

MARIJUANA WORLD

A Look at Pot: Its Users, Its Trade, Its Cultivation, the Research And the Anti-Prohibition Movement

Renee Downing; Tucson Weekly (AZ); 2005-11-17

[Identifier: <http://www.doctordeluca.com/Library/WOD/WPS3-MedMj/MjWorld05.htm>]

[Related resources: <http://www.doctordeluca.com/Library/LibPages/WODjournalism-lib.htm>]

[Source: <http://www.mapinc.org/drugnews/v05.n1806.a02.html>]

See also:

[THE WAR ON PAIN SUFFERERS #3 – Medical Marijuana: 2000-2005](#)

It's the plant with a hundred names, including simply "weed," which is what it grows like. It's been grown for fiber and medicine and fun for thousands of years. In the United States, it currently has its own subculture and economy, and even its own decades-long guerilla war--the War on Drugs--plus a multi-faceted and increasingly visible anti-war movement.

And it's here, in Tucson. Boy, is it here.

The Users

Those of us who aren't citizens of the underground world usually only think about the plant when the local TV stations run footage of gargantuan busts in the foothills or newly discovered tunnels in Nogales. For the members of the local chapter of the National Organization for the Reform of Marijuana Laws, though, the plant and its prohibition are always on their minds. The medical users among them are caught between a rock and hard place: pain and debility on one side, the threat of arrest and imprisonment on the other. They risk losing their property and going to jail for a plant.

(Note: Everyone referred to in this story by a first name only is anonymous for reasons of safety. These are not their real given names.)

Meet some of the dangerous scoff-laws who gather in the Hotel Congress lobby on the first Saturday of every month:

. Anne is obviously frail. She has several ruptured disks, and suffers from sciatica and fibromyalgia, among other things. Her many meds make her so nauseated that she needs marijuana to keep food down.

. Matthew has Behcet's syndrome, a rare autoimmune disorder that causes severe joint pain. He was diagnosed at 18 and is now 33. His face is pasty white and he moves slowly. He takes powerful immunosuppressive drugs for the disease and morphine for

the pain, but the narcotic isn't enough. Marijuana takes the edge off enough so that he can get around.

. Elizabeth, a good-humored, middle-aged woman who walks with a cane, has leukemia, which is just the latest in a long run of severe health problems. A friend drove her to the meeting.

. Sam, who also uses a cane, has arachnoiditis, an inflammation of the lining of the spinal cord that causes shooting, burning pain and crippling muscle spasms. It's another one of those diseases you wish you had never heard of. Arachnoiditis can be caused by spinal injury and infection, but is often iatrogenic--that is, caused by medical procedures. Spinal taps, epidurals and myelograms (diagnostic X-rays in which dye is injected into the cerebrospinal fluid) can trigger the condition. Sam has had two serious back injuries, surgery on his lumbar spine and seven myelograms. Before his former landlord's handyman handed him a joint while he lay incapacitated by muscle spasms, his doctor tried him on Vioxx, Oxycontin, Flexeril, morphine and muscle relaxants. He couldn't tolerate some of the drugs; others made him too hazy to function. (Sam's wife is neurologically disabled, and they have three children at home. All are honor-roll students, and he eagerly shows their pictures.) He was up and out of pain within 15 minutes of smoking that first joint.

"The guy was Cajun," Sam says about his landlord's handyman, "and where he came from, they used the plant as medicine. When he saw the shape I was in, he said, 'Hang on, I've got something that will help,' and it did."

There is no cure for arachnoiditis. Sam's condition is gradually worsening, and he now goes through up to a half-pound of Mexican brick--low-grade, tightly packed Mexican marijuana--per month.

. Mary Mackenzie Crow is the local NORML representative. When she's not cleaning houses for a living, she's volunteering for the cause and traveling to conferences and demonstrations around the country. She became radicalized in the '90s when her then-husband was arrested for transporting marijuana in Missouri and went to prison. She says that marijuana has been of great benefit to her personally--it helped her stop drinking and smoking tobacco.

Crow is an outspoken proponent of individual rights, and makes sure that everyone she works for and comes in contact with knows what she does and what she believes.

"What right does the government have to tell me, an adult, what I can or cannot use to heal my body?" she asks.

