

Announcer: Bulletproof Radio, a state of high performance.

Dave: You're listening to Bulletproof Radio with Dave Asprey. Today's cool fact of the day, we've just invented a new 3D-printed sponge that soaks up extra drugs in your body. They're bringing the filtering abilities of a fuel cell, something they'd use in a car or a cell phone, into the blood vessels of living organisms. Initially, this is designed for cutting down the toxic effects of cancer treatment. This is a tiny little tube-shaped sponge, 3D printed and put inside a vein near a tumor that's being treated with chemo. So they put a drug in. They kill the tumor, and then the sponge absorbs the drugs before it goes to the rest of your body, so you don't do things like throw up, lose your hair, have heart failure and things like that.

Dave: This is so cool. Never in all of human history was this kind of ability even fathomable. People say, Dave, you're nuts. You're in Men's Health this month talking about living to at least 180. I'm like, well, we didn't have the ability to put filters in your blood vessels even last year, and now we do. Will this potentially increase human lifespan? I like to hope so. Today, studies have been done on pigs, but they're talking about human studies right now, which is just really cool. For the record, pigs and humans are biologically quite similar, so stuff that works in pigs is much more likely to work in people. No, we're not made out of bacon.

Dave: Next up, before we get into today's episode, which, funny enough, has nothing to do with bacon or blood filtering, so I've failed in my art of foreshadowing for you, we're going to talk about some profound effects that another chemical can have on the human body.

Dave: In the meantime, if you haven't picked up a copy of Game Changers, my new book ... If you're a fan of the show and you'd like to understand what are the common elements that all of these people who have done really big things to change the world ... What do they all agree on? Where do they disagree? So that when you look at charting your own path in life, on being a better provider, just showing up better as a human in all of your relationships, don't do what one guru did. Don't follow the tools of this one person. Do what works for lots of them. Prioritize properly. Then pick the tools that work for your biology, for your personality. That's what Game Changers is about. It's thousands and thousands of hours of work to figure out what more than 450 game-changing people prioritized so that you can just not waste your time and waste a lot of your life doing the wrong stuff that won't work for you. It's Game Changers. You can buy it anywhere books are sold.

Dave: If you've bought the book and you love it, you know the importance of gratitude. Show gratitude by going to Amazon and leaving a review for Game Changers. I actually check the reviews every day. I read them. If you liked it, if it helped you, if one of those 46 laws in the book made a difference for you, just take 30 seconds and tell me about it by leaving a review. Thank you.

Dave: All right, on to today's show. We are going to talk about cannabis. I've got a couple of people you may have heard of. I'm talking about Ricki Lake and Abby Epstein, yes, people you've definitely heard of. At least if you've been alive for the last 20 years,

you've definitely heard of these people. These are, especially Ricki, a beloved pop culture actress, her own talk show for a dozen years, and now making these really important documentary films about things that are affecting humanity. Abby's an award-winning director and producer of films. These two women have teamed up, creatively for more than 10 years to make these powerful films. I can tell you, I did not know that this is what Ricki Lake was working on. But when I had a chance to meet her ... Ricki, I don't know if I'm allowed to say where I met you.

Ricki: Of course, of course, yes, yes.

Dave: When I met her at Burning Man, a mutual friend introduced us, and she told me what she was working on. I'm like, wow, you've got to come on Bulletproof Radio, because your new documentary, Weed the People, has really dug in on what cannabis is doing for children's cancer. That's one of the reasons I did talk about cancer in our initial cool fact of the day. So, Ricki, Abby, welcome to the show.

Ricki: Thank you. It's a pleasure. It's a pleasure to talk to you.

Dave: Ricki, you're kind of a big deal.

Ricki: In my own mind.

Dave: For people like me who didn't know that you had transitioned into making these documentary films, tell me about why you stopped doing the talk show and started with the documentary, The Business of Being Born, which 5 million people have watched it and things like that. What made you change?

Ricki: 9/11. I mean, September 11th was a huge turning point in the trajectory of my entire life. I mean, everything shifted from that day. I happened to be there in the West Village. I mean, a lot of things happened. This is ... Oh, my gosh. What is it, almost 18 years ago? Because I had given birth to my second child. I had this incredible home birth, water birth, experience two months prior to September 11th. So it was the extreme of that experience, of coming into my power and really healing my body from sexual abuse and body image issues, and really having this transformative experience and becoming a mother again, and then two months later watching the plane fly down the Hudson and hit the building. It was those two extreme experiences that really caused me to look at my life.

