

Better Healthcare Newsletter from Patrick Malone



Dear Jessica,

Recent archeological finds show that [pot was hot as far back as 2,500 years ago](#) (in far western China). For such an ancient drug, you would think by now we'd know everything there is to know about it. Yet mythology runs rampant to this day, as Americans seem to have busted one set of marijuana myths and replaced them with others.

With marijuana [legal in some form in a preponderance of states and under discussion for federal decriminalization](#), it's worth a hard look at not quite a decade of lawful experience with this drug, stripped of the stigma of "evil weed."

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BY THE NUMBERS

22.2 million

Number of Americans 12 and older who reported in a nationwide survey that they had used marijuana in the last 30 days.

18.7%

Levels of psychoactive component THC (tetrahydrocannabinol) in legalized marijuana tested in Colorado. That

There still is a significant need for rigorous research. But grass, contrary to what some contend, hasn't proved to be a [menace](#). It [doesn't add to mental illness or fuel extreme criminality](#). It also hasn't shown itself to be great for at least two groups that may be its biggest enthusiasts: the young and the old. It isn't a sound idea for expectant moms. It can be bad for pets. Its use can be detrimental to road safety. And wild claims about the medical benefits of marijuana — especially extracts of it and its cousin hemp — simply can't be backed up, at least for now.

So let's not get dopey about dope. Instead, inhale deeply of the reliable knowledge available about pot for our collective safety and health. *

*If you see colored type in this newsletter, it indicates the presence of a hyperlink you may click on for further information.

CBD: a cannabis extract creates almost confusion by design



Wal-Mart, Walgreens, and CVS sell it, and its promoters assert -- without hard evidence -- that cannabidiol, aka CBD, a chemical found in the *Cannabis sativa* plant, can help to treat a host of medical problems — from pain to [epileptic seizures](#) and more: [anxiety](#), [inflammation](#), sleeplessness.

The suddenly super-trendy substance, which can be and often is derived mostly from hemp and not necessarily from marijuana, is [giving federal regulators fits](#). That's because [extreme and unsubstantiated claims about CBD](#) and products containing it are booming, as is confusion about its [legal oversight and its very legality](#). Manufacturers are putting it in pet foods, soft drinks, bath salts, and oils and solutions that users add to food and rub on themselves.

compares with 3.7% readings in early '90s.

44%

Percentage of fatally injured drivers who tested positive for use of marijuana or opioids. That's a 50% increase over similar test results from a decade ago.

\$52 billion

Total estimated spending on cannabis, from both illegal and state-licensed sources in 2016. Ten years earlier, the number was \$34 billion.

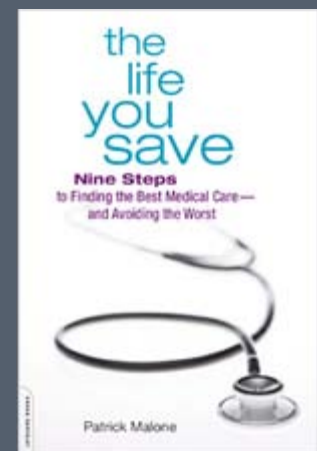
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Even as CBD is poised to blow up into an estimated \$22-billion-a-year business, public hearings by the federal Food and Drug Administration (FDA) have underscored that, for thousands of CBD products for sale now, there is sparse science to guide users or regulators about an array of concerns. These include correct dosages, expiration dates, and safe and effective manufacturing to ensure they don't also contain other elements like tetrahydrocannabinol, or THC, the main psychoactive component in marijuana.

Reports already have cropped up of tainted CBD products, including bottles of an ingested liquid that sickened 52 patients in Utah, causing them to lose consciousness, have seizures, or become agitated and confused. Virginia Commonwealth University researchers found that a CBD liquid for vaping contained a compound often found in illegal synthetic marijuana products. The substance can trigger paranoia and panic attacks, increase heart rate and blood pressure, and cause convulsions, organ damage, and even death.

