Why Isn't Marijuana Used as a Medical Treatment for Concussions? Perceptions of Former NFL Players

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Significance of the Topic to Sport Management

There is increasing recognition of the frequency and danger of traumatic brain injury (TBI), particularly in football. In an attempt to protect players from TBI, including concussion, the National Football League (NFL) has sought to modify game rules and improve helmets (Cain, 2010). While helmets have practically eliminated skull fractures in football, they do little to protect against TBI and encephalopathy (Rowson & Duma, 2013). Commissioner Roger Goodell has said he would consider alternative methods of treatment, including the use of medically prescribed marijuana if medical experts deemed its use legitimate (Strauss, 2014).

Review of Relevant Literature

Currently, marijuana is prohibited by federal law under the Controlled Substances Act (CSA) as a Schedule 1 drug. A Schedule 1 drug does not have any medical use and has a high potential for abuse (DEA Drug Schedules, n.d.). Interestingly, the decision to classify marijuana as a Schedule 1 drug was not originally supported by the scientific and medical evidence available at the time (Christiansen, 2010). In fact, Shafer revealed that a “historical examination of marijuana prohibition shows the initial prohibition was largely a by-product of social forces present in the 1930s and was not based on scientific research” (Bonnie & Whitebread, 1999, p. ix). Members of Congress have argued whether marijuana should even be designated as a Schedule 1 drug as the legislative history for the CSA indicates that marijuana is not a narcotic, not addictive, and does not cause violence or crime (DuVivier, 2005). Furthermore, the American Medical Association (2009) urged “that marijuana’s status as a federal Schedule 1 controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods” (para. 1).

While marijuana use is presently against federal law under the CSA as a Schedule I drug, 23 states and the District of Columbia have passed legislation permitting the use of medically prescribed marijuana as an alternative treatment for injury or disability (Lee & Gelles, 2014). Additionally, research suggests that THC, a chemical found in marijuana, can limit brain injury by protecting brain cells and preserving cognitive function (Fishbein, Gov, Assaf, Gafni, Keren, & Sarne, 2012), while CBD, another chemical found in marijuana, actually can heal the injured brain (Fishbein et al., 2012; Mechoulam, Panikashvili, & Shohami, 2002). Thus, it is understandable that growing number of Americans are demonstrating an increased tolerance for marijuana, particularly when it is legally prescribed (Matt, 2014).

Purpose of the Study

While concussion protocols have been implemented in North American professional sports, most notably in the NFL, the discussion about the use of medical marijuana as an alternative medical treatment has not been thoroughly addressed. As noted previously, research suggests marijuana has potential benefit for treating TBI, associated short- and long-term symptoms and complications of brain injury, and chronic pain. Collectively, these studies indicate that athletes may benefit not only from marijuana’s neuroprotective benefits but from its anxiolytic and anti-depressive qualities that abate the emotional and psychological complications that arise years after brain trauma has occurred. In attempting to understand the challenges associated with concussion and chronic pain, gaining the insights of former NFL players would be invaluable. Thus, the purpose of this qualitative poster presentation is to describe the perceptions of former NFL players regarding the prohibition of marijuana as an alternative medical treatment for the above-described ailments.

Method and Data Analysis

Five former NFL players have been contacted to be interviewed for this qualitative study. Every effort to assure anonymity has and will continue to be taken for the interview. Seven semi-structured questions were developed for
the interviews. All interviews have been and will continue to be recorded and transcribed verbatim. The analysis of the transcriptions will involve intratextual (i.e., within-text) and intertextual (i.e., cross case) analysis of the data using the constant comparative method of analysis (Maykut & Morehouse, 1994). While not all of the individuals have fully completed their interviews at the time of this proposal, some responses from the players’ have perceived the following significant items. For example, (a) the NFL should consider raising the threshold even further for marijuana testing; (b) the NFL should provide a therapeutic exemption for medical marijuana; (c) marijuana should be used as a substitute for the opiates players customarily receive when recovering from major surgery, especially toward the end of their careers. Other responses will be included in the poster presentation.

Implications of the Study

In football, an athlete is subjected to increased risk of TBI (such as concussion) as well as associated complications and chronic pain. While the concussion protocol presently used in the NFL may be effective, even the NFL commissioner has acknowledged that medical marijuana may be an alternative method in assisting concussed players. Society’s increasing acknowledgement of the medical applications of marijuana, broader cultural understanding, and empirical studies may lead to the conclusion that medically prescribed marijuana provides significant healing benefits to both active and retired athletes. As such, the implications of this study include the identification of barriers (i.e. legal and societal issues) regarding medical marijuana use as an alternative medical treatment.

Contribution to the Literature

While previous research has discussed the increased tolerance of state and federal legislation towards the use of medical marijuana and its neuroprotective, anxiolytic, and anti-depressive benefits, none has specifically addressed its lack of use. The perceptions of former NFL athletes will be useful for players, coaches, owners, and the medical and legal communities in advocating for the health and well-being of NFL athletes. It is hoped that this ongoing research will inspire dialogue and prompt critical and necessary reform so that sport organizations, owners, and players may consider alternative medical treatment for the physical and psychological pain that is synonymous with the life of an NFL athlete.