All of these people are criminals: They use marijuana. To enter into the world of the medical marijuana user is to wander into a legal landscape so irrational as to be perverse.

Consider:

. Voters in Arizona overwhelmingly approved ballot initiatives in 1996 and 1998 that would have allowed the use of marijuana when prescribed by a doctor. (Another, flawed initiative failed in 2000.) In 2002, a poll commissioned by the Marijuana Policy Project found that 72 percent of Arizona adults supported an initiative "that would remove the threat of arrest and all other penalties for seriously ill patients" who use marijuana with the approval of their physicians. (This finding was consistent with voter opinion across the United States.)

. It is still illegal for Arizonans to use marijuana medically, in part because of the actions of the Arizona Legislature, and in part because it is a federal crime for a physician to prescribe a Drug Enforcement Agency Schedule 1 substance--a substance defined by the government as having "no medical use" and "a high potential for abuse."

. Marijuana is Schedule 1, although tradition, research and the experience of patients and their families have shown it to be both nonaddictive and useful for the control of chemotherapy-induced nausea, spasticity, tremor, pain and wasting, plus some other symptoms of serious diseases and their treatments. As Phoenix surgeon and legalization activist Jeffrey Singer told The Arizona Republic last summer, the use of marijuana for patients with such symptoms "is not really controversial among doctors; it's controversial among politicians."

. Other DEA Schedule 1 drugs include heroin, psilocybin, LSD and ecstasy. Cocaine, methamphetamine, opium and PCP, on the other hand, are Schedule 2, and therefore less tightly controlled, and the penalties for illegal possession and trafficking in them are less severe than for marijuana. In 1988, the DEA's own administrative law judge proposed moving marijuana into Schedule 2 because "marijuana is one of the safest therapeutically active drugs known to man." (The compounds in marijuana have no known level of toxicity. Studies showing serious health effects from smoking the plant are largely the work of one man, Dr. Gabriel G. Nahas, whose work has been described as fraudulent by his peers. Nahas' work was publicly repudiated by his own institution, Columbia University, in 1975, but he is still cited by drug warriors, including the editors of The Wall Street Journal's opinion page. The DEA ignored its own judge's ruling and has since denied all petitions to reschedule.

. Under current law, students with a drug conviction, no matter how minor, are ineligible for federal student aid; applicants who've been convicted of violent crimes, on the other hand, are not disqualified.

. In 2004, 771,605 people in the United States were arrested for marijuana violations, according to the FBI. Eighty-nine percent of those arrests were for possession. After studying the spending of myriad agencies, Jeffrey A. Miron, a visiting professor of economics at Harvard, has estimated that the federal government spent at least \$3.6 billion in 2004 to reduce marijuana use, and roughly \$257 billion (in 2003 dollars) over the last three decades. (The study was commissioned by Taxpayers for Common Sense,

which describes itself as "a non-partisan budget watchdog.") At the same time, the report says, marijuana use is "little different than in 1975."

. Between 40 and 50 percent of all Americans--the number varies from poll to poll--say they have at some time tried marijuana. An estimated 20 million use it regularly.

The Trade

Tucson is a big marijuana town, because it's so close to Mexico. Untold tons come north over the border every year. In spite of the manifest dangers of smuggling, it's still easier and safer than large-scale growing in the United States. Big grows on this side of the line are risky--last week's bust here in town of a house filled with hundreds of plants illustrates the dangers.

The average chemo patient looking for relief isn't likely to find the expensive, tasty, pampered sinsemilla (seedless marijuana) that comes into the northern states from Canada--only Mexican brick. By all accounts, there's plenty of that around.

Cannabis is a hardy, low-maintenance plant that grows best close to the equator, where it probably originated. It flourishes in parts of Mexico, and Central and South America, and is a very profitable crop: Even the lowest grade of seeded, field-grade marijuana goes for more than \$100 a pound (dried) south of the border. Once it's over the line, it's worth more than 10 times that. The huge markup is all about scarcity and risk.

"Brokers from Tucson just go down and look at it and make an offer, like any other farm crop. Like potatoes," explains a woman we'll call Pat. "It's a business."