The FDA has begun to crack down on CBD claims and products, warning Curaleaf Inc., of Wakefield, Mass., that the firm illegally is "selling unapproved products containing cannabidiol (CBD) online with unsubstantiated claims that the products treat cancer, Alzheimer's disease, opioid withdrawal, pain and pet anxiety, among other conditions or diseases." Curaleaf is a noteworthy regulatory target because news reports say that investors have made it "the most valuable marijuana company in the U.S." The FDA, joined by the Federal Trade Commission, also has cautioned three other companies — Nutra Pure, PotNetwork Holdings, and Advanced Spine and Pain — about extreme CBD claims.

But as Uncle Sam seeks to tamp down the CBD fervor, is it too late? Will officials repeat their pokey performance with:

- the opioid crisis, and how regulators failed to do all they could to protect the nation from what has become a leading killer of Americans younger than 55.
- the explosive growth of vaping and its devices, notably e-cigarettes as exemplified by the market dominator Juul. Vaping's skyrocketing growth, experts fear, has hooked millions of young people on highly addictive nicotine — consumers who otherwise wouldn't have used it.
- stem cells, a therapy that still is under considerable investigation by reputable clinicians and institutions. But injections of various body materials, promoted as stem cells and with the hype of athletes and celebrities, have become a risky arena of circus-like offerings.



Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



PAST ISSUES

Beware: Quest for beauty can come at too high a cost
Let's praise medical malpractice lawsuits
All about vaccines: What you and your family need and why
Coping with crushing medical bills
Some insights into eyesight, and how to take care of our aging eyes

You Can Eat This... But Why Would You?

Looking Ahead:
Preparing for Long-Term Care

Managing Chronic Pain:
It's Complicated

Secure Health Records:
A Matter of Privacy and Safety

Standing Tall Against a Fall

[More...](#)

Governing magazine — which focuses on laws and lawmakers — reported that [CBD oil is legal in 30 states](#) where marijuana has been broadly legalized. It cited Prevention magazine for saying that 17 more states have CBD-specific laws on the books. Governing said [this about CBD and the states](#), a growing number of which already have [dashed ahead and legalized marijuana itself](#) for medicinal or recreational use:

“[S]tate and city lawmakers are making their own [CBD] rules. A 2018 Colorado law contradicts federal rules, saying all parts of hemp plants can be added to food for sale. Regulators in California, Maine, and New York City have sided with the FDA and banned adding CBD to food. Many states don’t allow hemp CBD to be sold to the public at all, whether as an oil, pills or mixed into smoothies ... Hemp industry lobbyists are pushing lawmakers in more than a dozen states to approve bills that would expand hemp farming and access to CBD products.”

The Atlantic magazine found the substance so ubiquitous that it reported on [risks that travelers might face by packing it](#) for domestic and international sojourns. Hint: Be careful, especially if carrying CBD materials overseas.

It may take [regulators and lawmakers years to sort out the current mess over CBD oversight](#). That’s because it has zig-zagged through different legal paths through which officials regulate substances. The FDA subjected at least one company to strict processes so a CBD-based drug could win formal approval for epilepsy care. That may mean that all CBD products now must be considered as drugs and be subject to extensive testing, including clinical trials. But some vendors and proponents say the substance should be considered a supplement or a foodstuff, meaning it would be much less strictly regulated. Congress has added to the confusion by rushing through measures legalizing hemp and its products — without guidance for regulators about CBD.

Because of the negative views that much of society has taken toward intoxicants like marijuana, medical scientists have been blocked from conducting rigorous studies of pot and pot products, including CBD, that might provide clarity. (More on this in a bit.)

So let’s be blunt: Without extensive research to back them up, claims about CBD’s benefits should be taken with skepticism.

Suffice it to say that, no matter the cautions, human curiosity and the possibility of finding relief from problems like pain and nausea may prompt some consumers to give CBD and other hemp and marijuana extracts a try. They may wish to consult with their physicians before doing so. They should do it cautiously and [with awareness of the placebo effect](#) — that is, just believing that a substance can be beneficial sometimes can make patients feel better.

Consumer Reports, curiously for a mainstream organization, has put out guides to public attitudes on CBD and suggestions on careful obtaining and savvy use of the substance. Caveat emptor: When it comes to humbug and health care, if it sounds too good to be true, it likely is just that.

