know, mold-free, pesticide-free, affordable, medical-grade cannabis. (*S: right*) But I need for you to sign this authorization.' And, I hand him the authorization and he was like, 'I don't know, I'm going to have to go to the superior about this because I am a federal employee. I do agree with what I am telling you. Go ahead. More power to you because obviously it's working.' He called a meeting together with himself, the head of the naval hospital in Oak Harbor, the captain of the base, and a few other top officials at the base. And he basically demanded that I have the right and he have the right to allow me to access this medicinal marijuana. And, uh...he got all my medical history for them. They said, 'Oh, this is just-just a pothead. He's looking for a way to get high.'

S: How do you know that's what they said?

N: My doctor discussed the whole thing with me. (S: That's what their reaction was.) Yeah, that's what their reaction was. And he says, you know, 'I don't care. The captain of the base—he's got a problem with drugs when he was younger and that's what he's basing it on.'

Nick's physician eventually approved his use of medical cannabis, not by signing an authorization sheet, but by making a note in his medical record. Nick was then able to access and use "mold-free, pesticide-free, affordable, medical-grade cannabis." Nick used medical cannabis with his physician's approval for 2 years. His condition stabilized. As it does happen with military physicians, Nick's physician was re-stationed in 2001 to an out-of-state location, and Nick lost his medical cannabis authorization. From 2001 till late 2004, he returned to the black market for access to cannabis. His health began to worsen. In early 2004, after several unsatisfactory and troubling visits with various physicians, Nick was accepted into the Inflammatory Bowel Disease Treatment Center at the University of Washington Medical Center. After 10 months in that program during which he tried a variety of medications, his physician Dr. Smith agreed to sign his authorization for medical cannabis.

Let's examine some of the issues that Nick faced during the interim between his two medical cannabis authorizations. This content analysis is based on recurring themes in the interview. I pay special attention to the difficulties Nick faced with the medical-legal establishment that served as barriers to treatment and structural determinants of health.

Resistance from the medical establishment

Nick faced resistance at the outset from the medical establishment regarding his desire to use medical cannabis. Generally, the medical authority-figures he encountered could be characterized as strict. Medical personnel were frequently unwilling to listen to

Nick and acknowledge his concerns. Nick describes an attitude of ‘we know what we’re doing and you don’t’ from medical personnel. For example, during Nick’s his first trip to the ER, Nick explained how the first doctor he saw told him that he thought Nick had Crohn’s disease. However, a second doctor (on the next shift) cancelled all the tests ordered by the first doctor and told Nick to simply go home as he did not have Crohn’s disease and was simply “constipated”.

Nick was seeing a physician on a military base, and he received a cold, resistant reaction from the medical-legal-military establishment there to his initial medical cannabis authorization request. The captain of the military base who responded to Nick’s request with the phrase “Oh he’s just a pothead” employed a stigmatizing, dope-fiend discourse to describe Nick. Such a discourse paints a medical cannabis user as simply an out-of-control addict constantly looking for another fix. There is no room for rational, medical use of cannabis in such a discourse.

Many of the negative reactions to his medical cannabis use by the physicians Nick saw were related to lack of education/training on their part about Crohn’s disease and how cannabis therapy is beneficial. Misconceptions about the effects of cannabis were widespread. For example, Nick tells the following story:

N: Ah—I went to the doctor one time there in Skagit County where I live. And I was having problems with anxiety attacks—panic attacks—whatever you want to call them. And I wanted a solution. I was tired of feeling like that. And I was explaining my medical history to him...Crohn’s Disease, cerebral palsy, all those things, the fact that I use...medical marijuana. And he says, ‘Oh, well, stop right there. The anxiety attacks are from the medical marijuana. You know? He goes, ‘Stop using—stop smoking the weed. That’s what’s causing your anta...anxiety attacks. And I said, ‘No.’ I said, ‘Because I was having these anxiety attacks before I ever discovered what marijuana was. And to tell you the truth, when I’m having an anxiety attack or panic attack or whatever they are, when I take a few puffs, it feels better!’ You know? [N. and S. laugh] And he’s like, ‘Oh, well, I don’t agree with it.’ And most doctors are like, you know, ‘I don’t agree with it.

It—It is a controversial medical treatment. There's just not enough evidence there.' And so I ended up getting treated like a...what do you call it, red tagged.

The stress of being unable to find a physician who would at least listen to Nick's reasons for using medical cannabis eventually become a hardship on Nick that he says worsened his health.

