

Can Marijuana Be The Answer For Pain? WEBMD HEALTH NEWS

Can Marijuana Be The Answer For Pain?

By [Kathleen Doheny](#)



April 20, 2018 -- Like many of her friends, Alexandra Callner, now 58, experimented with recreational [marijuana](#) when she was younger.

"I had tried it, and hated it, in my 20s," Callner says. "When I was around pot smokers, I thought, 'Ugh, losers.'"

SLIDESHOW

Slideshow: Medical Marijuana



1/10

What Is Medical Marijuana?

Medical marijuana is any part of the marijuana plant that you use to treat health problems. People use it to get relief from their symptoms, not to try to get high.

Most marijuana that's sold legally as medicine has the same ingredients as the kind that people use for pleasure. But some medical marijuana is specially grown to have less of the chemicals that cause feelings of euphoria.

But, that was before her knee [arthritis](#) became so bad, it robbed her [sleep](#), night after night. She took two over-the-counter [pain](#) pills a day, but the pain would wake her up at night. And the drugs were hard on her [stomach](#).

"It was making me kind of nauseous," she says of the nonsteroidal anti-inflammatories. Plus, she needed to stay active to manage her dog boarding service in Pasadena, CA.

Then came another solution. "A neighbor said, 'Try this,' " Callner says. It was a joint.

Callner got a [medical marijuana](#) card, and then she tried it. "I slept through the night."

That was a year ago, and it's now her nightly ritual. "Every night, I get into bed, read about an hour, take one or two puffs, and then I am off to sleep," she says. "The pain is much lighter."

About 50 million Americans like Callner live with chronic or severe pain. Patients and doctors are seeking treatments besides the potent prescription painkillers like opioids and the nonprescription medicines that Callner found tough to tolerate.

So could marijuana be the next pain reliever of choice?

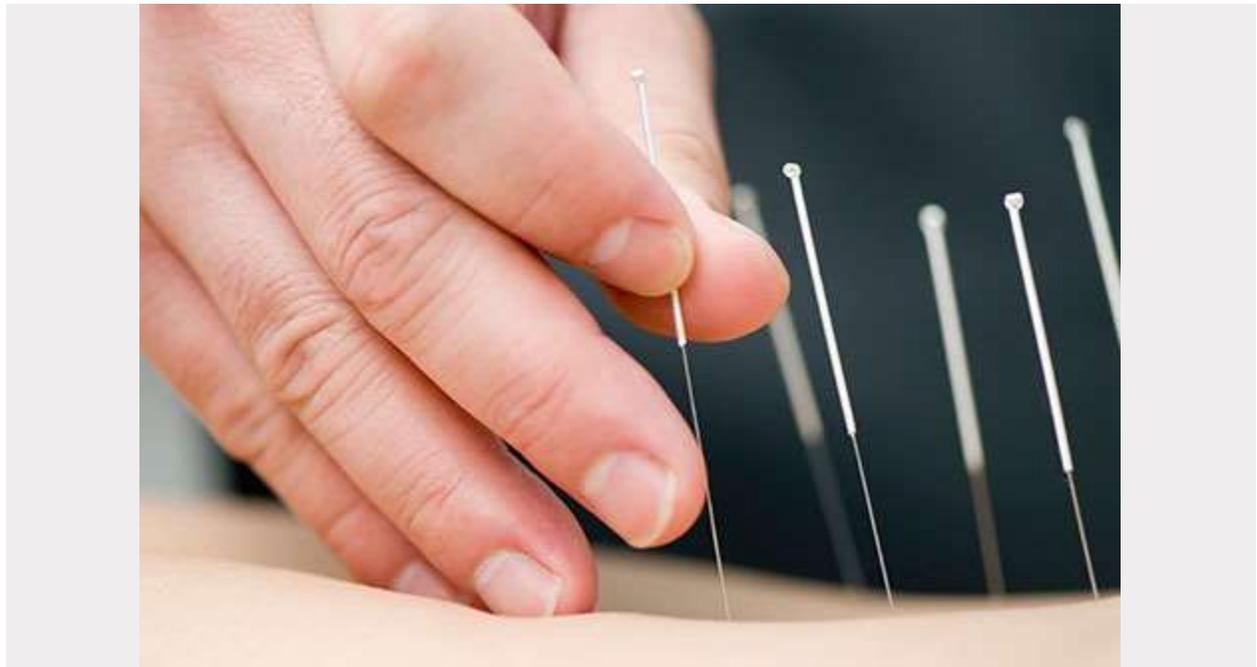
Lack of Research

Donald Abrams, MD, a professor of clinical medicine at the University of California, San Francisco, helped review research on marijuana for a 2017 report from the U.S. National Academies of Sciences, Engineering, and Medicine.

