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Family remedy

Shelly Arnold's home-grown answer to her son's pain tests the acceptance of medical marijuana

By Will Evans -- Bee Staff Writer

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For the first 13 years of his life, Mike Arnold's parents obsessed over three questions: What did "Mikey" have to eat, did he keep it down, and does he have a migraine.

The migraines hit several times a week with daggerlike pain. He'd writhe on the bathroom floor and go into dry heaves, his skin turning white and his fingers numb. Facing medical problems since birth, his parents say, he developed an eating disorder and never seemed to have a full meal.

Then one day he came home from the skateboard park, scarfed down pork chops and mashed potatoes, ate seconds and asked for dessert. His flabbergasted parents looked into his eyes.

He was stoned.

Now just turned 18, young Arnold's routine is to take regular doses of marijuana to stimulate his appetite and moderate his migraines. He has a doctor's recommendation for the drug.

His mother has gone from simply Shelly Arnold to the "Green Goddess," a South Lake Tahoe medical-marijuana caregiver.

The Arnolds nurture dozens of leafy cannabis plants in a grow-light-bright cubbyhole of a room in their home. The processed product turns into medication for the family's aches and pains, and for a handful of local medical marijuana patients who depend on Shelly Arnold for free pot.

Her caregiver role is outlined in state law, and there are thousands like her throughout the state, according to Dale Gieringer of the California chapter of the National Organization for the Reform of Marijuana Laws. But Arnold stands out.

"If you looked at someone who was the definition of a true caregiver, it would be Shelly Arnold," says Christopher Elliott, task force commander of SLEDNET, the South Lake Tahoe, El Dorado County & Douglas County Narcotic Enforcement Team,

overseen by the California Department of Justice. "She's probably the only true caregiver we've run across."

Medical marijuana proponents such as the Arnolds have relied on Proposition 215, which passed in 1996 and legalized its use - though the the federal government has never recognized the state rules. Recent legal developments, though, provide a cushion and clarity for caregivers and patients.

On Jan. 1, a new state law, SB 420, went into effect, creating a more-structured medical marijuana system. It defines a caregiver, sets limits on the amount of marijuana one may grow and calls for a voluntary identification card program.

In December, the 9th U.S. Circuit Court of Appeals ruled in favor of two patients, saying that because they either grew their own marijuana or obtained it free from caregivers without interstate commerce, the federal government was without jurisdiction to interfere.

The U.S. Drug Enforcement Administration, which is reviewing the court decision, maintains that marijuana is a dangerous, addictive drug and that any use or possession is illegal.

Continuing debate

In a potent concoction of science and politics, the debate continues over whether marijuana has medicinal value. Studies show therapeutic effects of tetrahydrocannabinol (THC), a psychoactive substance in the plant, but the federal government puts cannabis in a class of drugs with no accepted medical use. Scientific organizations urge more research.

It's not the job of local or state authorities such as Elliott to question medical validity, but law enforcement prosecutes those who call themselves caregivers "as a smoke screen to sell marijuana," as Elliott says.

SLEDNET inspected Arnold's garden last April and found it in compliance. "She fits the intent of the law," he says.

The intent is to provide for patients such as Richard, who was infected with HIV in 1991 and diagnosed with AIDS two years later. Living on Social Security disability payments because his illness prevents him from working, Richard, 39, relies on free cannabis from Arnold.

Richard, who did not want his last name used, suffers from wasting, an extreme form of weight loss associated with HIV that can lead to death, says Patricia Bucher, a family nurse practitioner at Stateline Medical Center.

She says AIDS medications only make it worse, causing nausea. The large orange pills Richard takes twice a day make him so sick he needs to sit down for up to an hour for the stomach pain to pass, he says.

Marijuana, Bucher says, helps him eat. A report by the Institute of Medicine of the National Academies found THC to be a promising treatment for AIDS patients.

"Without the cannabis, I wouldn't be here today. Without Shelly and having the access, I wouldn't be here today," Richard says.

Several years ago, he was hospitalized with pneumonia and "was very close to dying," Bucher says. "We didn't have a whole bunch of hope that he was going to pull out of it."

The hospital even summoned a priest to read his last rites.

Yet Richard hung on. Released from the hospital, he contacted Shelly Arnold after reading about her in the local newspaper.

