

MARIJUANA

WEEDING OUT THE **MEDICAL** FACTS



FORWARD BY
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ABOUT THE AUTHOR

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He is the author of numerous articles and two books, namely *Cancer: An Integrative Approach* and *Complete by the Master's Touch*. He has been featured on radio and media broadcasts including *Consumer Magazine*, *KCIS Living Christian*, and *Campus Crusade for Christ* radio. He was nominated best naturopathic physician by *Seattle Magazine*. He is a professional member of the *American Association for Cancer Research*, *Oncology Association of Naturo-*

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He is married to Annamaria and has five children and three grandchildren.

You can find Dr. John on [Facebook](#) and [Twitter](#).

FORWARD

“With the legalization of marijuana in Washington State I wrote a free ebook on the issue theologically and pastorally. I did not address the medical issues because that was beyond my scope of expertise. However, my doctor and friend Dr. John Catanzaro was kind enough to research the medical aspects of marijuana usage and write them up. We genuinely hope this helps Christians make wise decisions and provide wise counsel – especially parents and ministry leaders.”

-Mark Driscoll

Pastor Mars Hill Church

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OPTION C OVERVIEW

OPTION C:
RECREATIONAL USE
IS IMMORAL,
BUT MEDICINAL
USE IS PERMISSIBLE

Some Christians are less skeptical of the current scientific evidence and say that Christians can use marijuana medicinally but not recreationally.

“There are biblical rationales for such a position,” **Bosch writes.** “The Presbyterian Church’s [USA] position on pot-smoking, which they adopted during a June 2006 General Assembly, notes that Matthew 25:35 calls for people to give aid to those who are suffering. Many Christians in favor of medicinal marijuana use this line of argument, saying that if it helps ease the pain of people dying from cancer, it’s a good thing.”

In fact, a variety of Christian denominations and groups have supported the medical use of marijuana: **“The Presbyterian Church (USA), the United Methodist Church, the United Church of Christ, the Progressive National Baptist Convention, and the Episcopal Church** have all either issued resolutions or signed statements supporting the use of marijuana under the supervision of a doctor. The Episcopal Church’s 1982 resolution even delves into politics by saying that it ‘urges the adoption by Congress and all states of statutes providing that the use of marijuana be permitted when deemed medically appropriate by duly licensed medical practitioners.’”

While allowing for marijuana used medicinally, many in this camp are skeptical of its benefit for

recreational usage. Bosch says, “Churches that support prescription cannabis don’t always endorse bong hits just for the fun of it. The United Methodist Church considers marijuana a gateway drug. At the Episcopal Church’s 1982 General Convention, a resolution was passed ‘proclaim[ing] there are harmful effects which can be permanently disabling with the use of marijuana.’ The Presbyterian Church is less strict; it stated in 1971 and again in 2006 that ‘marijuana is not properly classified . . . and conclusive evidence is lacking that it produces physiological effects or automatically leads to the use of more serious, addictive drugs.’”

Should Christians use marijuana? I would advocate that the soundest Christian response to the moral question is Option C: that recreational is immoral, but medicinal use may be permissible. In other words, my answer is “no” for recreational usage, but again I am open to the possibility of medical benefits in some cases, under a doctor’s supervision.

(The preceding section is an excerpt from the PUFF or PASS ebook)

TO USE OR NOT TO USE?

We've established that recreational marijuana as a Christian is not a moral option, but when is it permissible to use for medicinal purposes and what are the benefits? Strong opinions abound on whether doctors should be able to prescribe cannabis and how necessary and effective it is as a form of treatment. After all, **medical marijuana is legal in 18 states and DC**, but not legal according to the federal government! Many of the arguments used in debating the necessity of medical marijuana could also be used in many of the pharmaceutical drugs today. How many ads on TV promote these seemingly problem-solving drugs only to hit you at the end of this utopia-like scene with all the possible side effects? This is when you realize there is no magic pill only trade-offs of more acceptable side effects! Have you looked at your bottle of Advil lately, if all the right variables are in order, you could have severe stomach bleeding or a severe allergic reaction! The goal with any medical choice is to focus on the risk/benefit ratio and ask yourself, is it worth it? Then as a Christian you might also ask yourself the cliché, but truth-filled phrase, "what would Jesus do?"

MORAL DILEMMA?