There is a lack of evidence about the health effects of marijuana, he says.

SLIDESHOW

Alternative Treatments for Long-Term Pain



1/13

Acupuncture

It may look uncomfortable, but this traditional Chinese practice doesn't hurt when it's done by a licensed pro. He puts thin needles just under the skin at certain points in your body. It may help ease long-term pain in your knees, lower back, and neck. You can also try it for headaches.

Exactly how it does the job isn't clear. Just believing it works may be part of it.

Adds Angela Bryan, PhD, professor of psychology and neuroscience at the University of Colorado, Boulder: "The evidence we have thus far suggests that cannabis is moderately effective for pain relief." But most studies haven't compared marijuana with other ways to relieve pain, she says.

Cannabis is the scientific name for the marijuana plant. Researchers prefer to use "cannabis" instead of "marijuana" because marijuana is associated with recreational use, Abrams says.

Why the lack of evidence from research in the U.S.?

Although medical marijuana in some form is legal in 30 states and Washington, D.C., it's still illegal on the federal level. It's classified as a Schedule I drug -- putting it in the same category as other drugs of "high potential for abuse" that have "no currently accepted medical use," such as heroin and LSD.

That means federal rules put limits on what researchers can do.

"In the state of Colorado [which allows medical and adult private use], I can go to any dispensary and buy whatever I want to treat whatever I want," says Bryan, who's also co-director of the CU Change Lab, which explores health and risk behavior. "You would think that means researchers can, too. The problem is, researchers are in a federal institution [at the University of Colorado]. If we do anything in violation of federal law, we could have all federal funding withdrawn."

Bryan's team has grants for four research studies on marijuana, including one on lower back pain. Participants come to the university for their initial assessment, but then must go to the dispensary on their own to buy the marijuana, she says. Declassifying marijuana as a Schedule I drug would make her research easier, Bryan says, or at least as easy as alcohol research.

"If I want to do a study on alcohol, I bring someone in, give them wine, get blood [samples], and see what happens when they use alcohol."

The problem is, researchers are in a federal institution [at the University of Colorado]. If we do anything in violation of federal law, we could have all federal funding withdrawn.

Angela Bryan, PhD, professor at the University of Colorado, on why there's so little research into marijuana.

Bryan says she could use marijuana supplied by the government. The Drug Enforcement Administration (DEA) issued a license to the University of Mississippi to cultivate marijuana for research. The marijuana from dispensaries is different and more potent than that supplied by the National Institute on Drug Abuse farm, she says.

Patient groups, including those for veterans, are among those pushing for more research. Nick Etten, a former Navy SEAL, founded the Veterans Cannabis Project in 2017. "We are bringing stories to the Hill," he says, "of veterans who have found relief from their health issues through cannabis." He reaches out to individual U.S. legislators, he says, to elevate marijuana as a health issue and to persuade them to declassify marijuana.

In 2016, the National Football League Players Association created a pain management committee to study ways to help players deal with injuries and chronic pain, says Brandon Parker, a spokesman. "Marijuana is just one of several alternative pain relievers being studied by the committee," he says.

Research Scorecard

The National Academies' report looked at data from 1999 on, reviewing more than 10,000 scientific studies, of which only seven were directly related to pain relief. One of the seven looked at data from 28 studies.

Abrams says the evidence on marijuana and pain is strongest for helping nerve pain (neuropathy) and cancer-related pain. The committee also concluded that certain oral cannabinoids improved muscle spasms in patients with multiple sclerosis.



Medical Marijuana

It comes in many forms, including an oil.

