HOW HB 1 – MEDICAL MARIJUANA – WILL ALLOW ILL DEFINED “PAIN” TO BE USED TO HAVE NON-ILL PERSONS USE MARIJUANA

Complex Regional Pain Syndrome Type I and Complex Regional Pain Syndrome Type II

[HB 1, Page 5, lines 25-26 under “Debilitating medical condition”]

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Illinois Partners Providing Marijuana Education

[Dr. Andrea Barthwell, points out the problems with Complex Regional Pain Syndrome Types I and II]

They have substituted Complex Regional Pain Syndrome Type I (CRPS I), Complex Regional Pain Syndromes Type II (CRPS II), and Causalgia for “debilitating pain.” CRPS I and CRPS II are syndromes that are broad, not well defined, often ill defined, and difficult to verify and or refute. These two syndromes could be used in the same way “pain” would have been used and do not cure the original problem with the bill. They can serve as a catchall for a variety of non-discrete ailments for which people would seek protection from prosecution for their non-medical use of marijuana.

Doctors are not sure what causes CRPS. The symptoms of CRPS vary in severity and length. But because many other conditions have similar symptoms, it can be difficult for doctors to make a firm diagnosis. CRPS is believed to be triggered by tissue injury, but with no underlying nerve damage. Patients with CRPS II experience the same symptoms but their cases are associated with an underlying nerve injury.

Those with CRPS may suffer from depression, anxiety, or post-traumatic stress disorder, all of which heighten the perception of and response to pain. All of these conditions are worse in the presence of substance abuse. In particular, marijuana use can heighten the problems associated with CRPS.

Most physicians and their associated pain societies and associations advise against the use of marijuana for this syndrome. The U.S. FDA has not approved marijuana for use for any pain syndrome. The Institute of Medicine (IOM) that reviewed the use of marijuana by people with medical conditions called for strict limitations of such a practice. The IOM advised the use of marijuana only: 1) in clinical trials involving short-term use (less than six months), 2) conducted in patients with conditions for which there is a reasonable expectation of efficacy, 3) approved by institutional review boards, and 4) where there is a system to collect data about its efficacy. There is little expectation of efficacy of crude herbal marijuana on CRPS I or II. The IOM also suggested that marijuana be used only when all approved medications failed to provide relief and such failure had been documented. This did not include undocumented claims of failure of all approved medications; there is an expectation that failure of approved medications would be witnessed and documented by the physician making the recommendation.

Older terms used to describe CRPS are “reflex sympathetic dystrophy syndrome” and “causalgia,” a term first used during the Civil War to describe the intense, hot pain felt by some veterans long after their wounds had healed.

(Source: National Institutes of Health, National Institute of Neurological Disorders and Stroke)