The Arnolds were skittish because the doctor who gave them medical marijuana recommendations, Marion "Mollie" Fry, had recently been the subject of a raid by federal officials, who confiscated patient files. But when Richard showed up at the Arnolds' door with a cane, looking like "walking death," as Shelly's husband, John Arnold, recalls, all they could do was shower him with marijuana.

"It helped him to regain his appetite and he was able to regain his strength," Bucher says.

Now, though still thin, he smiles with a boyish face, laughing off doomsaying doctors with a nasally chuckle: "You can't just say 'Go!' I don't want to go!"

Richard doesn't let on, but Camille McSeveney, his caseworker at Sierra Foothills AIDS Foundation, says he has "a really difficult time." Marijuana helps him cope, she says.

Lifelong caregiver

Arnold took her caregiver role so seriously she became a certified nursing assistant. She feels she's been a caregiver all her life, from baby-sitting her younger siblings as a child to coping with her son's medical problems.

Mike Arnold had problems with his airway and was fed with a tube as an infant, his father says. That developed into an aversion to eating, he says.

Now Mike wears a T-shirt with a pot-leaf motif and the words "I Gained 20 lbs. Ask Me How."

For his migraines, the Arnolds had tried other pain medications, but he'd vomit the pills.

"It just stabs you in the top of your head, it feels like," Mike Arnold says. "I can feel my spine jabbing my head."

Now, he says, the cannabis shortens the duration of his migraines and cuts the nausea.

California law lists anorexia, migraines and severe nausea - as well as other medical problems such as cancer, arthritis, muscle spasms and chronic pain - as illnesses

where a doctor's recommendation may be appropriate. Some scientists, however, say the evidence supporting the use of THC in many such cases is thin.

At first wary about Mike Arnold's drug use, his parents sought to educate themselves in the world of medical marijuana, gobbling up a mini-library of books.

'A full-on mission'

As Shelly Arnold learned more, she became politicized, traveling with activists to pro-marijuana festivals and protests, attending trials of local patients and doctors who were arrested.

"It started off as a family situation that turned into a full-on mission," she says.

She's on the board of the American Alliance for Medical Cannabis, which holds meetings in Garden Valley that run from 2:15 to 4:20 p.m. (in honor of Proposition 215 and SB 420). Before, after and during a break in the meeting, many of the advocates light up joints and pipes outside.

Arnold also participates in meetings with El Dorado County Sheriff Jeff Neves to come up with county guidelines regarding medical marijuana.

Though the DEA insists marijuana is illegal, period, "we don't target small-scale distributors," says Richard Meyer, special agent with the San Francisco field division.

Still, he says, the driving force of providers is profit, and patients aren't being helped.

"In my opinion, these people not only have a very serious illness, such as cancer and AIDS, but on top of that they're becoming addicted or they're already addicted to marijuana. And the people in the marijuana lobby don't think twice about using them to fulfill their own agenda," he says.

Shelly Arnold and the DEA can probably agree that smoking anything isn't the best activity for the body. She and her husband don't like Mike to smoke, so they started making pot-laced rice cereal treats for him.

Now he also uses a vaporizer, which heats the marijuana into a vapor to inhale.

"The trick to medicine is you have to make it taste appealing," Shelly Arnold says.

Her husband mixes the kid cereal with melted marshmallows and a tiny tub of almost fluorescent-green pot butter, patting the goo into a brownie pan.

But the sugary snacks irritate some patients' stomachs - so there are more menu options.

In her slow cooker, Shelly Arnold brews together olive oil, oregano, basil and chunks of garlic, along with the special ingredient. She pours a little in a dish with some balsamic vinegar, dipping bread as if in a fine Italian restaurant.

Arnold also makes marijuana solutions with grain alcohol, which a patient can squirt, by eyedropper, into tea.

And her husband makes "bubble hash," a concentrated form of marijuana to smoke.

Home, where the hash is

On a recent afternoon, it's a surreal blend of Americana and marijuana. Shelly is in the kitchen, cannabis and other ingredients displayed on the counter like a cooking show. Husband John - jeans, flannel, cap - is out back making hash in a bucket. Mike, in big red dog slippers, is making Top Ramen.

Past the kitchen window, adorned with frilly curtains, fall fat snowflakes. Everything smells like marijuana.