Medical marijuana may be legal, but as Christians the burning question mark is the moral one. Where do doctors draw the biblical line? Should patients even request marijuana from their doctor? Is there a definite line or just an imaginary one that we think is there because as Christians, the words marijuana and medicine just don't seem to coexist? Is it possible to show compassion to someone in pain without causing someone else to stumble? We believe that this is a gray area that needs to be viewed first through the lens of biblical wisdom and then through scientific research.

MARIJUANA WITH BENEFITS?

The biggest push for medical marijuana has come from the standpoint of compassion. Marijuana is to be a last resort course of treatment for those who have a chronic illness or are in extreme pain such as those suffering from **cancer, HIV, hepatitis C, glaucoma and other diseases** as it is an excellent nausea suppressant and appetite enhancer.

The question is; are there other ways to treat and help those with these diseases that have less risk other than medical marijuana?

WHAT'S THE PROBLEM?

Even if it's legal and you have a condition that qualifies you for medical marijuana use, there's the slippery slope from medicinal use to recreational use to consider. What constitutes the crossover and how can doctors prevent abuse with their patients? As we have seen with many prescription pain medications comes the potential for abuse. States have issued guidelines and recommendations to ensure safety, but with states like Washington and Colorado having legalized recreational marijuana, there's bound to be confusion and gray territory between medicinal and recreational use. **U.S. Attorney Jenny Durkan in Seattle said in a statement**, that “regardless of any changes in state law, growing, selling or possessing any amount of marijuana remains illegal under federal law.” States have exercised their freedom and laws have been changed but legal doesn't necessarily mean beneficial! A legal option isn't always a good option, there's a reason why marijuana is still illegal even for medicinal purposes at the federal level.

Nevertheless this is a form of treatment that is on the rise and with current legislation doesn't show signs of slowing down! As Christians we should endeavor to study to show ourselves approved so that when we find ourselves in situations or conversations regarding medical marijuana we will know where we stand and be able to have meaningful dialogue not based on hearsay, but on truth! Read on for further enlightenment on this hot topic.

PART 3:
MARIJUANA
AS MEDICINE

DANGEROUS DRUG OR MIRACLE DRUG?

THE DEA (Drug Enforcement Agency) POSITION ON MARIJUANA:

*Marijuana is properly categorized under Schedule I of the Controlled Substances Act (CSA), 21U.S.C. § 801, et seq. The clear weight of the currently available evidence supports this classification, including evidence that smoked marijuana has a high potential for abuse, has no accepted medicinal value in treatment in the United States, and evidence that there is a general lack of accepted safety for its use even under medical supervision.**

In 1970, Congress enacted laws against marijuana based in part on its conclusion that marijuana has no scientifically proven medical value. Likewise, the Food and Drug Administration (FDA), which is responsible for approving drugs as safe and effective medicine, has thus far declined to approve smoked marijuana or any condition or disease. Indeed, the

* The DEA Position on Marijuana” The Justice Dep’t, (January 2011), http://www.justice.gov/dea/docs/marijuana_position_2011.pdf

*FDA has noted that “there is currently sound evidence that smoked marijuana is harmful,” and “that no sound scientific studies support medical use of marijuana for treatment in the United States, and no animal or human data support the safety or efficacy of marijuana for general medical use.” **

Yes there is reason for concern when the Federal Government and the DEA don't think that marijuana is a good idea, even for medicinal purposes! It could be because marijuana is the most common illicit drug used in the United States.** It may start out as pain relief medicine, but what would it take to use it beyond medical justification? It's like playing with fire, sooner or later the fire is going to win.

The National Institute on Drug Abuse shares their reasons for concern:

First, there have not been enough clinical trials showing that marijuana's benefits outweigh its health risks in patients with the symptoms it is meant to treat. The FDA requires carefully conducted studies in large numbers of patients (hundreds to thousands) to accurately assess the benefits and risks of a potential medication.

* Ibid.

** Drug Facts: Marijuana” National Institute on Drug Abuse, (December 2012), <http://www.drugabuse.gov/publications/drugfacts/marijuana>

*Also, to be considered a legitimate medicine, a substance must have well-defined and measureable ingredients that are consistent from one unit (such as a pill or injection) to the next. This consistency allows doctors to determine the dose and frequency. As the marijuana plant contains hundreds of chemical compounds that may have different effects and that vary from plant to plant, its use as a medicine is difficult to evaluate. **

FORMS OF MEDICINAL MARIJUANA

What's behind marijuana's mind-altering appeal? A mixture of dried, shredded leaves, stems, seeds, and flowers of the hemp plant *Cannabis sativa*...to be exact!** The main active chemical in marijuana is THC (delta-9-tetrahydrocannabinol) which is a long scientific word to say that it is the component that has an effect on the brain that sends you soaring or sinking, depending on the amount you consume.

