

Letters to the Editor

Readers Speak Out on NAADAC's Position Statement on Medical and Recreational Marijuana

Letters

Dear editor,

Re: article "NAADAC Leadership Opposes Recreational Marijuana." How is this for an analogy? Begin "prescribing" smoking cigarettes for tobacco's nicotine stimulating effect for those with poor sleep, lethargy or mild depression?

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the same conclusion. However, Big Pharma keeps this a secret and puts billions into the "Chemical Imbalance" myth.

I work with college students and 20 percent of the students at my university have smoked marijuana in the last two weeks. Three to four times that many have consumed alcohol, which no one could argue is more harmful. Why shouldn't NAADAC be on the side of legalization? Do we really want to keep putting these kids in jail for this? Other addiction professionals have told me that we should not be putting them in jail as they need treatment. The vast majority do not need treatment. These kids are not stupid and can see past the emotional arguments we give them. I had one kid who pointed out that after being arrested twice in Montana for Possession of DANGEROUS DRUGS (cannabis) that he was told that he had a "disease." He said that at home in Massachusetts, he would have had to pay two \$25 fines and in Montana he had a disease that needed treatment.

We are a joke to these kids and for good reason. I wonder what would happen if we were to stop lying to these people for a change? They then might not resent coming to us when they actually do develop a problem.

Name Withheld
Montana

Dear editor,

You might consider changing the name of the magazine to *Advances in Job Security*.

Both of your articles on marijuana were a repeat of the same emotional arguments that have been thrown out there for 50 years. I am a recovering addict and have not used for well over 25 years. I feel that I am able to be fairly objective on this issue. My main concern is that you are applying a different set of standards to so called "legitimate medicine."

"People who use marijuana are endangering their health" (p.5) OK, I can accept that.

However, one could make the same statement about the psych meds that most of this profession supports, even though the risks are profoundly greater than for marijuana and the good they do is actually far less.

The idea that the medical profession needs to study marijuana because they don't know all of the risks involved is hypocritical. Marijuana has been around for thousands of years and we do know the risks, which are minimal. And yet this same profession hands out SSRIs like candy when the risks of these drugs are definitely not known as some of them are less than 20 years old.

Given the absence of any tissue pathology in any of the so called psychiatric "diseases," the best we can go on is self-report. Who are we to doubt someone who says they get relief from depression, anxiety, etc. from marijuana? You might want to check out Kirsch's study on SSRIs and their efficacy (<http://psychrights.org/Research/Digest/CriticalThinkRxCites/KirschandSapirstein1998.pdf>)

"No sound scientific studies support medical use of marijuana..." (p.6) If one critically examines the research for psych meds, one cannot help but come to

Dear editor,

Referring to your article on NAADAC Leadership Opposes Recreational Marijuana (under Advocacy in *Advances in Addiction and Recovery*, Spring 2013 issue):

I must commend NAADAC on the position you are taking on the increasing liberalization of marijuana use along with your position statement.

Although it seems like an uphill battle, I believe that we in the addiction field need to stay true to the science, which shows minimal benefit from using marijuana.

Over my years of working in the field, I have seen too much beginning with teenagers, all the way to older adults. I have seen the medical marijuana docs sign off on cards without really doing any type of real assessments on those applying for the cards.

Although now retired, I continue to advocate from a volunteer status.

Again, good job and keep up the pressure.
Ray Wilson, MS, NCAC-II (Retired)
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What do you think about this or any other issue? Send your thoughts to Donovan Kuehn, Managing Editor, at dkuehn@naadac.org.