Much more study is needed. But what is known now gives mixed verdict on pot



So, amid a lot of claims about marijuana's benefits, especially its supposed positives for health, what do reputable studies tell us?

The respected [National Academies of Science, Engineering, and Medicine in 2017](#), as the organization itself reported, conducted a "rigorous review of scientific research published since 1999 about what is known about the health impacts of cannabis and cannabis-derived products – such as marijuana and active chemical compounds known as cannabinoids – ranging from their therapeutic effects to their risks for causing certain cancers, diseases, mental health disorders, and injuries. The committee that carried out the study and wrote the report considered more than 10,000 scientific abstracts to reach its nearly 100 conclusions."

These blue-ribbon experts, the academies said, "found evidence to support that patients who were treated with cannabis or cannabinoids were more likely to experience a significant reduction in pain symptoms. For adults with multiple sclerosis-related muscle spasms, there was substantial evidence that short-term use of certain 'oral cannabinoids' — man-made, cannabinoid-based medications that are orally ingested — improved their reported symptoms. Furthermore, in adults with chemotherapy-induced nausea and vomiting, there was conclusive evidence that certain oral cannabinoids were effective in preventing and treating those ailments."

But experts at the national academies — like those who have studied marijuana at the RAND Corporation think tank — stress that significantly more research is needed to develop a full and accurate picture of marijuana's harms and benefits. As [Beau Kilmer, a Ph. D.](#)

RAND researcher and head of his respected think tank's Drug Policy Research Center, has written:

“Marijuana is not a harmless substance, and its consumption is correlated with adverse outcomes (e.g., high school drop-outs, mental health disorders); however, it is often hard to prove that marijuana use causes those outcomes. There is, on the other hand, clear causal evidence linking marijuana use to accidents, cognitive impairment during intoxication, and anxiety and panic attacks that sometimes lead to emergency-room visits. Persistent heavy users run the risk of becoming dependent and also suffering from bronchitis. There is also strong evidence linking heavy marijuana use with psychotic symptoms, cardiovascular disease, and testicular cancer. We know very little about the health consequences — both harms and benefits — of the new marijuana products that are proliferating in places that have legalized.”

Researchers are challenged by rapid changes affecting all phases of marijuana, or as Kilmer has described them, at least 10

P's: production, profit motive, promotion, prevention, policing and enforcement, penalties, potency, purity, price, and permanency.

It is difficult to weigh in on grass's health harms or other key matters, because markets already have made products available in so many forms and strengths, whether for smoking, vaping, ingesting, or application on the skin.

Experts caution that today's marijuana, cultivated and refined, packs more of a wallop than the pot of yore. In strong edible forms, it is “more likely than inhaled pot to cause severe intoxication, acute psychiatric symptoms in people with no history of psychiatric illness and cardiovascular problems. Pot smokers, on the other hand, were more likely to have gastrointestinal complaints, including a vomiting condition called cannabinoid hyperemesis syndrome, and they were more likely to be hospitalized if they needed emergency care,” emergency room doctors in the early pot-legalizing state of Colorado have found, the New York Times reported.

As for one of pot's claimed medical benefits — its potential in easing pain — it may not be as helpful as some have argued in getting patients away from other powerful drugs, notably opioids. Advocates offered this vague hope in many states, possibly to boost their efforts to liberalize pot laws. The idea seemed to get early research support. But as the Los Angeles Times reported of a recently published study:

“[A] team led by Chelsea Shover of Stanford University School of Medicine decided to update the analysis [about the potential marijuana benefit] using data through 2017. When they did, they found the reverse: Death rates involving prescription opioids were 23% higher than expected in states that passed medical marijuana laws. Legalizing medical marijuana ‘is not going to be a solution to the opioid overdose crisis,’ said Shover, a postdoctoral scholar in psychiatry and behavioral sciences.”

Still, as proponents power up a push for marijuana and its derivatives for pain, anxiety, and other maladies, and as the money burgeons in pot-related enterprises, unhealthy consequences are occurring.

For users young and older, vulnerabilities



For the young and the old, the increased availability of marijuana has sharpened health concerns. Both groups have developmental or cognitive vulnerabilities that aren't helped by pot.

