I have the document from the "Illinois Partners Providing Marijuana Education", arguing that Complex Regional Pain Syndrome (CRPS), Types I and II, should not be included in the conditions indicated for treatment with medical cannabis. Having had CRPS for over 17 years, as well as a Ph.D. in medicinal chemistry and a 25+ year career in academia, I have been researching this condition since I was diagnosed in 1996. I also maintain a very heavily visited informational site on CRPS/RSD called "The Definitive Library for RSD/CRPS, Chronic Pain, and similar conditions" (http://www.thblack.com/links/RSD/).

It is stated that, since CRPS is “not well defined”, people could claim to suffer from it as a ruse. In fact, CRPS is not difficult to diagnose using a set of criteria outlined, inter alia, by the Royal College of Physicians in the UK.¹ It is also noted that it is not yet clear what causes CRPS and that its symptoms vary “in severity and length”. The same thing can be said for cancer and many other chronic illnesses and is irrelevant. Still approved are dystonia and myoclonus, e.g., which are just general symptoms, not illnesses, and could be easily faked by a determined person.

As the document notes, CRPS patients may suffer from associated depression, anxiety, etc., (like any chronically ill patient), but then claims that these "are worse in the presence of substance abuse", apparently equating the use of medical cannabis with substance abuse. In a statement awesome in its total wrongness, it is claimed that "marijuana use can heighten the problems associated with CRPS". What is the source for this incorrect information? In fact, the main therapeutic benefits reported by CRPS patients using cannabis are lessening of pain, increase in appetite, and better sleep, in addition to feeling more calm and less afraid.

The last paragraph begins with the assertion that most physicians, along with their pain organizations, advise against the use of cannabis. This is just totally wrong, again, followed by the non sequitur that the FDA has not approved cannabis for pain (a direct result of its being in Schedule I of the CSA and thus accessible only with great difficulty for research). Switching again, the document then quotes selectively from the 1999 Institute of Medicine study² on the state of the science for medical marijuana.

Drug warriors typically do not cite this report, as it is quite enthusiastic in recommending that research into medical cannabis take place with high priority. Parts of several points from the abstract are quoted without attribution, in some cases plagiarizing entire phrases, obscuring the meaning. One recommendation is that cannabis be used only when there is a “reasonable expectation of efficacy”, to which it is stated: "There is little expectation of efficacy of crude herbal marijuana on CRPS I or II."

For anyone even vaguely familiar with the issue of marijuana in medicine, to state this is, at best, what Noam Chomsky calls "intentional ignorance". To date, there are more than 20,000 papers concerning the effects of cannabis in the scientific literature. In 2013 alone, more than 1,450 peer-reviewed papers were published.³ What was learned? A very recent study, conducted at the Univ. of California, concluded thusly: "Based on evidence currently available the Schedule I classification is not tenable; it is not accurate that cannabis has no medical value, or that information on safety is lacking."

Despite the lack of familiarity with CRPS in the public at large, it must be included in the indicated illnesses for cannabis treatment. It has been determined that CRPS is the most painful condition yet found in medicine, more patients commit suicide than due to any other disease, and the effects of the illness are unpredictable in terrible, life-altering ways.

¹ http://www.rcplondon.ac.uk/resources/complex-regional-pain-syndrome-guidelines
³ Paul Armentano, AlterNet, retrieved from Salon on 01/02/2014: http://www.salon.com/2013/12/26/the_lie_that_wont_die_we_dont_know_enough_about_marijuana_partner/
It is worth noting that the author of this document is Andrea Barthwell, M.D., who worked in George W. Bush's drug czar office, and since then has made a career of making statements about marijuana and its use in medicine that are, at best, misinformed, and at worst, intentionally fabricated. Three articles from drugwarrant.com summarize her long history of truth-stretching in battling medical marijuana laws, especially in Illinois:

http://www.drugwarrant.com/2013/04/barthwell-and-bensinger/

http://www.drugwarrant.com/articles/andrea-barthwell-snake-oil-salesman/

http://www.drugwarrant.com/articles/andrea-barthwell-caught-red-handed/

These articles are not lists of generalizations, but well-documented pieces of investigative journalism that illustrate conclusively the hypocrisy and disregard for published science that characterizes the media produced by Dr. Barthwell and her organization.