Effects of health policy and prohibition policy, local and national

A frequent theme in the interview was the effect of pressures from the federal government impacting health care providers locally. Nick described policies at several hospitals in Washington State that forbade physicians from signing medical cannabis authorizations, even though the Washington State law was in effect. Skagit Valley Medical Center, the VA Hospital in Seattle, and perhaps all Island County hospitals are the examples he gave. These policies may be unwritten. Federal employees are particularly encumbered by the federal government's disapproving stance on medical cannabis.

At one point, Nick worried about his possible loss of eligibility for federal financial aid were he ever to be caught by authorities for using medical cannabis when he did not have an authorization in place. His worries stem directly from federal policies. There are provisions in the Higher Education Act passed by the US Congress in the 1990's that disqualify anyone who has ever been arrested for a drug offence from receiving federal financial aid.

Other difficulties that Nick faced were related to the difficulty of maintaining continuity of care with his military physician. Military policy regarding medical officer re-stationing at any time had a detrimental impact on Nick. Indeed, his military physician's re-assignment contributed to Nick losing his medical cannabis authorization:

“Therefore, it was no longer in effect...I’m just an illegal pot smoker at this point...even though I am using it as medicine...” A final hurdle that Nick faced was getting into the specialty care service at the UW Medical Center. Hospital policy often insists that a patient be allowed into such treatment centers only with a referral. Without a physician to write a referral, this presented a difficulty for Nick. They eventually made an exception for him.

Effects of dealing with a prohibition-generated black market: a slippery slope

Nick is forced to turn to the black market for cannabis when he has no medical authorization in place to use it. For without an authorization, he cannot access medical cannabis dispensaries. Dealing with the black market meant dealing with a slew of stressors:

N: Oh, I had to turn to the streets. I had no other choice. (*S: Right, makes sense.*) I knew that cannabis was my medicine, and it was the only thing that worked. The doctors could not prescribe me anything else that would, you know, allow me to consume as much food without throwing up, (*S: right.*) whereas cannabis would. And, uh, I turned to streets, I <?ee?> and then, you know, when-when-when you turn to the streets you got a whole bunch of bullshit to deal with. People are getting busted. This guy’s getting raided. This guy’s crop got busted. Where am I supposed to get it now? Oh my god, you know, this person’s house is hot, and I was just there. You know, they got my plate number...(*S: What’s hot? You mean, hot meaning...*) Hot meaning (*S:...bugged?*) that the police know about it, and they’re being watched.
S: Ah, and that’s a lot of paranoia and fear.

These attendant stressors created by black market involvement worsened Nick’s health.

N: Yeah! And...as far as the stress and the paranoia and all that, it (*S: yeah*) brought out the Crohn’s disease. It made it a whole lot worse. (*S: uh huh*) You know, it was getting to where I couldn’t get out of bed and if I was getting out of bed it solely to use the bathroom and vomit because I was in so much pain, I didn’t want to move. I just didn’t move...I mean I didn’t know what else to do but lay there and moan. And, you know, make mess all over myself.
S: So, and so, you-you-you definitely attribute that stress...(N: mm hmm)

In his attempts to ease stress, Nick slipped further into illegal activities that carried increasingly severe penalties. Nick stopped buying cannabis from the black market and instead turned to cultivation which is a federal felony. When he had to stop cultivating, Nick turned to dealing. He says: “My profit was: I got to stay medicated. I got to eat. I got to not vomit. I got to not be in pain.”

Another side effect of prohibition policies is that they generate a black market in which personal disputes can evoke the criminal justice system as a threat. In other words, state violence can be threatened by rivaling parties. This is a form of black market violence. Nick experienced such violence:

N:...Okay, screw the street element. There just too much drama for me. This is not beneficial to my health at all. And I'm not out to kill myself; I'm out to make myself better. So—I decided illegally <?> and grow my marijuana in the garage. [pause] On somebody else's property. Well, the person who owned the property became ill and I was the power-of-attorney and it was my job to evict people out there that...um...didn't need to be living there anymore. Ah...I was growing...well, up to fifteen marijuana plants in the garage at that time. (*S: mm hmm*) And the sheriff was coming out left and right because these people are always calling the cops 'cuz I'm trying to get 'em to leave and stuff. (*S: hmm*) And they said, 'Well, we're gonna call the cops if you make us leave, and we're gonna tell them you're growing fuckin' pot in the garage!' (*S: mm*) And I said, 'Here we go again.' I started secretly growing it in the garage to get away from this stuff. (*S: From the fear of getting caught...*) From the fear of getting arrested, because if I go to jail, I'm just trying to make myself feel better. I'm trying to be normal just like you or anybody else. (*S: sure*) But, you know, you get to be normal without fear of going to jail. What I have to do to feel normal, I have to be scared to go to jail over. Well I just shut everything down.