For children and pets, dope can be a bad trip. Kids too easily get into adult supplies, some of which can look like fun eats (e.g. cookies and brownies). In Colorado, emergency rooms [have recorded a significant increase in cases of kids treated for marijuana toxicity](#). It can affect youngsters' breathing and cause them to lapse into unconsciousness and require hospitalization. [Veterinarians say they are routinely treating dogs and cats](#) in major distress because they have gotten into owner stashes. The pets display anxiety and incontinence, may suffer breathing problems, and may even lose consciousness. [Most recover with care. Which may cost owners](#) anywhere from a few hundred bucks to \$1,000.

For adolescents and young adults, marijuana carries different risks. Like [drinking](#) and tobacco [smoking](#), pot use can be a teen test of growing up, a way to rebel and struggle to independence and adulthood. [Kids experiment with marijuana](#) in different ways: It is smoked, vaped, eaten, drunk, dabbed, chewed, and wiped on. Pot and other recreational drugs can be seen as cool — they're popularized with a sly wink in the movies and on TV.

But who doesn't know that drinking, smoking, and pot use can cause sustained health harms? Besides children, [teens and young people](#) — especially young men — are showing up for higher rates of ER treatment in states like Colorado. Concern is growing among doctors and public health officials over a wave of [hospitalizations involving 200 or so young people](#) in two dozen states, all of whom vaped liquids with nicotine, home mixtures, or THC. Jerome Adams, the U.S. Surgeon General, just issued an advisory as the "nation's

doctor," warning against marijuana's health arms for the young. [The American Academy of Pediatrics](#) has taken a deep look at the available research and re-upped this view:

"Marijuana use in pediatric populations remains an ongoing concern, and marijuana use by adolescents has known medical, psychological, and cognitive side effects. Marijuana alters brain development, with detrimental effects on brain structure and function, in ways that are incompletely understood. Furthermore, marijuana smoke contains tar and other harmful chemicals, so it cannot be recommended by physicians. At this time, there is no published research to suggest benefit of marijuana use by children and adolescents. In the context of limited but clear evidence showing harm or potential harm from marijuana use by adolescents, formal recommendations for 'medical marijuana' use by adolescents are contrary to current evidence."

The physicians also decry the criminalization of pot and note that thousands of young people have been harmed by overzealous prosecution of marijuana use.

Tougher laws for users younger than 25?

Still, as lawmakers consider existing and prospective measures dealing with grass, at least some doctors argue that marijuana ought to be regulated differently from liquor or tobacco. There are strong reasons why, [wrote Kenneth L. Davis, president and chief executive of the Mount Sinai Health System](#), and [Mary Jeanne Kreek, head of the Laboratory of the Biology of Addictive Diseases at Rockefeller University](#), in a *New York Times* Op-Ed. They argued:

"Numerous studies show that marijuana can have a [deleterious impact](#) on cognitive development in adolescents, impairing [executive function, processing speed, memory, attention span and concentration](#). The damage is measurable with an I.Q. test. Researchers who tracked subjects from childhood through age 38 found a [consequential I.Q. decline](#) over the 25-year period among adolescents who consistently used marijuana every week. In addition, studies have shown that substantial adolescent exposure to marijuana may be a [predictor of opioid use disorders](#)."

They discussed the harms that THC, a key chemical in marijuana, can cause to developing young brains, adding: "The risk that marijuana use poses to adolescents today is far greater than it was 20 or 30 years ago, because the marijuana grown now is much more potent. In the early 1990s, the [average THC content of confiscated marijuana was roughly 3.7%](#). By contrast, a recent analysis of marijuana for sale in Colorado's authorized dispensaries showed an [average THC content of 18.7%](#). The reason the adolescent brain is so vulnerable to the effect of drugs is that the brain — especially the prefrontal cortex, which controls decision making, judgment and impulsivity — is still developing in adolescents and young adults until age 25."

This leads them to conclude: "While society may consider a 21-year-

old to be an adult, the brain is still developing at that age. States that legalize marijuana should set a minimum age of no younger than 25. They should also impose stricter limits on THC levels and strictly monitor them.”

