

Who is using Medical Marijuana

Several hundred thousand people across the United States use medical marijuana, but we really don't know the characteristics of the population. Who are they? Or, why are they using? Or, what are their patterns of use? Researchers began to try to answer this question with a study published in 2011 in the Journal Of Psychoactive Drugs. A group of California researchers studied 1746 consecutive admissions to nine medical marijuana assessment clinics. Now, these were patients consulting for the recommendation for a medical marijuana card. These were not clinics that were connected to a dispensary. These were more like doctors offices that provided a recommendation, and filled out the paperwork necessary for a medical marijuana card.

Now, back in 2006 it was really only patients with HIV, or AIDS. or patients with cancer with intractable nausea and chronic pain that would be able to receive a medical marijuana card, and the cards cost between \$100 to \$125 per assessment. Nowadays, the situation has been streamlined considerably for obtaining a card, and the indications have expanded dramatically, so the cost of getting a card in California now ranges just between \$25 to \$30, but the results of this study followed the findings of a number of other studies published since then. The population asking for a medical marijuana card is three quarters male, three fifths white, with a consistently under representation of women, and minorities. This may be due in part to a number of factors.

For women, it could be an artifact of gender distribution of certain kinds of injuries, men get in perhaps more motorcycle accidents, or have more work related muscle and skeletal pain injuries. However, this may be a sexist philosophy. There's plenty of women who do extreme sports, or other activities, and certainly women are at risk of getting injured on the job when they're doing heavy lifting repetitively with housekeeping, childcare, or other jobs that women routinely perform. It's more possible that women could experience a stigma associated with having illegal drugs in their home. Concerns regarding the use of an illicit drug on a social level, or they may be concerned that having those drugs in their home may put them at risk with child protection agency's if there was ever a situation where they were investigated.

That may be part of the reason why we don't see as many minorities, and medical marijuana card distribution, because they may be also avoiding law enforcement for fear of apprehension, but it also may be true that minorities have their own venerable traditions of herbal medicine, and don't really need to seek Western medicine, or the assistance of our community for medical marijuana. There may be some drug being diverted for non-medicinal use, which is certainly not specific to medical marijuana. We're aware of other drugs such as Oxycontin and the opiates prescribed for pain that are used for a number of different non-medicinal activities. Unfortunately, across our country, and similarly, drugs that are prescribed for muscle spasm, or insomnia such as the Benzodiazepines, Valium, and Xanax have been used for non-medical purposes, Ritalin or other stimulants prescribed for ADHD.

For patients who receive medical marijuana, chronic pain tops the list for maladies in the California clinical samples. They had already tried many conventional, and alternative therapies. Four out of five of these patients, 79.3% reported having tried other medications prior to medical marijuana prescribed by their physicians. Half of them tried opiates, almost half, 48.7% had tried physical therapy, over a third, 36.3% had been to the chiropractor, and nearly one fourth, 22.3% reported having had surgery for their condition. Many reported that they valued medical marijuana, because it reduced their dependence on alcohol. Two thirds reported use daily, one fourth reported using less than once a week, and the other 10% or so were using three, or more times per day.

Most patients a little over 50%, 56.1% consume their marijuana at nighttime often just before sleep, and most vaped or smoked whole about 86.1%. This example suggests that despite the best intentions of physicians and lawmakers, many drugs don't fit into two neat boxes of medical, and non-medical use, but are actually existent on a continuum where one use shades the other use based on patient's level of health, their daily life, their current situations, and circumstances. It's not clear where there's a border between medical, and non-medical marijuana, and some other drug use, and how this border might be drawn, or effectively placed.

There are limitations on this study. Obviously, this was one sample over a consecutive period of time in a few centers, and may not be representative of the overall population of patients seeking a medical marijuana card. Also there was a large number of patients identifying a marijuana source, and using marijuana medicinally, but have never gotten an official patient ID card. Hopefully, with the increased indications, and decreased costs, those patients can get the card, and get some additional options available if they choose.