All the stress of dealing with the black market nearly drove this patient to give up medical cannabis therapy altogether.

Law empowered patient and physician and reconfigured their relationship

Let's turn now to how the passage of the Washington State medical cannabis law (which disappeared the black market for authorized medical cannabis patients) positively impacted Nick's health and well-being. The passage of I-692 allowed patients to exercise

political and personal power, especially in the context of the physician-patient relationship. This recognition of power is evident in parts of the interview with Nick. At one point, when Nick is about to ask for his first medical cannabis authorization, he boldly tells his physician: “that’s not the only thing that I’m here to inform you of.’ I said, ‘This state just passed medical marijuana law.’” Indeed, the law helped to make possible a mutually respectful and trusting relationship between Nick and those physicians who were *not* bound by hospital policies against writing medical cannabis authorizations.

Physicians, like patients, were also empowered by the law. Plainly, they were empowered to recommend medical cannabis to patients who benefit. Those who were concerned about outside scrutiny found creative ways to circumvent authorization bans. With the passage of the law, physicians now had to ability to freely advise patients about safe cannabis access and use, and Nick’s physician Dr. Smith did as much. Dr. Smith was actually empowered to relieve a significant stress in Nick’s life by removing his reliance on the black market for medical cannabis. For this, Nick was grateful:

N:...And I was explaining everything to him and saying, ‘I just want to thank, you know, for helping me function, for giving me my life back. For, you know, for helping me be in control of things.’ ‘I didn’t do anything for you. I’m—I’m only your doctor. It’s my job, you know, to treat you. And all I did was put my signature on a piece of paper for you. I don’t see what that does for you.’ And I said, you know, ‘It does a lot for me. [S. chuckles] I don’t have to worry about going to jail; I don’t have to worry about where I’m going to get my medicine. You know, I can smoke it privately in my own home or ingest it how I choose without, you know, worrying about the cops busting in my door.’ (S: *mmhm*) He just alleviated 60 percent of the stress in my life. That means to me, you know, alleviated a lot of stuff that’s (S: *right*) aggravating this, you know, disorder I got going on. (S: *Wow, wow*)

In essence, the Washington State medical cannabis law relaxed some of the federal cannabis prohibition-influenced taboos and in some cases lifted them entirely¹.

Legitimizing of medical cannabis discourse

The law had the effect of legitimizing ‘medical use of cannabis’ discourse. This led to a distinction between medical use and recreational use (however problematic this distinction is). Now personal use could be medical use. Nick describes his first physician’s understanding of medical cannabis use: “He goes, ‘I think...that you have control over your use of the marijuana and you’re not just some kid getting stoned at a party, or in a back alley or whatever’”.

As shielding, as protection, and even out of necessity, patients who use medical cannabis can now adopt a medical discourse. In the interview, Nick’s diction was indicative of this. “Medicated” is an alternative way to say “stoned”, and cannabis can be described as “medical-grade” or referred to simply as “medicine.” This deployment of medical discourse by medical cannabis users underscores the importance and power of language.

There is a close association between language, power, and knowledge. The passage of the medical cannabis law in Washington (and indeed any medical cannabis law) imbues the cannabis medical discourse with power and social legitimacy. This in turn allows for the creation of new knowledge. In other words, to use a term that Rose introduces in chapter 6 from Foucault, a new regime of truth is possible. To use Elspeth Graham’s terminology, warranted knowledge is now possible given the new category of medical use of cannabis. The possible warranted knowledge that I have in mind can

¹ In Nick’s case, I briefly reviewed his online medical record with his permission prior to this interview. I noted that Dr. Smith made a note that although he had authorized medical cannabis, Nick must be aware of the federal risks of possessing such a substance.

come from considering the benefits of medical cannabis therapy vis-à-vis other established medical therapies. For example, we can employ a commonly utilized medical discourse of comparing the risks and benefits of various therapies for Crohn's disease as Nick described them in the interview. The use of this medical interpretive frame as applied to material from this interview is made possible, in part, from my interviewing style which blends clinical and qualitative interviewing.