The *Cannabis* plant contains various cannabinoids, which if in high concentrations can counter the negative effects of the THC chemical, which is responsible for the psychoactive component of marijuana.

* Ibid.

** Ibid.

The current methods of taking in medical marijuana include: Smoking, vaporizing, ingesting edibles, and reducing THC hemp into a vial of concentrated hemp oil or eating or juicing the whole raw marijuana plant. *

However the only federally approved forms of medicinal marijuana are two cannabinoid (synthetic) drugs, available under the names dronabinol and nabilone ingested and can be taken as a pill or capsule.

THE CLAIMS

Here's the other side of the story; the magical wonders attributed to medicinal marijuana:

Alzheimer's disease - In 2006, the Scripps Research Institute in California discovered that delta-9 tetrahydrocannabinol (THC), the active ingredient in marijuana, can prevent an enzyme called acetylcholinesterase from accelerating the formation of "Alzheimer's plaques" in the brain, as well as protein clumps that can inhibit cognition and memory, more effectively than commercially marketed drugs. **

* "Juicing medical marijuana the latest trend in amazing cures," Natural News, (January 9, 2012), http://www.naturalnews.com/034599_medical_marijuana_juicing_cures.html

** Dave Smith, "10 Health Benefits that Legitimize Legalization" International Business Times, (August 8, 2012), <http://www.ibtimes.com/%E2%80%98medical%E2%80%99-marijuana-10-health-benefits-legitimize-legalization-742456>

Epilepsy - A study performed by researchers at Virginia Commonwealth University discovered that ingredients found in natural marijuana “play a critical role in controlling spontaneous seizures in epilepsy.” Dr. Robert J. DeLorenzo, professor of neurology at the VCU School of Medicine, added that “Although marijuana is illegal in the United States, individuals both here and abroad report that marijuana has been therapeutic for them in the treatment of a variety of ailments, including epilepsy.” *

Arthritis - Marijuana proves useful for many types of chronic pain conditions, but patients with rheumatoid arthritis report less pain, reduced inflammation and more sleep. However, this is not to say that arthritis patients should exchange their medication with pot; marijuana eases the pain, but it does nothing to ameliorate or curb the disease. **

Anxiety - As an alternative, medical cannabis is a highly effective anxiety-relieving agent, has minimal associated side effects, and many patients report that it works much better for their anxiety conditions than prescription drugs. Scientists now understand that a cannabinoid molecule known as cannabidiol, or CBD, is responsible for many of cannabis’ anxiety-relieving effects, CBD has been shown to act on natural receptors that are found in

* Ibid.

** Ibid.

our nervous system known as CB1 receptors. There are many ways to use cannabis as alternatives to smoking. These include vaporization, tinctures, edible products, topical applications, teas, and raw plant extracts. *

Hepatitis C - A 2006 study performed by researchers at the University of California at San Francisco found that marijuana helps improve the effectiveness of drug therapy for hepatitis C, an infection that roughly 3 million Americans contract each year. Hepatitis C medications often have severe side effects like loss of appetite, depression, nausea, muscle aches and extreme fatigue. Patients that smoked marijuana every day or two found that not only did they complete the therapy, but that the marijuana even made it more effective in achieving a “sustained virological response,” which is the gold standard in therapy, meaning there was no sign of the virus left in their bodies. **

Cancer and chemotherapy - Both dronabinol and nabilone are approved by the Food and Drug Administration (FDA) for the treatment of chemotherapy-related nausea and vomiting in patients

* “Anxiety” MediCann, (2011), <http://www.medicann.com/cannabis-and-pain-relief/anxiety/>

** Dave Smith, “10 Health Benefits that Legitimize Legalization” International Business Times, (August 8, 2012), <http://www.ibtimes.com/%E2%80%98medical%E2%80%99-marijuana-10-health-benefits-legitimize-legalization-742456>

who have not responded to standard therapy. Many clinical trials have shown that both dronabinol and nabilone worked as well as or better than some of the weaker FDA-approved drugs to relieve nausea and vomiting. Newer drugs given for chemotherapy-related nausea have not been directly compared with Cannabis or cannabinoids in cancer patients. *

Most of these claims are based on small or limited research studies that could be anecdotal at best. As with any drug, given the right variables, there can be life-altering consequences, both good and bad.

