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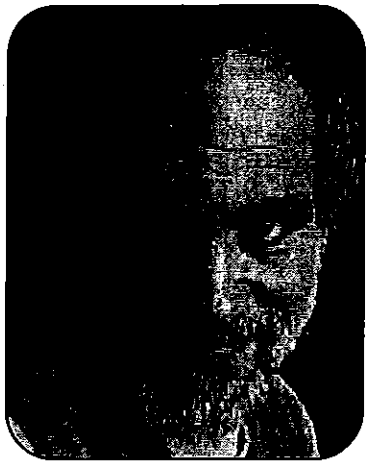

A WALK on the WILD SIDE:

Paraplegia & Marijuana

by Mark Mathew Braunstein

One unlucky day in 1990, I dived off a footbridge into a river and emerged a changed man. I broke my back and injured my spinal cord. Paralyzed. But not everywhere, just below the waist. And not forever—just the rest of my life.

Walking Zombies

Muscles paralyzed by spinal cord injury (SCI) experience involuntary spasms and intractable pains. Such paralysis cannot be cured, but its symptoms can be medicated. Thus many paraplegics daily pop five different pharmaceutical pills, and some quadriplegics ten, with no telling how many of each.

For spasms, there are tranquilizers such as Dantrium and Valium. Some side effects include liver failure, insomnia, and addiction. For chronic pain, there are narcotics such as codeine, Demerol and sometimes even morphine. Some side effects of those are constipation, sedation, and addiction. Paras and quads would be walking zombies, if they could walk.

Before 1990, for 17 years I neither consulted a physician nor consumed any pharmaceutical drugs, not even aspirin. During and after 1990, except for three occasions totaling four weeks, I've again avoided all pharmaceutical drugs, including painkillers. Especially painkillers. I have a high tolerance to pain.

Upon my induction into the community of cripples, I sought alternatives. I learned of one herbal remedy from the crip grapevine, from testimonies of both doctors and patients shelved in 1988 by the U.S. Drug Enforcement Administration (DEA), and from animal experimentation, the animal being me.

I learned that marijuana relaxes spasms more effectively than do tranquilizers and relieves pains more safely than do narcotics. And it is the one medication for SCI that treats both the spasms and the pains. It does have two side effects: euphoria and paranoia. Euphoria is not a problem. I have a high tolerance to euphoria.

Paranoia about police, however, can be a very real fear. That's fear about surveillance, search, arrest, interrogation, prosecution, attorney's fees, court costs, criminal fines, property forfeiture, prison sentences, parole restrictions and life-long loss of civil rights. And worst of all, they steal your stash.

Gone to Pot

In spite of euphoria and paranoia, my evening meal since 1991 often has included an after-dinner smoke. Also since 1991, I've remained employed full-time as a college librarian, a profession notorious for harboring dangerous criminals. Most paraplegics drop from the workforce; half because of their disabilities, and half because of their debilitating drugs.

For the past 18 years, I have remained productive not despite marijuana, but because of it.

Society owes me nothing. Social Security pays me nothing. No agency or aide assists me. I live independently, alone in a house in the woods. I prepare all my own meals, and grow some of my own food. I await the day where I can grow my own herb. It's the American way!

My body may be broken, but my life is not broken. I may not be whole, but I still am healthy. Both my naturopathic (ND) and my physical rehab (MD) physicians approve of my medicinal use of marijuana. But here in the State of Connecticut, neither can legally prescribe nor recommend it. Not yet.

So in 1996, to cover my ass, I traveled to Holland, the first Western nation to legalize medically prescribed marijuana. I now possess a prescription for one-half gram daily, which, after sifting, fills the space of the filter of a tobacco cigarette. What a big tiff over such a small puff!

With or without a puff, I have not just sat on my duff. In 1991, at one year post-injury, I began to ambulate with crutches. That includes up stairs and down mountains. Spasms, however, hinder my walking. To keep on trekking, I medicate with marijuana. Marijuana may not have promoted my signifi-

cant recovery, but neither has it prevented it.