Pot and the older crowd

Seniors are another group that bears watching to see how their well-being may be affected by marijuana use. It is on the upswing among older adults, as National Public Radio reported:

“A study published in the journal *Drug and Alcohol Dependence* ... suggests that increasing numbers of middle aged and older adults are using marijuana — and using it a lot. The analysis comes from data gathered in the [National Survey on Drug Use and Health](#) in 2015 and 2016. About 9% of U.S. adults between ages 50 and 64 used marijuana in the previous year, according to survey results. About 3% of people over 65 used the drug in that time period. This appears to be up from years past. In 2013, the same survey reported that 7% of middle-aged Americans used marijuana in the previous year, and only 1.4% of people over 65 ... many of the older Americans turning to marijuana are new converts to its use. About 45% of those over 65 who use the drug said they got started after the age of 21. And boomers who use marijuana also seem to be using it more often. Study authors found that 5.7% of middle-aged respondents said they'd tried it in the past month.”

Older users differ from their younger counterparts, studies suggest. They aren't stoners, recreational users dulling themselves into listlessness. They use marijuana to deal with complaints like pain, anxiety, insomnia, and symptoms like nausea and loss of appetite due to chemotherapy for cancer. They also may be self-medicating for depression.

Their use may be problematic, because they may process drugs differently due to age-related changes in their bodies. Marijuana, already more potent than many anticipate, may hit older users with a wallop. It may interact with other drugs and supplements. It can worsen depression and anxiety. While intoxicated, mildly or otherwise, older users may be more vulnerable to injury. This is especially true with falls. As the nation grays, such tumbles pose a significant and even lethal risk for older adults. The list of potential issues that marijuana creates for them may give them pause. One study reported these with detailed citations of research (omitted here):

“Marijuana use can negatively affect the health of those in the older adult population beyond abuse and dependence. Marijuana use has been associated with injury, mental health problems, cardiovascular disease, respiratory problems, metabolic syndrome, cancer, unhealthy diet, and drug–drug interactions. In addition, the use of marijuana with other substances, including prescription drugs, tobacco, alcohol, and other illicit substances, may exacerbate the negative effects of marijuana use in aging bodies.”

Marijuana fuels road risks

Whether young or old, marijuana users [have increased their risks](#) when they get behind the wheel. [The Governors Highway Safety Association reported](#) that 44% of fatally injured drivers tested for drugs had positive results in 2016, which is up more than 50% compared with a decade ago, [according to the nonprofit, nonpartisan Pew Trusts](#). The positive results were for opioids and marijuana.

It is especially bad news that abuse of the two drugs is boosting road wrecks and fatalities because the nation — after years of progress — [has struggled with a recent spike in its road toll](#). Drunk, drugged, distracted, and sleepy: Impaired motorists are boosting the carnage on the nation's streets and highways, killing and injuring themselves, other motorists, and [bicyclists and pedestrians, too](#).

Although studies of roadside tests implicate marijuana as a road peril — with [12.7% of drivers in one set of samples testing positive on weekend nights and 8.7% on weekday days](#) — safety advocates and law enforcement officials both say that laws on pot and motoring are a mess. They [vary widely state by state, and intoxication](#) — unlike what occurs with alcohol — is tough to detect and enforce under existing laws. That's because THC, the chief intoxicant in pot, [affects individuals differently](#) — especially depending how they take it in (for example, by smoking or ingesting). It also hangs around and breaks down at different rates, depending on the person.

Car-crazy California, the world's largest vehicle market and a top trend-setter about all matters driving, has legalized recreational pot use. But lawmakers, law enforcement, motorists, courts, and lawyers in the Golden State still haven't fixed on a solid "per se" standard so officers can determine if a driver is stoned and should be arrested, the Los Angeles Times reported.

[Washington state has pioneered the setting of such a limit](#), deciding that motorists 21 and older cannot have 5 nanograms/milliliter of THC or more in their blood, while those younger than 21 may not drive with any amount of THC in their blood. The state also has outlined blood testing for those suspected of driving while stoned. The [existing tests, though, don't always hold up](#) in court as acceptable evidence.