Medical cannabis therapy in comparison with other therapies

First, we see that frequent medication hit-and-trials are part of Nick's medical history. Nick had ten months of hit-and-trial medication with his current physician before he was given his current medical cannabis authorization. Many of these medicines had strong, troubling side-effects. For example, domperidone, a drug from Canada was efficacious, but had intolerable side effects. It caused tachycardia (fast heart beat), arm parasthesias (numbness and tingling), and diaphoresis (sweating). Nick describes it in this way:

N:...So I tried all these medications, and, you know, we're running down a gamut of medications [N laughs] I tried. I mean, it felt like twice as much in side effects. This medication from Canada, domperidone—not approved by our FDA. It was working lovely, man. It was helping me with the bowel routine problem and stuff like that. Except for the side effect that I couldn't deal with: my heart was racing, my whole arm—my shoulder was hurting and my arm was going numb. (S: *mmh*) I was sweating. I couldn't deal with that. And I called the doctor, and the nurse called me right back. And she said, 'Dr. Smith says stop taking it right now.'

Another set of medications that Nick tried are opiates. Nick is averse to opiate pain management: "I'm a blithering idiot when I take that stuff. (S: *Sure.*) I may as well be drunk. [N. and S. laugh]." Nick essentially describes the effect of opiates as strongly inebriating. At one point, Nick had to take a benzodiazepine and opiate combination therapy instead of medical cannabis because he was going on a trip that would take him

out of the state. When he took this regimen as directed, he felt “dopey” and like a “zombie”. Note however that these are socially and medically accepted psychological side-effects.

The FDA-approved drug dronabinol, a synthetic THC, Nick was not able to take because his health insurance would not cover it. Thus, we cannot compare the efficacy of this medication versus cannabis therapy. However, most patients who have tried both opt for cannabis therapy.

Now consider the results of the medical cannabis therapy for Nick: weight gain, stabilization, and sleep.

N:...and I started to gain weight, the episodes of...the diarrhea and the vomiting and the pain were becoming less and less frequent until they basically didn't exist anymore as long as I used that marijuana on a daily basis.

....

N: Yeah, less episodes. I was basically starting to stabilize. That's how my doctor said it.

....

N:...I stepped on the scale and I'd gained like—not that much weight—I think it was just over or just under 2 pounds. But hey, when you're stuck at a hundred and...thirteen pounds per year, and all of a sudden you weigh almost a hundred and sixteen pounds. Well, that's a milestone to me. [N laughs] (*S: Three pounds? Wow.*)

Elsewhere Nick reports:

N:...It combats the nausea; it helps me control the pain; it's an appetite stimulant, (*S: Okay*) and uh...(S: *right, right...*[S. laughs] *It does all the things for you*). You know, it helps me sleep. I don't have to wake up every three hours to just...for the longest time when I didn't have access to marijuana that was worth a damn because it has to have a certain potency to have a medical effect to stop the nausea and stuff like that, I was waking up every three hours to either vomit or use the bathroom. (*S: mmh*) And I smoke a little bit of cannabis before I got to bed—maybe a half-a-gram—I sleep through the whole night. And I wake up six to eight hours later. And six to eight hours of solid sleep feels like the best sleep in your life when you're usually waking up every three hours, you know, [N laughs] to get sick or use the bathroom. (*S: Uh huh. You told me about it. That's right.*) [N laughs] Yea, and if it just takes, you know, ten minutes or fifteen minutes of me sitting there having a couple of intermittent puffs before I go to bed,

you know, here and there, (*S: Okay*) so be it. I can sleep through the night and it only takes a couple puffs. You know, fifteen minutes out of my night, it helps me relax, and I sleep through the whole night—fine. You know, ‘cuz I don’t feel like a zombie, I don’t feel sleep deprived. When I don’t get enough sleep, I feel way sicker. Like, for some reason, I’m nauseous, and I just feel like I’m shaking from the inside out. (*S: Uhhn*) It’s totally weird.

Nick did not mention any troubling side-effects of medical cannabis therapy. At one point during the interview, Nick says, “But, I’d rather remain as unmedicated or drug-free as possible. If that makes sense...” Right as he said this during the interview, Nick took a puff of his medical cannabis. Clearly the medical cannabis therapy is much more tolerable and far more efficacious than the other medications. Medical cannabis is the superior therapy for Nick. This knowledge is warranted by the fact that cannabis is a legitimate medical therapy. This legitimacy is in large part created by the law that allows cannabis use for medical purposes.