Pat runs the Tucson Hemp Clinic. In fact, she is the Tucson Hemp Clinic: She supplies medical marijuana to about 75 patients, and she's very careful about what she says and does. She commits a crime when she buys weed in bulk and another every time she hands a month's supply to a patient.

It's not clear that anyone is very eager to police the medical marijuana community--NORML members have heard tales about police officers letting med users off after hearing their stories. Cops are human, and no jurisdiction wants the public-relations nightmare that Washington, D.C., landed last year when a 27-year-old quadriplegic named Jonathan Magbie died serving a 10-day sentence for pot possession in the D.C. jail. But careful is the only sensible way for Pat to be--what she is doing is absolutely against the law in Arizona.

She says that marijuana is easy to get hold of in Tucson, and that Southern Arizona is one of the cheapest places to get high in the country: High Times magazine's Hemp Market Quote feature usually pegs Mexican brick here at \$60 an ounce on the street. It's not great stuff. Brick belongs to a category of weed known among marijuana connoisseurs as schwag, a word that more or less explains itself. It grows out in fields where the male

plants are allowed to pollinate the female plants, creating seeds that, pot aficionados say, sap potency from the leaves and the most-prized part of the plant, the flower buds.

Pat says that Mexican weed is actually still quite good, but that the compression used to pack it for smuggling breaks off the fragile resin glands that contain the plant's psychoactive chemicals. Sometimes the pressure also crushes the seeds, which then leak an oil that becomes rancid. High temperatures are another enemy of potency, and shipments waiting to be spirited across the border can sit in the summer heat for weeks.

Most of the marijuana that moves through Tucson is bound for elsewhere, and local users will tell you that the best of it keeps on going, largely to the Midwest, where prices are higher. The gargantuan busts that hit the news don't affect local supply, Pat says, because the big, warehoused shipments are bound for the northern and eastern markets. (Police say that the product in last week's big indoor bust was also apparently headed north.) None of the local brokers Pat deals with have ever been busted.

Cutting to the chase: How hard is it to get marijuana in Tucson? Bill, a NORML member, recreational user and legalization activist, smiles at the question.

"Well, let me tell you a story. I work construction. One day, my boss sent me down to 22nd Street and South Alvernon Way to pick up some supplies, and right after I got to the place, a sheriff's deputy comes in and asks for so-and-so. Well, he and the guy go off laughing and talking, so I asked the guy at the counter what it was about. They'd called the sheriff, because that morning, when they got there to open up, they found five bricks of Mexican sitting in the parking lot. It had fallen off a truck. Literally."

Bill himself hasn't bought dope for 18 months, because he doesn't use it up very fast, and he gets it from a guy he knows who knows a guy, who ...

But when asked where someone else would find it here, he laughs.

"Just go out and look in the street."

Norma Price, a retired oncologist who practiced in the '70s and '80s in Atlanta and now lives in Tucson, says that she used to advise chemo patients who got no relief from the standard anti-nausea drugs to get weed wherever they could.

"I'd tell them to just start asking. A neighbor would turn out to know somebody who knew somebody, or they'd have a grandson offer to get it for them."

She and her partners in her medical practice eventually participated in an experimental protocol that allowed them to prescribe THC, the primary intoxicant in marijuana, in tablet form.

"It was not a panacea, neither the herb nor the pill, but it was helpful. The tricky part was for people to get enough to curb their nausea without becoming too sedated, and there

were few people who'd rather be nauseated than feel high. It was interesting," Dr. Price says. "It seemed to me that the people who got the most benefit were the people who had used it before."

Local quality is at its cyclic annual low right now: The new crop hasn't been carried north yet, and sellers are clearing out the dregs of last year's harvest, the seeds and stems nobody wanted earlier.

"It's capitalism at its finest," Pat says. "Pure supply and demand."

Cultivation

One way for medical users to solve the problem of supply is to grow it themselves, or have a friend or relative with a green thumb do it for them.

That's what Dan Shapiro's mother did when he got sick in 1987.

Shapiro, who has both an M.D. and Ph.D., is now 39, an associate professor of clinical psychiatry and assistant professor of psychology in the UA College of Medicine, and an author. His first book, *Mom's Marijuana*, is about how his anti-drug mother, a talented gardener, grew marijuana in the backyard of her Connecticut home to help him get through chemo. (Shapiro was diagnosed with Hodgkin's disease when he was a junior in college, and he battled it for five years. He is now well.)

