NFL players hope to start 'revolution' in favor of medical marijuana

By Haley Sawyer

Ravens tackle Eugene Monroe never thought about marijuana as medicine. He simply went about the routine of the seemingly invincible professional football player: If he was in pain, he took prescribed painkillers.

But as Monroe became more and more concerned about the potential negatives — such as addiction and accidental overdose — he began to research marijuana as an alternative. Now he's convinced, he's outspoken, he's involved and he's on a mission: He wants a marijuana-friendly NFL.

“We're no longer in an era where the government decided that marijuana is illegal with no scientific basis,” Monroe told Sporting News. “Now we have the ability to look at it and determine what it's comprised of and how those things have an effect on our bodies, and we know now that marijuana has a very positive effect on our bodies, especially in the case of the issues that are brought up through playing football.”

Monroe is among several current and former players who hope to change minds about medical marijuana, even as there's little evidence that real change is attainable anytime soon. Though Monroe and others see cannabis as a healthier option than the opiates prescribed by NFL doctors, critics — including the NFL — remain resistant as questions linger about marijuana's viability as a treatment option.

But as players, the league and the public continue to learn of the toll an NFL career can take on the body, the debate is likely to only get louder.

"It's not even about bashing the current practices, but we now know that there's a better way, that there's a healthier way," Monroe said. "It's hard to be a member of a league where myself and all the other athletes sacrifice so much, especially with our bodies, and currently, the solution for our problems is being prescribed various pain pills, which have a highly addictive nature and damaging effects."

It's those potential negative effects of traditional treatments that are driving the push for pot.

A study by the National Institute on Drug Abuse shows that overdose death rates from prescription drugs, prescription opioid pain relievers and benzodiazepines (“benzos”) has steadily increased over the years. In 2014 alone, the study shows, prescription drug overdoses killed nearly twice as many people as cocaine and heroin combined.

That has made marijuana seem like a logical alternative for treating the types of chronic pain NFL players endure during and after their careers. The drug has been used successfully in combination with opioids, said Kevin Hill, assistant
professor of psychiatry at McLean Hospital and Harvard Medical School.

"There are many patients that say that they required a significant amount of opioids to treat their pain, and now that they’re using medical marijuana, they need fewer opioids to do that,” Hill said. “Some people are able to switch entirely to medical marijuana, but there are people that use a combination of the two."

Eben Britton, who has played six years in the NFL, believes the league can offer better treatment options, including marijuana.

"My wife remembers a time when I had six different pill bottles, whether it was Indocin, which is this really powerful anti-inflammatory that just literally shreds your digestive system if you don’t eat with it, you’re f—ed,” he said. "It’s not like a malicious thing where it’s just being thrown at you, it’s just like, this is the system, this is what we have."

'The best interest of players'

Despite the growing enthusiasm, a change to the league's drug policy doesn’t appear close to happening.

"The substances of abuse policy is collectively bargained and is a joint NFL-NFLPA program,” NFL spokesman Brian McCarthy told Sporting News. "We are guided by medical advisers. They have not indicated a need to change."

That’s in line with what commissioner Roger Goodell said when asked about marijuana in his pre-Super Bowl 50 press conference.

"We always review our drug policy. That is something that our medical professionals do on a regular basis," he said. "We have had discussions with them in the past about that, not recently. They have opposed that. ... It's an NFL policy and we believe it’s the correct policy, for now, in the best interest of our players and the long-term health of our players. I don’t foresee a change in that clearly in the short term but we'll continue to be in touch with our medical personnel. If that changes, we'll discuss it."

But at least one former player wonders whether Goodell is reluctant to pursue a medical marijuana policy because of public relations concerns.

"He’s not dumb,” said Eddie Lee “Boo” Williams, a tight end who played four years with the Saints. “You know that old saying, you can’t always say what you feel, you have to say what’s appropriate? You can’t really say what you feel because he’s in a position where he can get a lot of backlash.”

The NFL Players Association did not respond to multiple requests for comment on the issue. However, the current and former players interviewed by Sporting News estimated that more than half the league consumes cannabis in some fashion, despite the NFL’s prohibition against it.

Questions remain

Just like opiates, though, research shows there are some dangers to marijuana.

A 25-year study involving more than 1,000 subjects showed that those who used cannabis consistently between the ages of 13 and 38 had an average of an eight-point decrease in IQ scores and were shown to have issues with attention and memory.

The researchers, along with Hill, caution that there is no decided safe age to begin using marijuana. The human brain is
developing throughout the mid-20s, an age range that includes many NFL players.

There’s also the chance of addiction, experts say.

“It absolutely can be addictive. However, most people who use marijuana don’t become addicted to it,” Hill said. “About nine percent of adult users of marijuana become addicted. They’re using multiple times a day every single day, and that’s the level of use that can be associated with having significant problems in other important areas of your life including work, school or relationships.”

Still, the FDA has approved two forms of medical marijuana: Marinol and Nabilone, Hill said. Both are used to treat nausea associated with cancer therapy, and Marinol doubles as an appetite stimulant.

Hill’s research has found evidence that marijuana could also be used to treat chronic pain. Other research is showing that CBD, the part of cannabis that provides medical benefits without psychoactive side effects, also has potential.

Even businesses are looking to capitalize.

In Colorado, where marijuana is legalized, edibles company Dixie Elixirs is exploring how its products can benefit athletes.

“We make a pain relief balm ... and people swear by it. But we also tell people, if you are going to be drug tested, even though you don’t get high from this product, you could test positive in that type of screen,” said Joe Hodas, chief marketing officer for Dixie Brands.

'Training to start a revolution'

Although much of the evidence cited by pro-marijuana NFL players is anecdotal or based on personal experience, legitimate research is coming — albeit slowly.

In April, the U.S. Drug Enforcement Administration approved smoking marijuana as a legitimate form of research for the first time. The study took five years to get clearance from regulators, which include the DEA, U.S. Food and Drug Administration and the U.S. Public Health Service.

This is a step closer to legitimizing the use of cannabis for chronic pain, but it’s still a long way off because it’s hard to get an unbiased look at the big picture.

"I think one of the problems with marijuana is that people try to paint the dream," said Hill, the Harvard professor. "Some people say that marijuana is one of the greatest drugs ever and that it’s harmless, and that’s not true. But other people seem to perpetuate the belief that if you use marijuana, you’re doomed. That’s not the truth, either.”

For advocates, Goodell’s Super Bowl press conference offered a flickering hope of possible change.

"Yes, I agree there has been changes, but not significant enough changes that our medical personnel have changed their view," Goodell said. “Until they do, then I don’t expect that we will change our view.”

Until that moment — if that moment ever comes — advocates will be waiting.

"I think we’re definitely making strides towards legalization, at least medicinal," Britton said. "I think that’s all very important and I think it’s just going to take a lot of time. It’s just ... I guess we’re just trying to start a revolution."