In California, select police have undergone specialized "drug recognition" training so they, theoretically, can spot pot-impaired drivers with cognitive and physical tests in the field to support a potential arrest and later court testimony. But these officers aren't available for every traffic stop. And motorists and lawyers complain that California's current approach leaves too much leeway for subjectivity and law-enforcement opinions.

In brief, neither side is happy with how marijuana is handled with motorists, and there's big room for someone to come up with a fast, reliable, road-side test akin to what exists for alcohol. Why hasn't this occurred already, with marijuana legalization catching fire faster than

a doobie at a college party? The problem rests with Uncle Sam and federal laws, including top enforcement officials who are bucking state level trends. As NPR reported:

“Because the federal government considers marijuana a Schedule 1 drug [like heroin, LSD, and peyote] research on marijuana or its active ingredients is highly restricted and even discouraged in some cases. Underscoring the federal government's position, Health and Human Services Secretary Alex Azar recently pronounced that there was ‘no such thing as medical marijuana.’ Scientists say that stance prevents them from conducting the high-quality research required ... Patients and physicians, meanwhile, lack guidance when making decisions about medical treatment for an array of serious conditions.”

With the opposition of officials like Azar and former U.S. Attorney General Jeff Sessions, the Trump Administration has kept a tight lid on experts who legally may study pot and even research supplies of the drug, a mere two-ton grow at the University of Mississippi.

This is unhelpful for reasonable people who may be considering how a legal substance (at least in many states) may affect their recreation, health, and employment. Candidates for Congress and the presidency will battle in 2020 over health-related issues, including whether marijuana might be legalized in some way at the federal level.

In the meantime, there's an urgent, common-sense case to be made for federal officials to step up the research that can help inform public policies. It may be time for officials to take a hard look, too, at marijuana marketing, with even more crackdowns on spurious claims and sales pitches aimed at minors.

If you're tempted to try marijuana, please pause first and put your brain cells to work. It makes good sense to research and educate yourself. You may wish to think hard about your social use, talking candidly with loved ones and close friends. They may offer invaluable assistance in ensuring that you don't use and drive and that you have an objective view of how you handle pot. You may react differently to smoking versus ingesting. Users get into trouble when they don't get an immediate high and keep taking in more. A spouse, other loved one, or trusted friend can give you a needed caution about overuse. You can be a role model for the young and older people in your life, if you do your homework and act in moderation with marijuana.

You may wish to consult with your doctor if you're considering self-medicating with marijuana or its byproducts, especially CBD. You may want to talk with your specialists and pharmacists, too, so your use doesn't lead to drug interactions or complications, notably if you are undergoing a surgery with anesthesia or if you're receiving chemotherapy. If you're giving a pot product a try to address a health matter, don't overlook that placebo effect. Americans already spend billions on medical humbug, including taking unhelpful dietary supplements and vitamins.

Of course, here's hoping that you and yours are so healthy and happy in 2019 and beyond that you don't need dope at all, and that you can rightfully enjoy just being high on a good life!

Concerns are rising over expectant moms' pot use



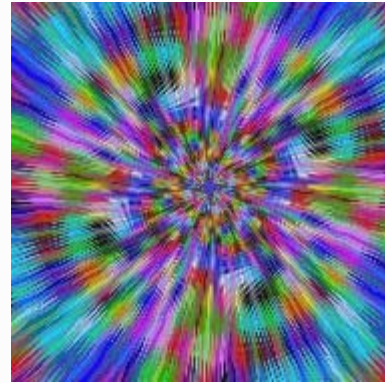
Doctors and public health officials are [concerned that an increasing number of expectant mothers](#) are taking marijuana.

As [NPR-affiliate WBUR reported](#): “In 2003, just 3.4% of pregnant women told the National Survey on Drug Use and Health that they had used cannabis in the past month. By 2017, that statistic had jumped up to 7%.”

