



Hit and miss

As California considers further **deregulation** of cannabis, Adam Baer shares his sometimes alarming **experience** of using the drug to treat chronic health problems

THERE WAS A TIME WHEN I DESPISED THE SMELL OF MARIJUANA; RATHER INCONVENIENTLY, IT COINCIDED WITH MY COLLEGE YEARS. SO IT WOULD PROBABLY SURPRISE those who knew me as a violin-playing, straight-A student to discover that today, at 33, I cruise the streets of Los Angeles with a pot prescription. Then again, maybe it wouldn't. But it surprises me.

As the child of pianists who took trips to Carnegie Hall while others tripped out to The Doors, I always thought of marijuana as a "gateway drug", a bad weed that could only lead to suicide, or worse, failure in the arts. When I gave it more of a chance in my late twenties, it wasn't to boost "creativity". In fact, I don't even know if I like cannabis yet, given all of its strains and forms. Late last year, I simply began to experiment with it in search of relief for some vexing medical symptoms.

I was living in the right city at the right time, to be sure, but I lacked the positive - and extensive - marijuana history that so many of my peers enjoyed. In 1999, I took my first hit as a college junior from a pipe that belonged to my younger brother. At the time, I was feeling even more invincible than other young men: I had recently survived Hodgkin's disease and a stem-cell bone marrow transplant, following sub-lethal chemotherapy and a failed romance with an engineer. If I could endure such objective toxicity, I reasoned, something natural couldn't cause too much harm. I was right, but all I remember is coughing like an emphysema patient and obsessing about (imagined) cockroaches on my walls. A few years later, I tried pot again, while working in Manhattan as a music >

writer. But after a similarly bad experience at a Radiohead concert, with my undead pal the Maharishi, I ended the relationship.

Then my life changed dramatically: in 2005, after I moved to Los Angeles, I began to experience the onset of mysterious after-effects from my “cured” cancer, including peripheral nerve damage and a potentially malignant lesion in the base of my skull, something that few doctors could make sense of, much less treat.

Fortunately, California life proved to be therapeutic in itself: I found solace in the sylvan hills, the surf and Pacific dolphins. My new crowd included more creative, fewer type-A people. But of course drugs were everywhere. The first day in my new apartment, I “lunched” at a neighbouring rocker’s pad. In a scene like something out of *Annie Hall*, he offered me a dent out of a miniature Matterhorn of cocaine. Later that winter, I attended a Christmas party at the home of a wannabe-dancer-turned-television production assistant. Instead of the usual ornaments, her Christmas tree dangled bags of weed, joints and hash. “How’d she get all that stuff?” I asked a studio musician. “She goes to one of those, like, medical places. She’s ‘sick’ with ‘insomnia.’”

“Opposite world” is how my New York-based brother described my new dimension. He was on to something. Not only did everyone seem to survive in this city without a job, but the green crosses on storefronts with signs reading “Compassionate Care Collective” weren’t advertising chemists. It was a new century, and these were a new breed of “legal” medical marijuana dispensaries – stores that sold medically approved weed in California despite the drug’s illegal status on the US federal level.

AS POT SHOPS SPREAD, THERE WAS A GROWING PRIDE IN THE LAIDBACK MEDICAL-MARIJUANA SUBCULTURE, WITH EVERYONE FROM CELEBRITIES TO STAID PROFESSIONALS indulging as rampantly as the TV show *Weeds* – featuring a pot-dealing soccer mom – would have you believe. Gourmet chefs offered “secret” upgrades on the pot brownie; weekend classes sprang up to teach medical-marijuana business skills; you could buy \$100,000 cultivation trailers at dedicated trade shows. Hand in hand with all this came a growing public acceptance that cannabis could help people with chronic conditions, from cancer and multiple sclerosis to Aids and attention-deficit disorder – and a tacit acknowledgment by LA authorities that the legal ban would henceforth go largely unenforced.