* "Cannabis and Cannabinoids" National Cancer Institute, (October 3, 2012), <http://www.cancer.gov/cancertopics/pdq/cam/cannabis/patient/page2>

PART 4:
THE GUIDELINES

DOCTOR'S RX: CULTURE OR THE BIBLE

So what does the bible say about the medicinal use of marijuana? If it's legal and medically permissible and culturally accepted, then why not embrace it? As with a lot of shifts in culture it's easy to get swept up in the mindset, before checking to see if it aligns with God's Word. God has given us His Word, which is full of wisdom as Proverbs 8:34 says, "Blessed are those who listen to me, watching daily at my doors, waiting at my doorway." With that being said here are some nuggets of wisdom in the context of marijuana as a medicinal use:

"But take care that this right of yours does not somehow become a stumbling block to the weak. For if anyone sees you who have knowledge eating in an idol's temple, will he not be encouraged, if his conscience is weak, to eat food offered to idols? And so by your knowledge this weak person is destroyed, the brother for whom Christ died. Thus, sinning against your brothers and wounding their conscience when it is weak, you sin against Christ. Therefore, if food makes my brother stumble, I will never eat meat,

lest I make my brother stumble.”

(1 Corinthians 8:9-13 ESV)

Sometimes we can't do what we would like to do even when we are free to do it, because we are the body of Christ and the choices we make have an effect on one another.

“Be sober-minded; be watchful. Your adversary the devil prowls around like a roaring lion, seeking someone to devour.” (1 Peter 5:8 ESV)

Anything that causes us to be out of control and not in our right mind will eventually be our downfall.

“All things are lawful for me,” but not all things are helpful. “All things are lawful for me,” but I will not be dominated by anything.”

(1 Corinthians 6:12 ESV)

When something that may be permissible starts becoming an addiction then it's time for a fast or perhaps a permanent goodbye!

The goal of highlighting these scriptures is to underscore the importance of heeding wisdom. Marijuana as a medicinal use may not be spelled out in the Bible, but given the whole of God's word and the

principles of wisdom, when faced with disease and a decision, God has given us the tools necessary for personal application.

WASHINGTON STATE GUIDELINES

Here is the basic 411 on medical marijuana for those of us who are residents of Washington State derived from the Dep't of Health.*

The following providers may recommend medical marijuana (cannabis):

- Medical doctors (MDs)
- Physician assistants (PAs)
- Osteopathic physicians (DOs)
- Osteopathic physician Assistants
- Naturopathic physicians (NDs)
- Advanced registered nurse practitioners (ARNPs)

The law prohibits a healthcare provider from benefiting financially or otherwise, or offering a discount or other thing of value to a qualifying patient, based

* "Healthcare Provider Frequently Asked Questions" Washington State Dep't of Health, <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/MedicalMarijuanaCannabis/HealthCareProvidersFrequentlyAskedQuestions.aspx#1>

on a relationship with a dispensary or other organization.

QUALIFICATIONS

“Terminal or debilitating medical condition” means:

(a) Cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders;

(b) Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications;

(c) Glaucoma, either acute or chronic, limited for the purpose of this chapter to mean increased intra-ocular pressure unrelieved by standard treatments and medications;

(d) Crohn’s disease with debilitating symptoms unrelieved by standard treatments or medications;

(e) Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments medications;

(e) Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments medications;

(g) Any other medical condition duly approved by the Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery as directed in this chapter.

The requirements for providing a recommendation are:

- The patient must have a new or existing documented relationship with a primary care provider or specialist relating to the diagnosis and ongoing treatment or monitoring of the patient's terminal or debilitating medical condition.
- The provider may only provide a recommendation after:
 - Completing a physical examination;
 - Documenting the terminal or debilitating medical condition in the patient's medical record and that the patient may benefit from treatment of the condition or its symptoms with the medical use of cannabis;

* Ibid.

- Informing the patient of other options for treating the terminal or debilitating condition; and
- Documenting other measures attempted to treat the terminal or debilitating medical condition that do not involve medical cannabis.

RECOMMENDED GUIDELINES

*Under the Washington State law, qualified patients are allowed to appoint a designated provider to produce medical marijuana for their personal use. A designated provider is not the same as a caregiver, who is responsible for the health, safety and well-being of the patient. The sole responsibility of a designated provider is to grow and supply the patient's medicine.**

*A qualifying patient and designated provider may possess a total of no more than twenty-four ounces of usable marijuana, and no more than fifteen plants. This quantity became the state's official "60-day supply" on Nov. 2, 2008. ***

* "Finding a Designated Provider", Medical Marijuana in Washington, <http://medmj-wa.com/provider.html>

** "Medical Marijuana" ProCon.org (2012), <http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881>

Recommendations and guidelines are put into place for the safety of the patient and to protect the doctor. With marijuana being a controlled substance, one of the issues and concerns is, sharing a marijuana recommendation with someone else who doesn't need it for medicinal purposes or continuing to get marijuana from other sources once a recommendation has run out.