Why not take advantage of the drug's reputed properties in easing nausea, anxiety, and pain? As [WBUR added](#):

“[R]esearchers don't know exactly what effect THC — the psychoactive compound in cannabis — has on a fetus, as [Kelly Young-Wolff](#), a researcher with Kaiser Permanente Northern California Division of Research, [told Vox](#). Since there's not enough evidence to determine the risk, the American College of Obstetricians and Gynecologists (ACOG) discourages cannabis use during pregnancy. ‘No amount of cannabis has been shown to be safe during pregnancy,’ [Young-Wolff says](#). Some research suggests that marijuana increases the risk of stillbirth and negatively affects children's visual-motor coordination, [as NPR has reported](#). In her research, [Young-Wolff found](#) that pregnant women with severe nausea and vomiting had four times greater odds of cannabis use than other women — but she [told Vox](#) it's not clear if weed

Hallucinogens reconsidered, too



Marijuana isn't the only mind-altering drug in the midst of watershed change. A new day also may be dawning for LSD, Molly (aka MDMA, Ecstasy, or 3,4-Methylenedioxymethamphetamine), and magic mushrooms (psilocybin). Serious researchers are giving these hallucinogens a second look to help patients with post-traumatic stress disorder (PTSD) and depression and anxiety due to cancer.

The federal Food and Drug Administration has been tight-lipped but has approved Phase 3 clinical trials (large-scale human research) of MDMA for treatment of PTSD, according to Multidisciplinary Association for Psychedelic Studies (MAPS). It is a nonprofit research and educational organization that “develops medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and marijuana.”

Michael Pollan, a respected journalist who has won acclaim for his books on farms, gardening, food, diet, and nutrition, again finds himself in the vanguard — now chronicling a “renaissance” for psychedelics, roundly condemned after baby boomers' experimentation with them in the 1960s.

As he [explained to Terry Gross](#), in an interview on NPR about his book *How to Change Your Mind: What the New Science of Psychedelics Teaches Us About Consciousness, Dying,*

exacerbated their morning sickness or vice versa.' "

The Associated Press reported on expectant moms' marijuana use, noting: "There's no proof that cannabis can relieve morning sickness, and mainstream medicine advises against use in pregnancy because of studies suggesting it might cause premature birth, low birthweight and infant brain deficits."

Still, the news service noted that the National Institute on Drug Abuse (NIDA) is taking criticism for funding and pursuing what it says will be better research on pot and pregnant moms. The agency says its reviews show there is too little information on the issue, it is based only on animal research, or the studies were muddled by lack of controls for user habits or lifestyles.

But NIDA efforts to run studies have angered doctors, researchers, and ethicists, who say the agency should err on the side of caution and not expose mothers and their unborn to unnecessary risks. They argue there is enough evidence available to warn women off marijuana use in pregnancy. As the AP reported of one contested federal study:

"In Seattle, they're enrolling pregnant women during their first trimester who are already using marijuana for morning sickness. Researchers don't provide the pot, and the use of other drugs, tobacco and alcohol isn't allowed. Infants will undergo brain scans at 6 months and will be compared with babies whose mothers didn't use marijuana while pregnant."

Federal officials emphasize that their studies are subject to rigorous oversight, including tough reviews by government scientists as well as doctors, administrators, and independent review boards (IRBs) at the institutions where the research occurs. The projects have undergone scrutiny and received needed approvals.

Jerome Adams, the U.S. Surgeon General, has just added his voice to the discussions. The "nation's doctor" has warned women against using pot during pregnancy due to the substance's potential for health harms to mother and child.

Addiction, Depression, and Transcendence:

"I didn't realize till I started working on this book how broken mental health care and treatment is in this country and that we really haven't had a big innovation since the late '80s with the introduction of Prozac and then the other antidepressants. And those now are turning out not to be the panacea we thought they were. Their effects are fading. People complain about the side effects, which are really severe. And they're very hard to get off. They are addictive. And they only work a little bit better than placebo in trials, which is kind of remarkable considering how many people are on them.

"So, there is an openness that you might not have seen 20 or 30 years ago to look for new ideas. And one of those ideas was very alive in the '50s and early '60s, and that thread of research was dropped after the moral panic about LSD in the early '70s. Research shut down, but it was actually very promising... I didn't realize, but there had been a thousand peer-reviewed studies of psychedelics before the mid-'60s, 40,000 research subjects, six international conferences on LSD conducted by psychiatrists and psychologists.