The medical marijuana system was easy to work. All you needed was a doctor to recommend cannabis to treat diagnoses as vague as pain, anxiety or insomnia. Then, you could join a local “collective” and take your pick from different varieties of medical-grade weed, which in some places you could buy with a credit card. To find a doctor, you could visit a dispensary for a referral if you didn’t want to cold-call a number from an alternative newspaper or road sign. Professional weed doctors charged \$100–\$250 for a recommendation letter that was valid for a year. Some even provided a credit-card-sized version. Armed with that, you could buy nearly as much marijuana as you liked (up to 8oz) in various forms, including starter plants. It was revolutionary: stronger strains, more choice and no drug dealers.

Of course, it could have been all that vitamin D shining down on me as I worked poolside, but if LA culture and chronic illness had taught me anything after a year, it was that people should live as they like; I wasn’t about to crusade against abuse of the medical marijuana laws, particularly when long, expensive visits to the country’s best hospitals had failed to help or relieve my legitimate neuromuscular symptoms. But I was also victim of a cognitive disconnect: after seeing how successfully chemistry and physics cured cancer, I didn’t think much about alternative medicine. And so I watched the medical marijuana scene from afar, my nerves and muscles continuing to scorch and twitch under T-Shirts and denim.

Then, in 2006, a men’s magazine sent me to Virginia to report on a religious teenager with Hodgkin’s disease who had been taken into temporary custody for disavowing chemotherapy for herbs and natural food. I soon found myself ensconced in the case – and wanted to take my health into my hands using “natural” means. That led me to Donald Abrams, head of University of California San Francisco’s Osher Center for Integrative Medicine, a conventionally trained oncologist who had also studied under wellness guru Andrew Weil. Abrams put me on a successful anti-inflammatory diet and recommended acupuncture. But unbeknownst to me at the time, he was also a prominent cannabis researcher whose studies confirmed the plant’s success with easing neuropathic pain.



(Far right) Baer with his medically prescribed marijuana; (above and previous pages) Sunset Junction Organic Medicine dispensary

And so, last winter, when I decided to give my mystifying skull-base lesion more attention by scheduling an innovative procedure with a leading neurosurgeon, I contacted Abrams, too. By this time, my attitude towards pot had matured: if I could authorise a doctor to drill into my head and suck a tumour out through my nose, how bad could weed be? Still, I wanted to go about this properly: ask a trusted expert whether this “treatment” could actually help. I sent Abrams an e-mail, and within minutes received a resounding affirmative along with a digitally signed letter on UCSF letterhead recommending medical marijuana for pain. For once, it was enviable to be me.

WALK INTO WEST HOLLYWOOD’S PREMIER DISPENSARY, THE FARMACY – WHOSE OWNER WAS A PHARMACIST BEFORE BECOMING A CANNABIS ENTREPRENEUR – AND YOU COULD BE IN A MALIBU CAFÉ. There’s a well-lit waiting room; the couches are chic and comfortable; and the light-wood grain of the furniture blends calmly with surfboards and black-and-white Ansel Adams-style photos on the walls.

On my first visit, last December, a smiley woman who looked like Alanis Morissette was sitting at reception. In front of her stood a jar of quarters for people who needed coins for the parking meters. After some pleasantries, Alanis took my recommendation letter, phoned UCSF, and had me sign in. Then she gave me a “passport”, a customer loyalty card of sorts: stamp it after each purchase so you can earn a free score. I then received an introductory discount coupon, and was escorted behind a wall into the actual store: a pot-smoker’s dreamspace replete with a quasi-coffee house counter, gourmet chocolates in a glass case, a refrigerator filled with marijuana soda, and a freezer storing marijuana gelato.

The clerk, or “budtender”, asked about my “preferences”. A deadringer for the actor James Franco, he looked unflinchingly chill. “Nothing too strong,” I said. I explained my symptoms and that I’d heard about two opposing types of marijuana – *indica* and *sativa* – the former more of a downer, the latter more like an upper.