*1.7 million people age 12 and older in the U.S. abused or were addicted to pain relievers in 2007, according to government data. And in a 2007 government survey, about 57% of people who reported taking pain relievers for “nonmedical” uses in the previous month said they’d gotten pain pills for free from someone they knew; only 18% said they’d gotten it from a doctor.**

About 4.5 million people in this country meet clinical criteria for marijuana abuse or dependence.** This is an alarming statistic and even if marijuana is used for medicinal purposes and rules are followed, this is no doubt a slippery slope.

* “Prescription Painkiller Addiction: 7 Myths” WebMd, (August 10, 2011) <http://www.webmd.com/pain-management/features/prescription-painkiller-addiction-7-myths?page=4>

** “Drug Facts: Is Marijuana Medicine” National Institute on Drug Abuse, (December 2012), <http://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

DISPENSARIES

Are dispensaries legal?

No. The law does not allow dispensaries. The law only allows qualifying patients and designated providers to possess medical marijuana; the new law allows qualifying patients and designated providers to participate in collective gardens.

Only licensed healthcare providers licensed in Washington and other states that have passed legislation on medical marijuana can recommend marijuana. Marijuana is not prescribed by healthcare providers in Washington only recommended.

As of June 10, 2010, recommendations must be written on tamper-resistant paper. They must include an original signature by the healthcare provider, a date, and a statement that says in the healthcare provider's professional opinion the patient may benefit from the medical use of marijuana. The 2010 law change also prohibits the use of a copy of the patient's medical records in lieu of a recommendation. *

* "Healthcare Provider Frequently Asked Questions" Washington State Dep't of Health, <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/MedicalMarijuanaCannabis/GeneralFrequentlyAskedQuestions.aspx>

CASE IN POINT

A

Jan, celebrating her 60th birthday, a strong believer in Jesus Christ, was suddenly shocked by her newly diagnosed stage-four breast cancer. After receiving this devastating news she found it difficult to navigate the confusion that comes with such a severe diagnosis. Her oncologist inundated her with the traditional chemo drugs, surgery and radiation therapy. She was overwhelmed. He gave her no other solutions or hopeful measures.

Jan's friend, Jenny recommended that she see a naturopathic doctor as she and many of her friends experienced amazing results in getting healthy. Jenny also heard many stories of others that had gone to a naturopathic doctor and remarkably experienced astonishing results in battling cancer. Jan decided to go this route and made an appointment with a naturopathic doctor.

As part of the recommendation of changing diet, lifestyle stresses, getting on a proper nutrient program support and starting immune enhancing treatment, her naturopath recommended marijuana, otherwise known by its botanical name, Cannabis. As part of her treatment he recommended that she juice Cannabis 1x a day for its powerful anticancer properties. She began doing this and noticed a big difference in energy, appetite and even reduction in lymph nodes that were identified as positive with cancer confirmed by her imaging. She didn't give all the credit to the

Cannabis, as it was just one of the many treatments she was using to fight cancer. Jan is convinced that Cannabis has made a huge difference.

When her naturopath first recommended the treatment she struggled with all kinds of questions regarding the use of it. Friends were telling her it was wrong and against Christian values and others were advising her that if it was used medically that it was not a violation. Jan prayed, consulted with her pastor and very close friends she trusted and made her decision. She had peace with her decision. Some of her so-called “friends” misjudged her and they are no longer friends. Jan is doing wonderfully and continues to remain in the fight against cancer.