Social and Community-based supports and barriers

Nick describes a positive experience with the medical cannabis community.

About the Wormhole, he says:

N:...And uh, you know, you can just socialize with other people that come with the same walk...you know, some of the same sort of walk of life and their dealing with the same sort of problems and issues that you are. And, ‘Oh my god somebody else out there uses pot to make the pain go away and quit puking?’ (*S: mmh*) Well, I’d like to socialize with ‘em because there ain’t nobody where I come from that does that.

He also finds that the indoor cultivation class he is taking is helping him to become self-sufficient. All around, the medical cannabis community provides a supportive role in Nick’s health and well-being.

Family is an important consideration when analyzing community support. Nick’s parents are supportive of his medical cannabis use. His mother frames her acceptance by trusting in Nick’s doctor’s good judgment. In the interview, Nick paraphrases his

mother's reaction: "'you've done everything the doctor says. He sounds like a good doctor'". Other family members misunderstand Nick's medical cannabis use. His twin sister sees no distinction between cannabis use and the use of any other hard, illicit drug.

Social norms regarding cannabis interfere with Nick's free usage of medical cannabis. Nick has personal standards about what are appropriate times to medicate. This negotiation with social norms was even reflected during the interview when Nick worried if it was an appropriate time and place for him to use medical cannabis. In one story told towards the end of the interview, Nick recounts how social norms prevented him from using medical cannabis when he went on a trip to Disneyland with his family:

N: Just over Christmas that just (*S: Oh okay*) passed this year. Down to Disneyland. It wasn't the place that I wanted to engage in medical marijuana use. They're small children running around and stuff like that. And I do have respect for other people's opinions of what they believe, and I just won't light up in public because I feel the need to. Because, A) I don't want to get caught—that's against the law. [N. laughs] And B) you know, that's not for little children to see. As far as I'm concerned, that's gonna to be a personal decision that they make on their own.

As for his future ambitions, Nick does not feel that his medical cannabis therapy will interfere. Nick feels that he will be able to easily negotiate going to school and learning in the classroom while using medical cannabis therapy. He feels that taking notes will prevent any possible problems related to memory or recollection difficulties. He simply does not want to be the chronically sick kid in school who is always running to the bathroom.

Elsewhere, Nick tells an interesting story that paints a portrait of how others unfamiliar with medical cannabis use react to his medically warranted use of this traditionally stigmatized substance.

N:...And this—this girl walks in. I'm talking to the nurse first and she's like, 'What are you doing? Why do you feel so good?' I said, 'Medical cannabis.' 'What!?' She said, 'Do you get yours from the Green Cross?' And I said, 'No.' And I tried to explain it to her but it was kind of over her head understandably. (S: *Who was this girl you were talking to?*) The nurse...(S: *This girl, you said...*) Like, when you go into the digestive disease center, when it's time for your appointment, I don't know if she is Mexican or Asian-whatever, but she's this little, short lady that calls you back and she takes your blood pressure (S: *mm*), asks you if you have any pain, weighs you. (S: *right*) She's really nice, but I can't remember her name. How rude of me. [N. laughs] But um, and she said, 'Who signed the authorization?' And I said, 'I don't know if I'm supposed to tell you that.' I said, you know, 'The doctor wouldn't say, oh yeah, I signed it for this patient without my permission.' She said, 'Oh no, you know, I don't want to know. I just wanted to know, you know, if a doctor here did it for you?' I said, 'Yeah.' And the only doctor I see up in <?> is Dr. Smith. Duh, she put two and two together. 'I can't believe he signed that for you!' [N. laughs] I said, 'Well, I struggled, you know, and you know, had to come up with, you know, my argument and lead him to believe that, 'look, I'm not just some pothead off the street. I am using this solely as medicine.'" And, you know, their name is not gonna get drug through the mud and nobody's going to think that you're a pot doctor because you signed my authorization. I'm going to be as discreet as possible. 'Oh wow.' And I said, 'I'm medicated right now. Can you tell?' She said, 'Medicated?' I said, 'Yeah. A little stoned, I guess, if that's the way for you to understand it.' And she looks at me, and she gets real close and she goes, 'Really?' I said, 'Yeah.' [S laughs] 'I can't tell.' I said, 'That's the point. I can function; I'm normal. I can go out and be with my friends and clean my house and do my dishes and go grocery shopping.