“I want *indica*,” I said. I wanted to slow overactive nerves. Franco nodded and let me smell three different strains. One smelled like lavender, another peaty. I took the most basic. Franco seemed confident that it would work and also sold me marijuana chocolate bars with almonds. I bought the “edibles” because I don’t like smoking anything, really, and because I lacked an expensive vapouriser such as The Volcano, a \$700 product that today’s upscale weed-lovers use to inhale the active ingredients in marijuana without the ash. In minutes, I was in my car, and within the hour I was home, eating a confection with my wife in front of a documentary film. My crampy muscles soon relaxed, yet I remained completely lucid. No giggling, no forgetting. No paranoia.

I’m crying one moment, laughing hysterically the next, plunging deeper into the abyss



THREE DAYS LATER, EARLY ON SATURDAY EVENING AND I’M READY TO GO TO THE NEXT LEVEL. SO FAR THE FARMACY CHOCOLATE BARS HAVE WORKED WELL: DIVIDED INTO SINGLE “DOSES”, they gradually ease my peripheral nerves, which often feel like fraying electric wires – shorting out, sizzling, popping. I don’t experience a “head high” (no imaginings or unprovoked laughing fits) and I’m now confident enough to try the Farmacy weed. It’s called Sensi Star, which Google tells me took first prize at the 1999 *High Times* Cannabis Cup. But what do the experts say about how it actually works?

Well, according to the Marijuana Strain Library at the site Kindgreenbuds.com, the strain’s THC levels hover around 20 per cent (THC is marijuana’s most active ingredient), rendering it a “one-hitter quitter” while its CBD content measures 0.9 per cent (CBD, another but less prominent active ingredient, has been shown in studies to alleviate pain and inflammation, and appears in Sativex, a mouth spray available in Canada for multiple sclerosis patients). Of course, I don’t know what any of this means, really, but this is already more than I learnt at the dispensary – simply that Sensi Star is “really nice”.

I smoke while my wife works on her dissertation. I forget the “one-hitter quitter” rule and soon I’ve taken enough to fill up half my glass pipe’s bowl – a small proportion of the eighth of an ounce that I had purchased. I take rapid inhalations – I’m not just bad at smoking, I’m annoyed that I’m bad at smoking; California hasn’t killed all the Type-A in me. So, gallantly, I smoke more, and 20 minutes pass.

Suddenly, I’m calling out for my wife. “I don’t know what’s happening,” I stutter. “Everything’s changing; I’m for-forgetting; everything I say; wait, what did I...? Maybe we should put those knives away; they look sharp!” I point to the cutlery on the kitchen counter, terrified, watching my hold on my consciousness slip away. I’m walking forward and backward, and obsessively shifting from one leg to another. “I’m dying; I’m not me, please save my life!”

I don’t know who I am, and as Lina starts to rub my arms, asking me if I feel her hands on my skin (I don’t), I wonder who she is, too. This isn’t paranoia. I’m crying one moment, laughing hysterically the next, my “self” plunging deeper into the abyss. “Please take me to the hospital,” I scream. “I am losing myself, who am I? Ha! Oh shit, this is getting worse. It’s faster. It’s faster!”

I’m lucky that Lina, a psychotherapist knowledgeable about substance abuse and psycho-pharmacology, doesn’t tell me that she’s never witnessed such a severe reaction; what she would later describe as “part-temporary psychosis, part-temporary dementia”. I look at her in a newly 3-D rendering, no James Cameron necessary, and for one pleasant moment, think, this is one attractive girl; it might be nice to kiss her.

Lina calls The Farmacy. “Awww man, that SUCKS,” the budtender says. “Do you have any bananas?” The potassium in them, he explains, could help. The weed I smoked was “too stimulating”; my high could last all night. Oh, and put on some soothing music. “Just no Alice Cooper,” he warns. “Once, someone did that for me, and it freaked my shit out.” Lina

remains dubious, but has me eat bananas and drink water. Meanwhile, I’m seeing colours I don’t recognise and I lack a sense of time or spatial depth. One minute feels like four years. And it’s getting worse, rapidly. “No it’s not,” Lina says. “Just relax, it’s slowing down.” Later, Lina will tell me that she was lying; my erratic personality changes were getting more frequent and were scaring her.

