

Wellness Not Intoxication

By Stephen DeAngelo, Co-Founder and Executive Director



stoner flicks. Were this the only consequence of accepting the idea of cannabis as intoxicant, it might not be so dangerous. However, in the greatest of ironies, this concept that originated with prohibitionists has found political expression today in the idea of legalizing cannabis for recreational purposes.

When I first became an activist, almost forty years ago, our movement had no institutional memory of cannabis as anything other than an intoxicant. One of the iconic early images of our movement encapsulates this reality: the photo of a young Allen Ginsburg holding a poster that reads “Pot Is Fun”.

Today, the cannabis reform movement sits at the crossroads between wellness and intoxication. For the past 15 years, the movement has achieved unprecedented success by defending the rights of Americans to use cannabis as a medicine. Now, many segments of the movement argue it is time to shift strategy, and promote the idea of legalizing cannabis for recreational purposes. I disagree.

Human beings have recognized cannabis as a medicine and a sacrament for thousands of years. In fact, the very first mention of cannabis in recorded history was in a Chinese medical text. Its history as an intoxicant is much more recent, and is largely a construct of prohibitionist forces. Until the 1850s, when a small group of French writers discovered and promoted its psychoactive properties, cannabis users themselves almost always described the plant with medical and spiritual terminology.

It took almost another century, until the Hearst newspaper campaign of the 1920-30's, for the public image of cannabis to become firmly fixed as an intoxicant. For two decades, dozens of Hearst newspapers bombarded America with images of Mexicans and African Americans, lead into lives of vice and violence by the devil weed. In the public mind, cannabis was transformed from an obscure ingredient in patent medicines, to an intoxicant whose use would lead inevitably to dissolution and debauchery. The prohibitionist campaign to reconfigure cannabis from something that makes you well, to something that gets you high, achieved its ultimate goal in 1937, when the federal government made cannabis illegal for all purposes.

It is tragically ironic that since then, successive generations of cannabis users have unwittingly embraced and advanced the prohibitionist paradigm of cannabis as an intoxicant. Cultural manifestations of this embrace include such silliness as Cheech & Chong, Cypress Hill, Weeds, and a whole slew of stupid Hollywood

A classic Yippie chant of the 1970s captured the same sentiment: “We Smoke Pot, And We Like It A Lot”. We early activists based our arguments for changing the laws on the foundation of individual rights; on the idea that the pursuit of happiness includes the right to get high.

There is nothing wrong with the idea of individual rights. In fact, the opportunity to defend traditional American ideals was one of the things that attracted me and many other activists to the movement. However, it proved to be an ineffective strategy. Victories were rare, and even the small successes we enjoyed—like the spate of state decriminalization laws passed in the 1970's—were shortly thereafter reversed in a wave of national concern about the economic and social consequences of widespread intoxication.

For many a long and lonely year, the cannabis reform movement was overwhelmed by the likes of DARE, Just Say No, and the Partnership for A Drug Free America. The specter of a stoned nation, losing its competitive edge to a culture of self indulgent hedonism, was successfully deployed by our opponents to justify re-criminalization, urine testing, denial of student and housing aid, and draconian sentences. The personal choice to get high was transformed by our opponents into a threat against all society.

The cannabis movement was put into a nosedive, suffering defeat after defeat. Our argument of an individual right to get high was unable to resist their argument, which equated cannabis

with unrestrained hedonism and social decline. At the end of the day, Americans were more concerned with preserving economic progress and social stability, than with an individual right to intoxication.

Astute movement strategists began to recognize that we needed to offer the American public more than another way to get high, if we were ever to move public opinion. The first of these was Jack Herer, and the industrial hemp movement he sparked; which was tremendously successful at educating Americans about the ecological and economic benefits of cannabis. It was the first time our movement seriously focused on cannabis as anything other than an intoxicant, but industrial hemp failed to generate any meaningful legal changes.

The strategic breakthrough that put us on the road to our current success occurred in the early 1990s, when Dennis Peron redefined cannabis as a public health necessity for AIDS-ravaged San Francisco. Voters responded by passing Proposition P, the first in a long string of electoral and legislative victories for the new medical cannabis movement. The successful new strategy of explaining the medical uses of cannabis was adopted by activists from all over North America, leading to the longest string of electoral and legislative victories in the history of the cannabis movement.

