

# OUR VIEW: Idahoans need another option for pain control

Doug Bauer, for the editorial board

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Idaho patients coping with chronic pain should be able to choose how best to manage their condition.

If that choice is marijuana, they should be allowed to legally obtain and use it.

Rep. Tom Trail, R-Moscow, recently announced plans to introduce medical marijuana legislation during next year's session, provided he's re-elected to an eighth term in November.

We applaud Trail's efforts, but doubt any bill promoting the legitimate medical use of marijuana will go far in a statehouse dominated by regressive leaders who'd rather challenge the federal government's authority to reform health care than enhance the medical options for the state's patients.

That's a shame, especially when you consider the potentially dangerous alternatives Idahoans have in trying to control their pain.

Narcotics are the primary option physicians have to provide their patients, despite the potential for misuse that often leads to crime, serious health problems and even death.

According to a 2008 report by the National Institute on Drug Abuse, 15.2 million Americans age 12 and older took a prescription pain reliever, tranquilizer, stimulant, or sedative for nonmedical purposes at least once in the year prior to being surveyed. A 2002 U.S. Department of Health and Human Services study determined that more than 17 percent of adults over 60 abuse prescription drugs, wittingly or not.

Many of those folks were introduced to those drugs by their doctors.

The "high" from one of the most abused pain relievers, oxycodone, has been likened to that of heroin, and it may be just as addictive.

Sadly, oxycodone and other prescription medications don't have the same stigma as marijuana, even though their widespread abuse has the potential to cause more serious problems for society as a whole.

Until that changes, some Idahoans will be forced to choose between living with serious and constant pain or facing the risks associated with their prescriptions.