Cannabinoids are one of more than 60 chemicals in the cannabis plant. Abrams says it makes sense that marijuana may help relieve pain because the body has cannabinoid receptors, or places where the chemical attaches to cells.

Here is a sampling of research or reviews published in the past year:

- Israeli researchers found marijuana gave substantial pain relief to more than half of 1,200 cancer patients who used it for 6 months.
- In a review of 16 published studies including more than 1,700 participants with chronic nerve pain, German researchers found that marijuana-based remedies increased the number of people who reported a 50% or more reduction in pain relief. But they also concluded that the risks may outweigh the benefits. People taking marijuana-based remedies were more likely to have sleepiness, dizziness, and confusion.
- In a small study of 47 patients with Parkinson's disease, Israeli researchers found a 27% improvement in pain with marijuana use.

- Medical marijuana helped to ease pain in 26 patients with fibromyalgia, a condition in which the body has "tender" points. Half the patients stopped taking any other medicines for fibromyalgia, but 30% did have mild side effects.
- A study from the European Academy of Neurology found that cannabinoids given at various doses eased pain in migraine patients by 40% or more. It helped cut pain in people with cluster headaches, too, but only if the patient had a history of childhood migraine.
- Marijuana and cannabinoids may have modest effects on the pain and muscle spasticity that come with multiple sclerosis, according to an Australian review that looked at 32 studies.

Not for Everyone

Experts also saw potential downsides to marijuana. The European Academy report found that marijuana use may:

- Make you more likely to be involved in a car accident
- Raise the chance of unintentional marijuana overdose injuries among children, something that has happened in states where marijuana use is legal
- Lead to more frequent bronchitis if smoked on a regular basis
- Raise the odds of having schizophrenia and, to a lesser extent, depression

Smoking marijuana is also linked to delivering a lower birth weight baby, although the relationship with other pregnancy and childhood outcomes is not clear, the report says.

Abrams says marijuana can raise heart rate and either raise or lower blood pressure. Frail older people with balance issues have a risk of dizziness and falling.

Will Marijuana Replace Opioids?

Some research suggests that marijuana could take the place of opioids. Two recent studies found that states with medical marijuana laws or legalized recreational use may have a decline in opioid prescriptions.

In another study, researchers polled nearly 3,000 medical marijuana patients, including about a third who said they had used opioid pain medicines in the past 6 months. Most said the marijuana provided relief equal to their other medications, but without the side effects. While 97% said they were able to lower the amount of opioids they took if they also took marijuana, 81% said that taking marijuana alone was more effective than using both marijuana and opioids.



Alex Jordan is an artist who works at a marijuana dispensary in the Los Angeles area.

That finding makes sense to Alex Jordan, 29, an artist who works at the Green Valley Collective, a marijuana dispensary in the Los Angeles area. She manages her chronic pain with daily use of marijuana joints and products that contain cannabidiol (CBD), a cannabinoid.

Her experience helps her guide her customers, who range from young adults to those over age 80, to an effective remedy. "I would say 60% of our users use [marijuana] to manage some kind of pain, whether it be physical or mental," she says.

Without it, her pain is severe -- usually a 4 to 7 on a 10-point scale, she says. It started after she was in a car accident in 2011. The van she was riding in hit black ice and flipped seven times. The accident left her with a broken sternum (breastbone), six broken ribs, six crushed vertebrae, and collapsed lungs, making breathing difficult. Morphine helped relieve the pain in the hospital. Later, she says, "I could get any pill I wanted" for pain relief. She wore a neck brace for 2 months and a back brace for 6, but the pain persisted.

She wanted off the potent painkillers and had used marijuana recreationally in years past. She experimented with different options until she found her current regimen. And to make access easier, she and her husband moved from New York City to Los Angeles, where recreational marijuana is legal, last year. Before the move, the pain had gotten so bad, she had trouble putting on a shirt. These days, she's working regularly and branching out as a freelance artist.

"The lack of pain is a wonderful thing," she says. "It brings me to tears."

WebMD Article Reviewed by [Arefa Cassoobhoy, MD, MPH](#) on April 20, 2018

Sources

© 2018 WebMD, LLC. All rights reserved.