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Today, with medical cannabis laws in sixteen states and the District of Columbia, the cannabis reform movement is at a crossroads. Some voices are calling for a change in strategy, arguing that the emphasis on medical cannabis leaves the majority of cannabis users without legal protection, and that therefore the movement should advocate for legalization of cannabis for recreational purposes. Other voices—including me—call for a renewed movement-wide emphasis on cannabis as a medicine. The direction we take, and how successful we are, will be decided by our understanding of the fundamental nature of cannabis.

Common to both legalization advocates and their prohibitionist opponents is the notion that only a small minority of current cannabis users could legitimately qualify as medical cannabis patients. This coincidence of opinion is troubling, but not surprising, since it rests on the same misconception of the nature of medical cannabis.

Western medicine has traditionally relied on an illness model of human health. The human body is seen as being much like a machine; and doctors much like mechanics. The body is either working, or broken. If broken—or ill, it is brought to the doctor. He or she intervenes, almost always with pharmaceuticals or surgery; and the body is once again operational. Until the next time it breaks down, when the cycle starts over.

Of course, we now know that this conception of human health is overly mechanistic and simplistic. We know that instead of just being sick or healthy, that human beings operate on

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Variety of CBD-rich medicine at Harborside.

a graduated spectrum of wellness; and that holistic techniques like diet, exercise, yoga, meditation, and herbal therapies (including cannabis) are at least as effective—and probably more effective—at enhancing and preserving human wellness, than interventionist techniques like pharmaceuticals and surgeries.

Under the illness model, cannabis is seen as a palliative agent; reserved only for gravely ill patients. It is viewed as a last-resort treatment due to its supposed “high potential for abuse”, and to be tried only when all other possible therapies and substances have proven ineffective. Recent discoveries about the curative and preventive properties of cannabis; lesser known cannabinoids like CBD; and the discovery of the endocannabinoid system are ignored. The tragic outcome of this flawed thinking is overly restrictive legislation like that recently passed in New Jersey and Washington DC, which reserve cannabis for extremely compromised patients.

The wellness model understands cannabis as a widely efficacious, extremely safe substance; capable of preventing and curing illness, as well as alleviating immediate symptoms. It is viewed as a first choice treatment; more affordable, and with fewer side effects than less effective pharmaceuticals. The wellness model recognizes the endocannabinoid system as critically important medical discovery, probative of the widespread anecdotal reports that cannabis is effective for everything from cancer to hangnails. The logical outcome of the wellness model is well displayed in less restrictive systems like California’s, which give more discretion to recommending physicians.

In my view, an accurate interpretation of the wellness model of cannabis use can account for upwards of 98% of current cannabis use. Some patients may use cannabis to mitigate side effects of chemo or radiation, or manage the seizures of cerebral palsy, or the tremors of MS. Other patients may use cannabis to reduce stress or anxiety; or to spark their appetite, or their libido, or their creativity. But they are all using it for wellness.

In other words, very little cannabis use is actually for “recreational” purposes, or intoxication. This truth is not negated by the fact that many users of cannabis buy into the misconception that their own use is recreational. The following is an archetypal example, cobbled together from several different conversations, of such misconception:

“You know, Steve... I’m your biggest supporter. I really do believe in medical cannabis. But me myself—I’m not sick, I’m not a patient. I love the way cannabis makes me feel, but I’m perfectly healthy.”

I reply by asking our patient to describe exactly how he uses cannabis, and what benefits it brings to him.

“Well, I come home from work. I’m still stressed out; maybe irritated about something that happened at work; maybe depressed about the routine, or just fed up with the rush hour commute. I don’t have patience to hang out with my kids, or be attentive to my wife, or calm down enough to enjoy my dinner. I can’t really let go of it all until I smoke a joint. Then the tensions of work and commute melt away. My stress, anger, and depression lift. I feel less distant from my wife and kids, and enjoy playing and talking with them.

I get hungry and start looking forward to dinner, which I thoroughly enjoy and easily digest. I am appreciative and attentive to my wife, and after dinner we enjoy some extra fulfilling intimate time together. I sleep soundly, and wake up refreshed and alert, happy and ready for the new day.