A Truce in the War on Drugs

Being very visibly crippled may have some perks. With my crutches as swords and my wheelchair as shield, I have promoted social change, by which I do not mean curb cuts.

A turning point in the United States in its failed War on Some Drugs was heralded in November 1996 when California legalized medical marijuana. Two months later, inspired by Californian voters and emboldened with my Dutch prescription, I declared to the world that I had gone to pot, and I did so on page one of the Sunday editorial section of Connecticut's preeminent newspaper. The Hartford Courant even added a very beautiful and very memorable full-color illustration to adorn my public beheading.

Though the frigid political climate regarding cannabis had begun to thaw in California, in early 1997 the rest of the nation was still besieged by the chilling effects of intolerance. After I publicly confessed my crimes, friends and colleagues praised me as valiant and courageous, while my parents called me suicidal and self-destructive.

In anticipation of the worst that could befall me, I imagined myself the target of a pre-dawn police raid. "Come out with your hands up!" they would shout through their bullhorns. "Either I can come out, or I can put my hands up, but I can't do both!" would be my answer. And I wondered: was the state prison wheelchair accessible? So did the police ever come knocking on my door? Never! Instead the news media came knocking on my door. For the twelve years since coming out of the cultivation closet, I have served as the State of Connecticut's primary poster child for medicinal marijuana. That makes me half poster child and keeps me half flower child.

A Connecticut Yankee in Judge Arthur's Court

In my role as adult poster child, I have testified before state legislative committees — so often, that many legislators have come to expect my testimony at their hearings. Some proponents even personally apologize to me for having to welcome me back because of their failure to pass the bill the previous year.

Any bill's course in Connecticut requires passage in several committees, of which the most important is the Judiciary. The first committee to schedule its vote also hears the testimonies at public hearings. Then a bill must pass in the House and the Senate, or is rejected either by being voted upon and failing, or more often by not being voted upon and dying. If passed by both legislative bodies, then a bill is signed or vetoed by the Governor.

In 1997, I was one of two patients who testified to the Public Health Committee in support of a bill to legalize medicinal marijuana. The bill passed in Public Health, which at that time was a newsworthy event, but it died in the Judiciary Committee.

In 2001, I was the sole patient who testified to the Public Health Committee, again with no further progress.

In 2003, I was one of two patients who testified to the Judiciary Committee, and for the first time the bill passed there, and all other committees too, but it died in the House.

In 2004, I was one of the same two patients who testified to the Judiciary Committee. The bill passed all committees, then for the first time passed in the House, but died in the Senate.

In 2005, I was the sole patient who testified to the Judiciary Committee; the bill passed all committees, then for the first time passed in the Senate, but died in the House.

In 2006, the legislative session was short, during which the bill's proponents conserved their resources for next year.

In 2007, I was one of five (count 'em, five!) patients who testified to the Judiciary Committee. The bill passed all committees, then passed both (both!) the House and the Senate, but was vetoed by the Governor.

In 2008, I came to realize that I am not the only one suffering from paralysis.

Two Fallacies Up in Smoke

During past debates on the floors of the House and the Senate, some opponents had loudly called to question the very efficacy of medical marijuana. In 2007, however, such doubts were unvoiced. Their most recent objections instead centered on the tangential issue of marijuana as a recreational drug. Their two main contentions were these: first, that marijuana is a highly addictive drug, and second, it opens a gateway to even more addictive drugs.

I dispute both claims. For living proof, I look to all my friends and to the millions of youths who smoked pot during the Sixties, but eventually tired of and outgrew it in

the decade following. No rehab, no twelve-step programs, no purges. They simply shed it like a winter coat in summer. Now pushing sixty, some of those former pot smokers have infiltrated the ranks of my legislators. Presently as coffee drinkers, those former pot smokers all concede that caffeine is a hundred times more addictive than marijuana, and so they voted for the bill.