Six hours pass, and Lina calms me with trivia questions from a *Seinfeld* game. I get all the answers right. By midnight, I’m drowsy, but only after I pop 0.5mg of clonazepam, an anti-anxiety pill that my neurologist prescribes for muscle twitches. The next day, I awake feeling normally stoned. I am “burnt” all day, as stoners say: sensitive to light, giggly, tired. But I don’t experience pain or twitching or cramps, and my muscles feel like whipped cream cheese.

I tell Lina that I am “off pot for ever”, but I am already basking in what it feels like not to have to worry about my symptoms. Maybe I will try weed again. It’s 24 hours since my first puff of Sensi Star, after the scariest night of my life, about which I feel terribly guilty, but I’m already breaking my promise. “Maybe I didn’t buy the right kind,” I say. “Maybe I smoked way too much?”

“You are not trying that stuff again,” Lina says. How can a drug work this way? How come we don’t know more about it? How can I learn about types and dosage? Do I have to survive nights like this just to build up my tolerance so it eases my symptoms but doesn’t drive me batty?

Come February, I’m back from successful brain surgery – the only experience that I might call scarier than My Highest Night. I’m currently on a break from experimenting with anything; normalising. The one thing I don’t forget, however, is how, for all of their psychoactive properties, the hospital’s extremely addictive and dangerous narcotics didn’t help my headaches or nerve pain. At home, painkillers and gabapentin, a popular neuropathy drug, are only mildly effective.

RECENTLY, CALIFORNIA MARIJUANA ACTIVISTS WON A CHANCE TO VOTE ON LEGALISING MARIJUANA COMPLETELY COME NOVEMBER. THIS, AFTER THE CITY COUNCIL HAD JUST APPROVED A NEW LAW to limit LA’s dispensaries to 70, requiring hundreds to close, and creating “buffer zones” around schools. The city hardly has the cash to raid each dispensary operating illegally. But it will probably threaten injunctions. The mayor, reticent on this issue for years, has signed on, too.

It’s a curious predicament: a massive amount of research and education remains necessary to persuade some people to think of pot in a constructive light. But the economic benefits of taxing marijuana may actually drive voters to legalise the drug this autumn.

In the meantime, I’ve met a number of other LA residents using marijuana for legitimate medical reasons – the opposites of Christmas Tree Girl, operating happily and productively here in Opposite World. A 23-year-old multiple sclerosis patient studying to be a therapist offered me a compelling argument for marijuana reform: “This in-between state does not work,” she said. “Pot helps, but even though my neurologist wants me to use it, she wouldn’t officially ‘recommend’ it. I try new kinds often, and take as little as possible, especially at work.” A 30-something composer for Hollywood movies who uses low dosages to stay pain-free agreed. “I’d hate to have to use a drug dealer,” he said. “And I don’t want chemicals in my body.”

Despite my oh-so-exciting adventures, I’m still interested in learning more about marijuana, especially if I can find a strain that helps and doesn’t induce (any additional) insanity. Abrams recommends more CBD and less THC. “The TCH is what’s psychoactive,” he says. “Cannabis has functioned as medicine for 2,700 years. It’s just the last 70 years that it has been considered something else.”

I just hope the new crackdown and potential legalisation keeps prices low and availability high. I already pay way too much for FDA-approved drugs – one a branded version of an element from the periodic table that currently costs \$200 a month. Who knows? Blending cutting-edge interventions – surgery and neurologists – with something old and legitimate might work. I’ll just have to make sure that in the future I ask more questions – and stay far away from Alice Cooper. ■

Adam Baer is a writer based in Los Angeles.