



Question: Why So Much Time, Disease, and Death to Recognize a Toxic Substance?

Answer: Addiction and Profit

by John C. Hagan, III, MD

The odds of a suicide attempt were almost 3.5 times higher in youthful pot smokers versus those who didn't use marijuana.⁶

QUESTION: What do these deadly poisons have in common: arsenic, radium, mercury, thallium, cyanide?

ANSWER: At one time they were all considered by physicians and the public as useful medications and/or healthy supplements. They were taken in a wide variety of lotions, potions, notions, tinctures, tonics, and pills. These poisons were recommended, sold, and prescribed freely by physicians.¹ It took thousands of deaths and many decades before the harmful nature of these substances was perceived by physicians and the general public.

QUESTION: What disease causing carcinogenic substance was once widely used and recommended by physicians for coughs, sore throats, nervousness, and believed by the public to be harmless or salubrious?

ANSWER: Tobacco. More than half of physicians in 1940s smoked cigarettes and many recommended them to patients.² Smoking was considered by the public as socially sophisticated. They believed the doctors and dentists who told them tobacco was good for health. It took millions of deaths and many decades before the harmful nature of nicotine was widely perceived by physicians and the general public.



John C. Hagan, III, MD, FACS, FAAO, MSMA member since 1975, is a Kansas City, Missouri, ophthalmologist and *Missouri Medicine* Editor since 2000. He is a multi-year Diamond Contributor to MMPAC. Contact: drjhagan3@gmail.com

QUESTION: What class of drugs was widely touted by segments of the pharmaceutical industry and 'thought-leaders,' like Russell Portenoy, MD, in the late 1980s and early 1990s as a non-addicting panacea for pain? Physicians were told by these often industry-paid pain experts that if they did not prescribe these drugs they were not meeting the standard of care, subject to malpractice claims and perhaps committing a felony. Physicians responded by writing prescriptions for billions of these pain pills.

ANSWER: Opioids. It took hundreds of thousands of deaths and over a decade before the harmful nature of opioids was perceived by physicians and the general public. Dr. Portenoy, 'The Evangelist of the Opioid Epidemic,' is under a mountain of litigation, and now testifying against the opioid companies that paid him handsomely for his endorsement of their products.³ The opioid epidemic is one of our largest contemporary health care problems.

LAST QUESTION: What chemical substance is widely perceived by the public as medically useful or at worse, a relatively innocuous intoxicant? It's called "a medicine" in many states, and in others is as legal and available as wine, beer, and liquor? This substance is freely prescribed by a disappointing number of physicians to anyone with the cash to purchase a green, leafy 'medical' card?

LAST ANSWER: Cannabis. Sham 'medical' marijuana at its core is all about the euphoria, high producing, and habituating THC (tetrahydrocannabinol) molecule (Figure 1). Unlike the aforementioned health destroying chemicals, evidently not enough time has passed or deaths occurred for it to be obvious to physicians, the general public, law makers and product liability lawyers how devastating this exploding public health cannabis epidemic is becoming. As I write this editorial, millions of dollars and scores of paid activists are flowing like a noxious green river from its Big Weed source into Missouri to get recreational marijuana on our state November ballot. "Big Weed" is the derisive name for the unseemly and avaricious conglomerate of

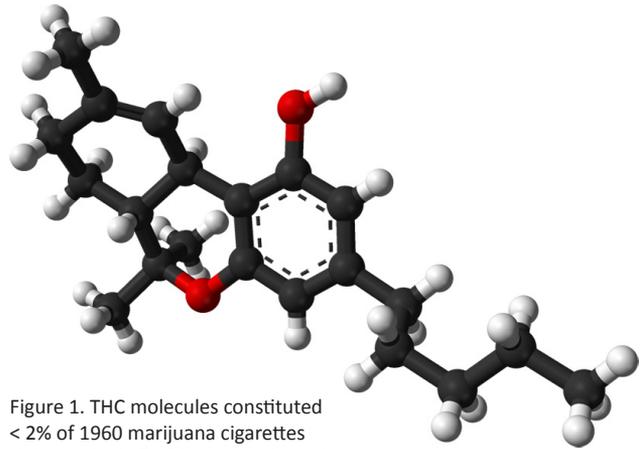


Figure 1. THC molecules constituted < 2% of 1960 marijuana cigarettes (joints). Liquid THC is now available in concentrations > 90% and can produce heroin-like high. THC is routinely found in illegal amounts in CBD products.

Source: Ben Mills, <https://commons.wikimedia.org/w/index.php?curid=4759840>

cannabis growers, processors, distributors, dealers, Mexican drug cartels, users/abusers, investors, and other hangers-on bent on making billions on medical, and inevitably recreational, marijuana."⁴

You don't have to be an ophthalmologist to know that 'hind-sight' is the clearest of all types of vision. We now ask how erstwhile physicians and back-in-the-day public could have been so ignorant as to believe that deadly poisons and noxious substances and habituating cancer causing nicotine would be good for them. But most of us were in practice when the purveyors of opioids for everything and everyone were enticing physicians to prescribe opioids and threatening us if we did not. Still it happened then; it's happening now. We must look at the pronouncements of physician thought-leaders much more critically as well as consider who is paying them money.⁵ When was the last time you heard an industry-sponsored thought-leader say anything critical about the drug that supplements their income? Me neither!

The percent of suicide incidents in which toxicology results were positive for marijuana has increased from 14 percent in 2013 to 23 percent in 2017."

<https://rmhidta.org/files/D2DF/FINAL-Volume6.pdf>

At first, addiction is maintained by pleasure, but the intensity of this pleasure gradually diminishes and the addiction is then maintained by the avoidance of pain.

-Frank Tallis

Missouri Medicine has chronicled and published as many scientific and social perspective articles on the detrimental effects of cannabis/THC products as any state medical journal in the United States. This began in earnest in the March/April 2012 issue (Figure 2). I will not reference all articles but many are posted on msma.org/marijuana-education-resources and also in the index of previous issues available at msma.org/missouri-medicine-library. Our Journal has referenced the social, legal, educational, domestic, and law enforcement devastation that medical/recreational marijuana has wreaked in once healthy Colorado. While legal marijuana taxes have only generated 0.9 of 1% of the Centennial State's annual budget, cannabis has created far in excess of that amount in added Colorado expenses, taxes, and social costs. See rmhidta.org/files/D2DF/FINAL-Volume6.pdf.

Physicians can write prescriptions for three FDA approved cannabidiol-based (CBD) pure drugs with individual indications for nausea and vomiting of chemotherapy, or childhood seizures or weight loss/poor appetite (Marinol®, Epidolex®, and Cesamet®) All of Missouri's major physician organizations opposed uncontrolled sham medical marijuana but supported legitimate true-science research on cannabis in the 2018 state elections. The introduction of medications by legislation and public referenda outside of FDA mandated pathways is unprecedented, unlawful, unscientific and frankly frightening.

The country is going to pot. We are losing the battle in Missouri and the United States. Our profession, the media, and the public are failing to note the parallels between rising violent crime and suicide in youth and the corresponding escalating use of cannabis products it largely reflects.⁶ The tsunami of money from both legal and illegally sold cannabis by Big Weed and the advocacy of growing numbers of users both habituated, addicted, or the scientifically misinformed is guaranteeing that cannabis will be the next and perhaps among the largest and most devastating public health crises in our nation's history.

I don't have any answers or easy solutions. Likely this will also take decades and hundreds of thousands of deaths before the public, legislators and healthcare professionals 'get it.' There will be little satisfaction and no solace in retrospectively saying, "I told you so."

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