Shapiro's mother saw that a baggie of marijuana her son bought relieved his racking nausea, but she was scandalized by how much the stuff cost. A practical woman who hated to see money wasted, she picked out 10 seeds and planted them behind a screen of sunflowers. Under her care, they grew into tree-like giants that towered over the yard and yielded more marijuana than Shapiro "could have smoked in a lifetime."

She has not continued to grow, says Shapiro.

"I don't think. But then, I haven't asked."

One of the many unintended effects of the War on Drugs has been to push users off the street and, literally, into the closet. And into the greenhouse and the basement and onto the patio. In the process, it has enriched those who furnish the means for growing the plant, including Canadian and European seed dealers, hydroponics store owners, horticultural-light manufacturers and organic fertilizer makers. Supplying the growers is big business. Marc Emery, the flamboyant Vancouver seed merchant recently arrested by the DEA in Canada, made the front page of *The Wall Street Journal* in 1995, and "Canada's dirty, well-lit marijuana trade" was splashed across the cover of *Forbes* magazine in October 2003.

Patients who grow their own or have someone grow for them--an arrangement that's legal, at least according to the state, in California--save money, don't have to buy their

weed from drug dealers and know that the product is unadulterated, and, if they wish, organic. Once they've got the seed, all the advice they need is online and in the bookstores; everything else is available at The Home Depot.

Another attraction of growing at home is the availability of specialized strains, including dozens bred for specific therapeutic uses that include controlling different types of pain, permitting sleep, relieving spasms and reducing anxiety. Judging from the conversations on sophisticated, crowded Internet sites like OverGrow.com, Cannabis Culture, MedUser.ca and Cannabis World Online, a significant fraction of the hundreds, if not thousands, of amateur plant breeders currently at work are themselves medical users, trying to develop better treatments for their own conditions.

As Michael Pollan observes in *The Botany of Desire*, all gardeners think of themselves as "small-time alchemists, transforming the dross of compost (and water and sunlight) into substances of rare value and beauty and power." The idea of a plant that can ease pain, induce sleep and raise spirits has brought out the alchemist in many, many people. OverGrow.com alone claims to have 126,000 registered members, and there are usually more than a thousand of them online at any given time. The site's mission is to "fight for the legalization of marijuana by teaching people to grow."

Marijuana seed is small, easily shipped, easily germinated, can be ordered online and doesn't cost all that much--usually between \$20 to \$200 for 10 to 20 seeds, depending on the strain. Marijuana seed listings, like all seed catalogues, make exciting reading for the gardener: Hundreds of hybrids with evocative names--Black Widow, White Widow, Double Widow, Shiskaberry, Trainwreck, Haze, Matanuska Thunderfuck--beckon. It's illegal to buy seed in the U.S., but not that illegal to sell it by mail in Europe and Canada--Emery, a Canadian citizen, was arrested for breaking American laws in Canada, a legally obscure action that is causing controversy north of the border. Dozens of seed banks are ready to sell you the genetics at retail, or you can score a bargain at an online auction. There are even charity seed auctions to benefit online community members with big medical bills.

If you were to shell out for seeds, receive them safely and grow them without your neighbors finding out, however, you might be disappointed. According to Bruce Mirken, spokesman for the Marijuana Policy Project, warnings that marijuana is now much stronger than it used to be--thanks to focused breeding programs and hydroponic growing--are hyperbole. He says that such claims are simply designed to scare parents into disregarding their own experiences of the plant.

In fact, the holy grail of many present-day breeders is to somehow replicate the mind-blowing effects of the famous '70s imports like Acapulco Gold, indigenous strains allowed to grow for long seasons--without benefit of law enforcement--in the conditions to which they were adapted. Other breeders aspire to create strains that will retain their potency in the wild, without selection by humans. (Marijuana left to itself in the higher latitudes loses psychogenic potency within a few generations.) Their aim is to eliminate

both the marijuana trade and the power of the government, any government, to control its citizens' use of the plant.