"So, there's an effort beginning in the '90s — a renaissance, really — to pick up that thread and see how these drugs might help. The way they're being used is in a very kind of controlled or guided setting."

Pollan took his research more personally than before: He said he took psychedelics in controlled settings. And while the drugs may be getting a reconsideration by medical scientists and clinicians, the evidence isn't all in or conclusive. [The field generates its own controversy.](#)

Psychedelics, advocates and opponents agree, are potent, and individuals vary greatly in how they react to the different drugs. They remain illicit, though they may be more available than authorities would like, especially [with Denver voters deciding to decriminalize psilocybin](#). "Magic mushrooms" remain illegal. They cannot be sold. But Denverites' referendum told police in the Mile-High City to make their lowest priority the pursuit of those who possess and use 'shrooms.

If moms experience difficulties with morning sickness and other issues with their pregnancy, clinicians may be able to assist with suggestions on diet and lifestyle changes. They also may prescribe medications to deal with nausea and vomiting — drugs long in use and shown to not be harmful to women or the unborn.

Caution should be the byword with psychedelics. Users should research diligently, including with their personal physicians, before even considering taking them, popular though they may be in settings like concerts and mass musical parties.

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you:

- Although commentators and pro football itself have argued that rule changes by the National Football League have notably reduced possible head harms, new evidence from college athletes shows that [even knocks that aren't severe enough to be deemed concussions may injure young brains](#). Those findings come from a University of Rochester study based on brain scans and helmet data from members of the school's Division III football team, the New York Times reported.
- Many more women would benefit if their doctors took time to put them through a relatively easy screening using readily available questionnaires to determine if they might need further specialist assessment and a medical test for a [genetic mutation linked to breast and other forms of cancer](#). Women, however, should not routinely be subjected to the assessment, counseling, and testing for the BRCA 1 and BRCA 2 mutation, the influential U.S. Preventive Services Task Force has recommended, based on its blue-chip review of medical evidence. The task force gave the broad, routine approach its "D" grade, as in it should not be done. The panel gave the careful and appropriate BRCA screenings its "B" grade, meaning they have moderate to significant benefits. The screening by primary care doctors is best suited for women with "a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations."
- With the 2020 presidential campaign obsessing early about health insurance rather than costly health care overall, voters may wish to reframe their thinking about coverage and candidates' views on making it affordable. Their chief query may need to be this: Just how much of the vig should the bagman take? That may be a blunt a way to put it, but is the vernacular of the criminal "protection" racket all that out of place here? Michael Hiltzik, a financial columnist for the Los Angeles Times, makes pretty much the same argument, that the bagman's share ought to be zero. [Why not get rid of health insurers](#), he asks in a bit of evidence-based hyperbole? He finds the companies don't fulfill much of a public mission, save, as a former insurance executive

describes it, to make themselves money and to persuade all of us that they are essential.

- Although members of Congress have fled the nation's capital for their annual August recess, there's guarded optimism that lawmakers may be open to reversing a seven-decades-old U.S. Supreme Court ruling that bars active duty military personnel from their constitutional right to pursue in the civil justice system claims that they have suffered harms while seeking medical services. Advocates of this change saw cause for optimism that President Trump met briefly in July in North Carolina and encouraged Army Sgt. 1st Class Richard Stayskal, a terminally ill Green Beret who has become the focus of efforts to fixing the Federal Tort Claims Act (FTCA), Bloomberg news service reported. Jackie Speier, a California Democratic congresswoman, introduced a bill named after Stayskal and that would allow troops to file medical malpractice suits in federal court.
- With complaints of nursing home abuses doubling between 2013 and 2017, the federal agency with oversight of these facilities must improve significantly its efforts to protect millions of vulnerable seniors, the U.S. Government Accountability Office (GAO) has found. That recommendation, from one of Uncle Sam's top watchdogs, infuriated members of the U.S. Senate Finance Committee, which called on the Centers for Medicare and Medicaid Services (CMS) to act fast on six recommendations to address its failures in regulating nursing homes.

HERE'S TO A HEALTHY 2019!

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is written in a cursive, flowing style.

Patrick Malone

Patrick Malone & Associates