Legislators who opposed the bill cited extreme cases of ruined lives gone up in smoke. Some recreational users do become habitual abusers, but they meagerly rank among the rare exceptions, not the far broader rule. Adherents to the gene theory of addiction believe that if marijuana did not exist, born addicts who placate their addictive behavior with marijuana instead would seek far harder drugs, namely tobacco and alcohol.

On a personal note, I can attest that except for one cup of coffee once a month, I abstain from all addictive drugs, whether recreational or medicinal, whether herbal or pharmaceutical. During my lifetime I smoked tobacco only once and got drunk only twice. I must not have been born an addict. Presently, I medicate only once every two or three days. When I refrain from my herbal medication for four days, I experience return of leg spasms and shooting pains that are symptoms of SCI. As for any symptoms of withdrawal from marijuana, I experience none.

Then there's the tiresome gateway theory. It is not true that 99 per cent of all coke, crack, and heroin addicts first started their descent into drugs with marijuana. They first started their descent with caffeine, nicotine, and alcohol. What is true is that 99 per cent of all youths who use marijuana never go on to use coke, crack, or heroin. For that one-percent minority, the relationship of marijuana to other recreational drugs is associative, not causative. If legislators restricted the sale of milk to only nightclubs and bars, then they could say that drinking milk leads to drinking alcohol.

Again on a personal note, I can attest that I have tried coke only once and never tried ecstasy or meth or crack or heroin. Never. And not for lack of opportunity — during my field research into the drug scene in southeast Connecticut, I have borne witness a dozen or more times while people smoked crack and shot heroin. Indeed they were just people, not monsters nor demons. Demons may or may not lurk in the drugs they use. But demons surely reside in our fears of the drugs we do not use and therefore do not know.

Why Testify?

Sometimes I wonder, why bother to testify? After all, I continue my use of marijuana under the public eye, and yet without any hindrance from law enforcement, employer or landlord. Legal or not, I have used marijuana medicinally for the past 19 years, and legal or not, I will continue to do so.

So I testify not on my own behalf, but on behalf of other patients who use marijuana clandestinely, as their senses of self-preservation are stronger than mine. Also I testify on behalf of future patients, who eventually will include the very legislators who vote against the bill. While they not very likely will suffer SCI or contract MS or AIDS, many indeed will be afflicted by and die from cancer. When they undergo chemotherapy, they will be thankful if given the option of using marijuana to alleviate their nausea and their pain.

The movement to legalize medical marijuana is all about offering patients choices, not edicts. To express it in the terse lexicon of bumper sticker slogans: If you disapprove of medicinal marijuana, then don't use it.

In 1937, the United States for the first time declared marijuana illegal, a prohibition which seems almost as silly and useless as making the sun and the rain illegal. The medical community, through its American Medical Association (AMA), opposed the ban. At that time, the AMA protested because doctors wished to keep the herb in their cornucopia of prescription drugs in order to retain options.

Freedom is synonymous with choice. In this regard, our campaigns to declare peace in the War on Some Drugs are issues of civil rights and of human rights. Opponents charge that efforts to legalize marijuana's medicinal use are just steps to eventually legalize its recreational use. I speak only for myself, but I am guilty as charged.

My own use of marijuana is medicinal for below the waist, and recreational above. I advocate for its legalization not just for medicinal use, but also for recreational use. Because, who can judge the crippled from the able? Because, how can be discerned the ill from the well? Because what line can be drawn to separate terminal cancer patients who will die in a month or a year from the rest of us who will die in ten years, or fifty? After all, we all get sick, and we all are going to die. ✿

Mark Mathew Braunstein wrote *Getting High & Staying Healthy: How to Reduce the Health Risks of Smoking Marijuana,* which appeared in the Fall 2008 issue of Treating Yourself.

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