QUESTIONS FOR DISCUSSION

Does Cannabis have anticancer properties? *Yes, limited research and studies have been done but Cannabis may contain some anticancer properties.*

Did her naturopathic doctor recommend Cannabis correctly? *Yes a recommendation for Cannabis in combination with other cancer fighting treatments can be very effective.*

Should Christians judge other Christians for using Cannabis medically? *A medical decision to recommend Cannabis should be between a patient, their doctor, and God.*

Did Jan violate any biblical, ethical or moral stand with her decision? *No. It's a legal recommendation and she approached medical marijuana with prayerful consideration.*

What is the difference in medical use and recreational use? *Medical use is for the treatment of disease or the alleviation associated with it; whereas recreational use is purely a means of escape and to satisfy the flesh.*

Should Jan share with all of her friends that she is using “pot” as medicine? *It is best to use wisdom in sharing and not cause anyone to stumble as some people may not understand and some still may use it to justify taking it a step further for recreational use.*

CASE IN POINT

B

Steve is a 33 year-old construction worker. His job is demanding and strenuous. He works many long, hard hours in the cold. He injured his back on the job doing similar work 5 years ago. His back pain increases in intensity when the physical demand on his job increases. When Steve was in his late teens and early twenties, he smoked weed for fun and loved the way he felt on it. He got high on pot often. He stopped smoking pot when his new job required testing for all drugs including marijuana.

Bob, one of Steve's friends told him that now it is no longer against the law to smoke pot for pain and that there were marijuana storefronts (medical dispensaries) that were handing out prescriptions. Bob was not giving Steve correct facts here. Marijuana is not prescribed in Washington in its crude form only recommended. Marinol is the only FDA approved form of the synthetic Cannabis a derivative for pain and legally prescribed by healthcare providers and medical marijuana dispensaries are not legal. Steve looked into this further and discovered that if he had a recommendation for marijuana for his pain that his job couldn't penalize him in any way. The worst that could happen is he would not be allowed to operate any machinery. His employer would not dismiss him, because he had a legal recommendation for pain.

Steve decided that he did not want Marinol, which comes in prescription pill form (FDA approved). He wanted the “real” stuff. Steve had a “hey day” and smoked several times a day. He had no more pain or at least nothing he could feel. The question is, was Steve using the recommended marijuana medically or recreationally?

QUESTIONS FOR DISCUSSION

Was Steve using marijuana medically or recreationally? *Given his past use and his desire to have the “real stuff” instead of the pill version (Marinol, FDA Approved) and having a “hey day” with it; Steve definitely crossed the line from medicinal to recreational use!*

What is the risk to the work environment in allowing such prescriptions? *It can become a danger to fellow workers when someone isn’t fully alert on the job and may encourage a coworker who doesn’t have medical justification to use marijuana.*

Where is the dividing line in regulating marijuana medically? *Part of the Hippocratic oath that doctors take is to “do no harm”. As with any prescribed medication, a thorough intake process needs to be conducted including past drug addictions to ensure that the recommendation for marijuana will do more good than harm! Accountability and oversight needs to be in place with doctors and designated providers, to ensure legality and safety for both doctors and patients.*

Was the recommendation for Steve’s pain correct? *The Doctor should have given him an alternative pain medication or the prescription drug Marinol, which is a synthetic version of Cannabis.*

How may others be badly influenced by this type of recommendation? *It’s a slippery slope from an innocent recommendation to addiction. Doctors and healthcare providers should always do what is in the best interest of the patient, not necessarily what the patient wants.*

Would you consider this an addiction or a medical necessity? *If there’s another alternative to marijuana then it’s best to use it, and in Steve’s case the recommendation served to pacify his addiction, not a medical necessity as there are other forms of pain relief.*

CONCLUSION

WHAT SHOULD OUR CHRISTIAN RESPONSE BE TO THIS QUESTIONABLE FORM OF TREATMENT?

First as has been previously mentioned medical marijuana has some proven benefits especially for those suffering with chronic pain, nausea, and loss of appetite. Medical marijuana has its place within controlled guidelines, recommendations and proper accountability.

DOCTOR AND PATIENT RX:

Medical marijuana –

- Should only be recommended or prescribed (FDA approved Marinol) by a licensed healthcare provider
- Should only be used when all other forms of treatment have been exhausted or in combination with other forms of treatment

- Should be a temporary means of treatment as with any prescription drug to avoid addiction
- Should be a private matter, not broadcasted to everyone to prevent anyone else from stumbling

CHRISTIAN BROTHERS AND SISTERS RX:

- We should not judge those who use medical marijuana, neither should we enable addictions.
- We should offer compassion and support to those who are physically suffering. We should carry the burden of prayer for others.

We are aware that this is a complicated and controversial issue with no one-size fits all approach. The suggestions and information offered are meant to provide direction and understanding within the framework of the Christian faith. It would make life simpler if everything was black and white in the Bible, but alas there are gray areas that have yet to be defined! We are all on this journey of discovery together.

“May you be filled with the knowledge of his will in all spiritual wisdom and understanding.”

(Colossians 1:9 ESV)