The Research

The main argument against legalizing marijuana for medical use is that little scientific research has been done on it, which is true. But that is not because researchers are not interested in fooling around with THC, which in its pure form has been approved for use for chemotherapy-induced nausea since 1985, or with the more than 60 related compounds found in marijuana resin. Quite the contrary: The discovery of cannabinoid receptors in the human brain in 1993 has suggested many fascinating avenues of inquiry, and bodies as august as the American Medical Association and the Institute of Medicine of the National Academies of Science have recommended that more research on marijuana be done.

But in an exquisite twist of the U.S. government's serpentine relationship with the plant, the only legal U.S. supplier of marijuana is the National Institute on Drug Abuse, one of the National Institutes of Health. NIDA has a pot field at the University of Mississippi. It produces poor-quality weed that NIDA is reluctant to part with, except to researchers who are looking for potential harmful effects.

There is no way around NIDA. Researchers have to account for their materials, so they cannot buy what they need on the street, nor can they grow it. In one case, Lyle Craker, a botanist at the University of Massachusetts who applied for a DEA license to grow pot for FDA-approved research into therapeutic uses of marijuana, waited more than three years for the agency to respond, only to be turned down by its administrative law court--the same body that ignored its own judge's recommendation that marijuana be taken off Schedule 1 back in 1988. The American Civil Liberties Union, which describes the DEA's policy toward medical marijuana research as "foot-dragging" and "stone-walling," is challenging the ruling.

Because investigations into the effects of the whole plant have been more or less stymied in this country for years, opponents of legalization can say there is no scientific basis for its medical use, in spite of evidence that some patients find it more beneficial than the legal, isolated brand of THC called Marinol that is approved for treatment of chemo-induced nausea. (Tragic testimony came in 2000, when a writer and AIDS patient named Peter McWilliams choked to death on his own vomit when he was forced to switch from marijuana to Marinol after being convicted for violating federal marijuana laws.) It's a closed circle that is beginning to open, though, as scientifically respectable reports come in from investigators in Europe, where marijuana has always been less-demonized.

And in a new development that is galvanizing U.S. medical users, a form of prescription marijuana produced in England, an oral spray called Sativex, has just been approved in Canada for use by multiple sclerosis patients.

The Anti-Prohibition Movement

The question that begins to emerge after wandering through marijuana world for a while is: Why?

Why is this country expending such enormous resources to control use of a substance so benign that a user would have to smoke an estimated 7,000 joints in an hour to accumulate a lethal dose?

(Bill, who says campaigning for legalization is his hobby, recently badgered the staff at the UA Poison and Drug Information Center until they confessed to having never heard of an overdose of marijuana.)

Why should sick people fear being arrested for using a plant that human beings have used for at least 8,000 years, a plant that many doctors think should be allowed back into the pharmacopoeia? (Dr. Shapiro describes the marijuana laws as "absurd;" Dr. Price feels strongly that it should be legalized.)

Why, in short, is marijuana on the DEA's Schedule 1? The answers are historical, institutional and, above all, economic.

The history of marijuana prohibition and the dawning of Reefer Madness in the U.S. is entangled with medicine's embrace of standardized medications early in this century, the ambitions of showboating law enforcement officials, middle-class society's suspicion of blacks and Latinos--the main users of marijuana in this country before the '60s--and the greed of the king of yellow journalism, William Randolph Hearst. (Hemp once threatened to become a viable competitor with wood pulp in the paper industry, and Hearst owned vast timber holdings.)

The current situation has much to do with widespread disinformation and stigma, but more substantial forces are also at play. As both Bruce Mirken and Mary Crow point out, the War on Drugs is an industry that encompasses law enforcement at all levels--especially task forces and local jurisdictions who seize and sell property--plus legions of bureaucrats, the prison industry, prosecutors, defense lawyers, drug rehabilitation centers and, last but not least, the 10-year-old, \$7 billion-a-year drug-testing industry. The Drug and Alcohol Testing Industry Association claims to represent 1,300 members, including "collection sites, laboratories, consortiums ... and testing equipment manufacturers." The first two mission points on its Web site, www.datia.org: "1. To represent the drug and alcohol testing industry in Washington, D.C., on key legislative and regulatory issues;" and "2. to expand the workplace drug and alcohol testing market." It doesn't get much clearer than that.