How use of other psychoactive substances was treated

In this final section, I will consider how Nick's use of other psychoactive substances was treated based on content and discourse from the interview.

Nick admitted that he had used methamphetamine for 2 years from the ages 19-21 occasionally. The stigmatization of drug addiction made it difficult for Nick to reveal to his physician that he was having problems with methamphetamine use. He eventually quit "cold turkey" but without the help or guidance from health care personnel. The stigmatization of drug addiction also led to Nick being cut-off from using a medical cannabis dispensary. Those who managed the dispensary were fearful of Nick being caught by the authorities with both cannabis and methamphetamine. They worried about

how this would subsequently reflect on all the patients who used the medical cannabis dispensary. Here you see that substance abusers are stigmatized both in and out of orthodox establishments. It is important to note that Nick's cannabis use did not lead to his use of methamphetamine.

Nick said at one point in the interview that he believed that he had been "red-tagged" as a drug seeker at some point. Because of the frequent resistance and misunderstanding that Nick met with when he revealed to health care workers that he used cannabis for medical reasons, it was assumed that he would seek other drugs such as opiates. Nick believed this to be ironic as he does not like such drugs. But nevertheless, such an association was made. Interestingly, the strong side effects of opiates described earlier are medically and socially acceptable psychoactive effects (as I noted earlier).

Nick is a smoker. Because cigarettes are regulated and controlled legally, cigarette smoking was much more openly discussed with his health care providers. There is even the possibility of insurance coverage for the nicotine patch, a harm-reduction strategy that will help to curb his addiction to nicotine. We discussed this during the interview.

Reflections

The interview gave me a great deal of insight into Nick Doe's experiences with his illness and his discovery of cannabis as a treatment. His description of the acute symptoms of Crohn's disease in rich detail helped to give a feel for the physical and psychosocial difficulties he deals with regularly. The tremendous lengths that he went to in order to procure the one medical treatment he found to significantly control his symptoms underscores how vital his cannabis use is to his health and well-being. From buying cannabis from an unstable black market, to confronting his military physician for

authorization, to growing (and once even dealing to allow for a semi-regular supply), Nick sought to procure and use freely the one medication that allowed him to be “normal.” What Nick told me a week after the interview was: “If it wasn’t for the cannabis, I wouldn’t be having this conversation with you.”

Insofar as there is an inherent power relationship between the researcher and the researched, I believe there is also a kind of power that the researched subject is able to exert during the interview. He is able to use the interview as an opportunity to voice his frustrations with the system (especially the health care system), and he is able to offer antithetical knowledge about the utter relief he experiences from using medical cannabis. This is key because, at the federal level, use of medical cannabis is a deeply contentious issue. The interview medium therefore is an opportunity for the medical cannabis patient to offer deeply personal, and at the same time, deeply political commentary.

My role as a medical student featured prominently into this research. When I told those whom I encountered while doing field work that I am medical student, it allowed for a much easier and freer exchange and dialogue about their health. This was certainly beneficial to me because it allowed me to collect the kind of information that I was interested to know. However, I know that my position as a researching medical student certainly biases the kinds of accounts that I hear and interactions I observe. One self-imposed bias that I employed in preparation for my interview with Nick was that I previewed his online medical record (with his permission) prior to our interview. This allowed me to ask more informed questions about the history of his present illness.

With the sensitive nature of this topic, I have learned that it is of utmost importance to protect the identities of those I write about. In addition, it was very

important to build trust with all the patients at the field site. Using Mary Walters' discussions as a guide, I chose to befriend those whom I "researched", and I endeavored to be as completely open and transparent as possible about what I have written about them. For example, I chose to openly share my writings (such as my participant observation diary) with some individuals at the field site. I feel that this helps to build trust, and it allows for a furthering of my learning as it allows for a meta-discussion with individuals in the field about the fieldwork itself.

CONCLUSION

Based on the anecdotal reports I have collected while doing field work in Seattle's medical cannabis community, patients with stress-sensitive illnesses such as Inflammatory Bowel Disease who use medical cannabis tend to show poorer health and a worsening of symptoms (from self-reported health indicators) when medical/legal protections are not in place for medical cannabis usage compared to when they are. This is likely to be the case with other conditions as well. Oftentimes, medical/legal protections are in-themselves difficult to obtain. This is due to pressures from the federal government on physicians and health care workers who recommend cannabis therapy and due to a lack of education and training about cannabis therapy in the health care community.

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