The Arnolds decided to home-school their son for high school, since he was getting in trouble at school for marijuana and because they wanted to keep their eye on him.

Now he blows glass in the garage, making pipes with swirling colors, and wants to start his own business.

The Arnolds say they don't want their 19-year-old daughter, Melanie, to use marijuana. She is not a patient with a doctor's recommendation. While they'd like to see marijuana decriminalized, neither parent supports the use or legalization of other illicit drugs.

John Arnold, 52, a Navy veteran with a slight Georgian drawl, knows about substance abuse. He is a bartender, but since fighting his own alcoholism he hasn't had a drink in 22 years, he says.

Mike eggs on his dad by grabbing a bottle of grain alcohol and tilting it as if he's going to drink the dregs. "What would you do if I did?" he goads.

"I'd be bummed 'cause I don't want you drinking alcohol," says his dad, grabbing it away.

Easing the pains

Now John Arnold says he uses marijuana for a bad back, shoulder and hip; his wife says she has back problems, chronic pain, muscle spasms and an irritating skin disorder that justify her use.

The family "medicates" throughout the day.

Their bodies are so accustomed to marijuana they say they benefit from it, but they don't get stoned. The elder Arnolds and Richard, taking a marijuana break after lunch, talk and act the same as they did before lighting up.

The Arnolds keep an eye on Richard, calling if they don't hear from him for a while, and checking in to make sure he has enough marijuana before they go out of town.

"I know that she doesn't have to do this. I still don't know why she does this," he says, sitting in his South Lake Tahoe home, where he lives with a partner and a protective miniature pinscher.

"If it wasn't for her ..." He starts to tear up. "A little kindness goes a long way."

Scientific debate still rages on marijuana's therapeutic effects

The science question persists: Does marijuana have medicinal properties, and if so, do they outweigh risks?

The federal government classifies cannabis in a group of the most dangerous drugs, with no recognized medical use. Authorities call it an addictive "gateway" drug, which leads to abuse of other drugs.

State law, on the other hand, designates a broad range of conditions - from cancer to chronic pain - under which recommending marijuana may be acceptable.

Science falls somewhere between.

Tetrahydrocannabinol (THC), the main psychoactive ingredient in cannabis, "is established as having properties that can relieve certain symptoms," says Janet Joy, study director of a 1999 Institute of Medicine of the National Academies report that reviewed research on the subject.

It doesn't actually cure anything, Joy says, except for helping AIDS patients put on weight. The federal Food and Drug Administration approved Marinol, synthetic THC, for chemotherapy and AIDS patients. The federal government keeps cannabis in a category of drugs without medicinal value partly for political reasons, Joy says.

Still, the evidence for most medical uses of marijuana is lacking.

"You're dealing with a huge body of anecdotal evidence ... and there isn't a matching body of scientific evidence," says Heather Bentley, project manager for the state-funded Center for Medicinal Cannabis Research, through the University of California.

Rigorous studies are rare because of federal red tape and restrictions, scientists say.

The American Medical Association recommends keeping the federal government's designation of marijuana, while encouraging further research. The California Medical Association urges moving marijuana to a less-restrictive class of drugs, together with cocaine and morphine, to allow for easier studies.

Research has not shown whether or not marijuana is a gateway drug, Joy says. It has found that some people become dependent on marijuana, with withdrawal symptoms similar to those of caffeine addiction, Joy says. She notes that accepted drugs such as morphine also are addictive.

Smoking marijuana can be as bad for you as smoking tobacco, Joy says. Along with the THC, a smoker inhales many other substances, which also makes the science messy, she says. For a terminally ill patient, the risk may be worth it, but the field of medicine would prefer to develop an alternative form of administering THC, such as

an inhaler, she says. The Center for Medicinal Cannabis Research recently received approval for a study involving vaporizers.

States follow California's lead

California led the way for medical marijuana when voters approved Proposition 215 in 1996. Now eight states have legalized medical marijuana:

Alaska
California
Colorado
Hawaii
Maine
Nevada
Oregon
Washington

Two states have medical marijuana laws that either aren't functional or don't fully legalize it:

Arizona
Maryland

Source: National Organization for the Reform of Marijuana Laws

Expert: Terri Ziem, fitness director, Arden Hills Country Club & Spa, and author of the book "Kids in Motion"