Sometimes on the weekends, when I am painting or playing music, I’ll use cannabis to get in a creative mood. It’s just a part of my routine, what makes me feel good, what I like to do. But I’m not sick.”

Under the illness model of medicine, upon arriving home from work our imaginary patient would be diagnosed as suffering from several disorders: anxiety, social affective disorder, anger management disorder, and depression.

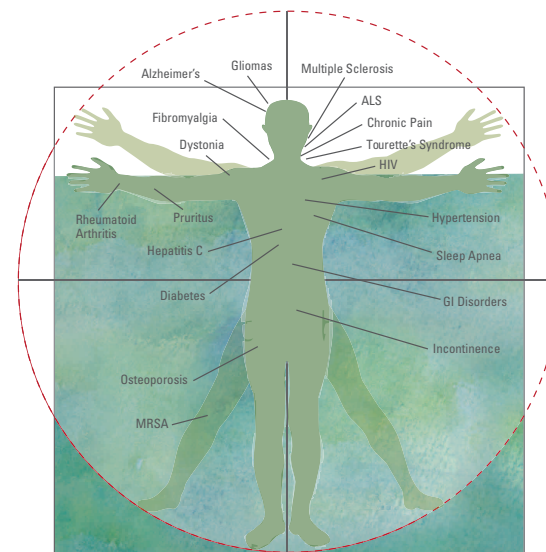
There are whole classes of pharmaceutical drugs devoted to the management of exactly these “disorders”: benzodiazepines, tricyclic amines and reuptake inhibitors. Examples of these pharmaceutical drug classes include Xanax, Valium, Elavil, Tofranil, Prozac, Cymbalta, and Wellbutrin—to name just a few.

At dinner time, under the illness model, our imaginary patient could also benefit from another class of heavily advertised drugs designed to manage diet and appetite and digestion. These include: Prilosec, Protonix, Prevacid, Xantac, Adipex-P, and Acomplia (recently taken off the market due to high risk for suicide & depression).

As we move from the dinner table to the bedroom, we note that the fastest growing class of drugs on the planet are erectile dysfunction drugs, intended to induce more passionate intimate encounters. These include Viagra, Levitra and Cialis—these drugs are the pharmaceutical route to increased sexual satisfaction for our patient. And if our patient did not have cannabis to lull him gently to sleep, the pharmaceutical industry would be ready with an arsenal of sleeping pills. They are the second most widely prescribed type of pharmaceutical, intended but rarely in fact successful at inducing deep sleep with no morning after affect. Millions of prescriptions are written every year for these substances, which include: Ambien, Lunesta, Rozerem, Restoril, and Sonata.

Every single benefit our imaginary user cited for cannabis has a competitor in the pharmaceutical realm, a fact which is probably not incidental to Big Pharma’s generous donations to the War On Drugs. But the pharmaceutical competitors, foisted on us by saturation levels of television advertising, come with a list of side effects that reads like something out of a Stephen King novel: itching, grogginess, dizziness, nausea/vomiting, sore throat, elevated liver enzymes, flu-like symptoms, severe rashes, hives, swelling of the face, throat, tongue, lips or eyes, difficulty breathing or swallowing, hangover effects, electrolyte imbalances, ataxia, depression, anxiety, confusion, loss of consciousness, fainting, respiratory depression, rhabdomyolysis, myopathy, weakness, elevated cholesterol, headaches, muscle spasms, urinarytract infection, suicidal thoughts, and possible death.

Cannabis of course never killed anybody, or caused severe rashes or liver failure, or suicidal ideation. Its side effects are limited to such horrible things as increased appetite, euphoria, or deeper sleep. Furthermore, cannabis provides wellness benefits that still elude the pharmaceutical industry. These include: a libido enhancer that works for women, as well as for men; an often effective spark to the creative process, useful for everyone from musicians, writers to designers; a non-toxic anti-cancer agent that stops tumor growth with virtually no side effects; an effective topical relief for rheumatoid arthritis and psoriasis, and the most promising agent for the prevention of



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Alzheimers. These are just a few of the unique wellness benefits provided by cannabis—and there are uncounted uses yet to be discovered.

Despite overwhelming evidence that cannabis is a safe and effective aid to health and wellness, prohibitionists and legalizers alike cling to the idea that most cannabis use is motivated by hedonism; by a desire to get high. Promotion of this idea by prohibitionists, who enjoyed great success by categorizing cannabis as an intoxicant, is understandable. It is more difficult to comprehend why some cannabis proponents want to switch back to a losing strategy, just as our movement is on the brink of success.