That 500-pound gorilla of the medical world, the drug industry, also has an obvious vested interest keeping marijuana illegal--what if millions started smoking pot and stopped taking Xanax?--and Crow, along with many other marijuana proponents,

suspects that their weight helps account for the disparity between public opinion and public policy.

"You can't patent a plant," she says.

Asked whether marijuana-cultivation and -smuggling interests may also be exerting pressure, Mirken can only speculate.

"I'm not aware of anything overt. But you know who the continued criminalization of marijuana benefits most--the worst elements on both sides of the law."

In the other corner is an array of organizations, some of them quite young, devoted to protesting drug policy and chipping away at the law, and, they hope, at the stigma attached to using marijuana. NORML, the ACLU and the Marijuana Policy Project, which is currently gearing up for another "regulation and taxation" campaign in Arizona, are some of the biggest players. Other groups include Americans for Safe Access, Families Against Mandatory Minimums, Drug Policy Alliance, Law Enforcement Against Prohibition, Mothers Against Misuse and Abuse, and Women's Organization for National Prohibition Reform, a group founded in 1929 and resurrected in 2004 in response to an ugly, humiliating (and fruitless) drug raid on a predominantly black high school in South Carolina. WONPR contends that marijuana prohibition is a women's and children's issue, and it's moved so decisively that president/founder Cher Ford McCullough is being honored with a 2005 National Leadership Award, which she will receive at the White House from President Bush.

At its national conference this summer, the half-million-strong National Organization of Women passed a resolution opposing the War on Drugs. Many libertarians and states' rights advocates are also strongly opposed to marijuana prohibition: William F. Buckley, Jr. has written about Peter McWilliams' death, describing the federal government's "imposition of marijuana laws" as "fanatical."

There are signs that public policy is catching up to public opinion. Ten states have functioning laws permitting medical marijuana use, and so far, all 10 are ignoring a June Supreme Court ruling that the federal government can arrest people who use pot under state medical marijuana laws. In August, the California Highway Patrol advised officers not to arrest people with fewer than eight ounces of marijuana who could document that they were medical users. The city of Denver just decriminalized small amounts of pot after a campaign that emphasized the relation between alcohol and domestic violence. Last year, an AARP poll found that 72 percent of people 45 and older asked whether it should be legal for patients to use marijuana with a doctor's recommendation said "yes." (Bill exults in this finding: "Any day now, AARP is going to come out on our side!") Weeds, a comedy about a pot-dealing suburban housewife, was a hit this year for Showtime. The image of marijuana as a dangerous, evil drug, or as one that turns the user into a worthless hippie stoner, seems gradually to be falling away.

"The marijuana subculture is much larger than people are willing to acknowledge," says Jonathan Lawrence, 36, another Tucson NORML member who, like Bill, doesn't need marijuana for medical purposes but who thinks it should be available to those who do. And to any other adult who wants to use it, for that matter.

"People are afraid to say they use it, or they'll be blackballed in the business community. That helps keep the stigma in place."

Lawrence, a Tucson native who asked to be identified fully in this story, now owns his own metal machining business, but has served in the Navy, and has worked in health care, corrections and manufacturing. He says that everywhere he's worked, he's known people who smoked marijuana.

"And they did their jobs just fine. The stereotype of the dope-smoking couch potato--well, those people exist, but they're individuals who'd be there on the couch with or without the dope."

Just as the drug warriors fear, the necessity of medical users is acting as the opening wedge for overall legalization--or as the MPP advocates, "regulation and taxation"--of marijuana. Patients' experiences are gradually increasing tolerance, one family and circle of friends at a time, says MPP spokesman Mirken.

Upon being told about Shapiro's mother, he says, "I cannot tell you how often I hear stories like that from physicians. OK, for example--last year, I got an e-mail from a guy I hadn't heard from since college after our alumni magazine ran a little piece about me. He's now a successful neurosurgeon in California, and what he wanted to tell me was that his wife had had breast cancer, that it was marijuana that got her through the chemo, and that he believed in what I was doing."

As Crow puts it, "People understand they've been lied to when they see the truth for themselves."

And the truth, she hopes, will set them free.

[END]

Addiction, Pain, & Public Health website - www.doctordeluca.com/