Public opinion polls over and over again document a 20-30 point differential in support for medical cannabis vs. legalization for recreational purposes. Somewhere close to 80% of Americans consistently support medical cannabis; while less than 50% support legal cannabis for “recreational” purposes. While it would seem obvious that the path to greater cannabis reform involves mobilizing the overwhelming support for medical cannabis, legalization advocates insist now is the time for the movement to refocus on the “recreational” use of cannabis.

Rather than positioning recreational cannabis as being in opposition to medical cannabis, my fellow activists might instead recognize that promoting recreation is one of the many health and wellness benefits provided by cannabis. Recreation itself has long been recognized in America as an essential ingredient for health and wellness. It was cited as one of the major reasons for the last century’s movement for a 40 hour work week, as well as for the founding of respected institutions like the YMCA and the Boy Scouts. America’s understanding of

recreation as an essential part of wellness is also reflected in the creation of our public parks system, and the growth of music and dance therapy programs in schools and other institutions. Our movement should build on these positive associations by explaining the need for recreation within the context of wellness, rather than the context of getting high. We can thereby remove cannabis from the realm of intoxication, and help more Americans understand why we place so much value on this plant.

The soccer moms of America are never going to buy the argument that their kids need one more thing to get high on, no matter how safe or natural that thing is. But they might vote in favor of allowing adult citizens to make their own health and wellness decisions. Legalization of marijuana for recreational purposes—a strategy that emphasizes cannabis as an intoxicant—plays right into the hands

the prohibitionists, who are itching for another opportunity to portray cannabis users as decadent hedonists. And at this time, in this place, the legalization strategy is not merely misguided—it is dangerous.

Given the rise of the Tea Party, and the resilient strength of religious conservatives, switching to the recreational use paradigm could imperil all the progress made by the movement since the early 90s.

Our newly recharged opponents would be given the ammunition they need to reload the weapon they used so effectively in the 1980s. Instead, advocates of legalization should recalibrate their understanding of medical cannabis from the illness model to the wellness model; and focus their energies on expanding the umbrella of medical cannabis to include all users of the plant.

Such a recalibration will take different forms in different places, but should find immediate expression in the language of state-wide initiatives being considered in California, Colorado, and other states. Rather than calling to legalize marijuana for recreational purposes, our movement should call for all adults to be given full access to cannabis for purposes of health and wellness. Instead of accepting the limitations and inaccuracy of the illness model of medical cannabis; our movement should

ensure that all legislation embraces the wellness model of medical cannabis, and is therefore expansive enough to bring all adults under its protection.

The centerpiece of this approach should be a defense of the traditional rights of doctors and patients to make medical decisions, without interference from unqualified politicians or bureaucrats. In California, doctors are permitted to recommend cannabis for any medical purpose for which it is effective, just as with all other medicines. However, all other medical cannabis states, to one degree or another, restrict doctors ability to recommend cannabis by limiting them to a list of specific diseases. The cannabis reform movement should insist that doctors who recommend cannabis be treated like all other doctors, and be allowed to make their own medical decisions. Given the new discoveries about cannabis, doctors would be well justified in recommending it for most Americans—if they were allowed to follow their own judgment.

If local political conditions are challenging, a less ambitious step could be taken toward the same goal. In New Jersey and other states with extremely restrictive medical cannabis laws, legislation and initiatives could expand the list of qualifying conditions, so more people could become legal patients. Again, there is overwhelming scientific evidence for this position.

In states that have already authorized some system of medical cannabis distribution, activists should strive to modify those systems, to remove impediments to serving patients, and barriers to growth and innovation. In those states where medical cannabis has been approved, but no distribution system exists, activists should strive to implement one.

In extremely progressive states such as California and Colorado, voters may even soon be ready to approve the idea that cannabis is so safe, adult Americans should be empowered to make their own health and wellness decisions about its use—just as they do with more dangerous substances like aspirin.

On the local level, initiatives could be launched to reverse bans and moratoria of dispensaries; to implement effective licensing and regulation; to educate the public about the new science of cannabis; and to outreach to seniors and vets and other groups desperately in need of cannabis medicines. And of course, we still have 34 states where patients are suffering without any protection from the law. A strategy that emphasizes health and wellness is the most effective and rapid way to bring them relief.

A reaffirmation of cannabis as a champion of wellness is not only effective political strategy; it is also the logical conclusion of the most recent scientific discoveries. First and foremost of these is the discovery of the endocannabinoid system, which scientists have determined is the largest neurotransmitter system in the human body. The widespread impact of this system on human health explains and validates anecdotal reports of cannabis being efficacious for an extraordinarily wide range of health conditions.

Studies of individual cannabinoids like CBD have revealed many heretofore unrecognized therapeutic effects, and are already serving as the foundation of development of precisely targeted single-molecule medicines. The US government may not believe in the medical efficacy of cannabis, but the most enlightened segments of the pharmaceutical industry have been avidly studying it for many years.

Today, our movement stands at the crossroads between wellness and intoxication. The idea of recreational use, or intoxication as an individual right, was tried and failed by the cannabis reform movement long before most of today's activists became involved—and indeed before some of them were born. In the intervening years, the power of the religious right and social conservatives has increased, along with public anxiety about the American economy and global competition. If cannabis reform movement begins to emphasize the right to get high, as expressed in the idea of legalizing marijuana for recreational purposes, we must expect these opponents to deploy the same arguments about hedonism and social decay that were so effective in the 1980's.

They will argue that it is not simply a matter of an individual right, but that the aggregate effect of so many people getting high all the time will constitute a threat to society itself, and especially to America's economic wellbeing. They will answer our arguments about increased tax revenue and decreased

law enforcement costs, with the position that all those benefits will be eclipsed by the economic impact of unrestrained hedonism. We would be tremendously naïve to think such arguments will no longer resonate with the American public. Do we really want to risk a re-run of the eighties; a potentially disastrous jump from our most successful strategy, to one with a proven history of failure?

On the other hand, the road of wellness has yielded the longest sustained period of success our movement has ever seen. It enjoys the overwhelming support of the American public, and is resoundingly confirmed by hard science. It has generated new systems of legal cannabis distribution, and a huge wave of momentum, which is gathering steam with every passing day. It fits with the traditional American ethic of hard work and self reliance, and provides our political allies a defensible way to support cannabis law reform. Most importantly, the idea of wellness is consistent with the way the overwhelming majority of people truly use this most amazing and blessed plant.

As we sit here at the crossroads, considering the best direction, let's take some time to smell the flowers. One of the most beautiful and inspiring things about the cannabis plant is the way it has drawn so many people, of such diverse backgrounds, into one community and one movement. We all come here from different routes; we have different experiences, and different ideas about how to get things done.

The existence of the strategic debate outlined in this paper is a mark of the maturity of our movement, which is now large enough to hold a wide diversity of opinion. This is a good thing, a healthy thing. May we always remember that though we walk different paths, we are all moving toward the same goal. May we act in a way that the spirit of cannabis herself would be proud of us, and treat each other with respect, and gentleness, and humility. I salute each and every one of you who loves this plant, and has done something (even if it's a small thing) to make it free. Together, we will get there. 🌿



Steve DeAngelo

A Life Well Lived in the Cannabis Movement

Steve DeAngelo is an inspired leader, who has contributed four decades of activism and advocacy to the cannabis reform movement. His vision and leadership have been featured by news teams from around the globe including major news outlets in the United States, Canada, Japan, Germany, and the United Kingdom. The media has described Steve's landmark Harborside Health Center as a model facility that combines safe access to a wide range of lab-tested cannabis medicines, along with a full complement of free patient services, including a holistic healing clinic. Steve's other accomplishments include co-founding Steep Hill Laboratory, the nation's first cannabis testing laboratory; and ten years as CEO of Ecolution, a pioneering manufacturer of industrial hemp goods. He is also President of the Arc View Group Angel Investment Network.

Steve has been featured by The New York Times, The Washington Post, CNN, the Associated Press, The Wall Street Journal, NPR, and the BBC; Fortune Magazine and literally every major network news source in the country. His creation of a model medical cannabis dispensary and lifelong cannabis activism, coupled with his extensive knowledge in this arena, has made him one of the most respected national thinkers and speakers in the cannabis and hemp industries.