Ricki: I made some major changes, and I really looked at the show I was doing, the Ricki Lake Show, which was running at that time for 10 years. I realized it wasn't my voice, or at least I wanted to do something else that I felt was going to be more impactful in a positive way. Not to put down that show, because I believe I had that platform for the very reason of being having that mainstream audience follow me for so many years, to be able to put these provocative pieces of material out there that's going to be more easily received by this audience. So I think they both go hand-in-hand. But I really wanted to shift in a career that was doing something that I felt was more positive for the masses.

Ricki: The Business of Being Born was a super personal project that ... Abby and I had worked together on The Vagina Monologues back in 1999 and became friends. She directed me in it. So when I had this idea of wanting to really explore the world of birth, I mean, I was so baffled by the fact that all the people in my life, the women that I really respected and admired, didn't seem to care about how their babies were being born. They didn't care that they were disconnected from the process, numb from the experience. I just wanted to explore that. So The Business of Being Born was super personal. It was really something I had to do. It was a passion project, but it was like I needed to see this to fruition.

Ricki: This movie ended up being revolutionary. It's had this impact 10 years later. It came out in 2008. It's now 10 years later. I mean, there's been radical change that's happened in hospitals around the country because of the information that came from this film. It's the most meaningful work to date for me. I've had a 30-year-plus career, and now with Weed the People, I mean, it is much more fulfilling for me as someone who's been a high-profile person for so long to really make a difference. I mean, it doesn't pay the bills like a talk show, I'm not going to lie, but it's not about that at this stage of my life. That's the long-winded answer.

Dave: It's a meaningful answer, Ricki. I've been open ... Long-time listeners know I've talked about the effect of birth trauma on personality. I had no idea it played a role in my personality traits until I was 30. I was born with an umbilical cord wrapped around my neck, and there's incontrovertible evidence that how you're born plays a major role in shaping personality traits and how you respond and show up in the world, at least until you go back and you kind of undo the traumas, which you can do. But wouldn't it be cooler if you didn't have to do that because hospitals and parents just knew? So I just have to say thanks for that film, because you're hitting something that affects literally every single person born. We had this wisdom hundreds of years ago, even a hundred years ago, and something shifted where it became sort of industrialized. I would say that might be as important, if not more important, as having a proper food supply, in terms of keeping our species strong and healthy and just being nice to each other.

Ricki: Absolutely.

Dave: So you nailed it, your social impact on the first one, amazing. You've done some other things with Abby in that area, but now you're moving into cannabis and cancer. How did you guys decide that that was the next big thing to take on?

Ricki: You want to take this one, Abby?

Abby: Well, no, I mean, I'm just laughing at the word decide, because I think it's always ... I don't know. I think with Ricki and I, I feel the projects really choose us. They're just kind of like information that needs to get out there. A lot of times, I feel like the way we've worked, or up to now at least with The Business of Being Born and Weed the People, is it's almost like Ricki has a certain life experience, and then her passion around it. She shares the passion with me, and then somehow it becomes a movie. That's basically what happened with Weed the People. It was a very specific story happening in Ricki's life where Ricki and her late husband, Christian Evans, were helping a little girl. They

were trying to help a little girl who was desperately ill, and came across this idea of using CBD, potentially, to help her get through chemo.

Abby: Cut to, all of a sudden, Ricki's calling me one day saying, "You're not going to believe this. We're taking this little girl. I'm chartering a plane. We're flying her up to Mendocino to meet this cannabis physician and try to get her on these cannabis oils." I was just like, I think this is a movie. I'm coming, and I'm bringing a crew. If this is a movie, we'd have to start documenting it now. It was just a real leap of faith. It was just a story that was unfolding in Ricki's life, and I think we were so taken by what we were discovering about the science of cannabis and the fact that it could help these children, that it just organically snowballed into a movie.

Dave: About 100 episodes or so ago, I had the guys from Charlotte's Web on the show, and this is-

Abby: The Stanley brothers.

Dave: Yeah, the Stanley brothers. I'm blanking on which of the Stanley brothers was on. It'll come back to me. But the story was profound, and I think most people missed it. This is a company that, years ago, realized that CBD oil could have profound effects on kids with cancer and epilepsy and things like that, and 10,000 families relocated to Colorado, the only state where it was legal for them to use this medicine that would make their babies better, even though Big Pharma drugs just didn't work. Most of them had tried it first. So it's one of those, how could this be happening in our country?

Dave: Then you fast-forward a little while, and now you guys are digging really deep in the science and about the politics about what's going on with cannabis. It's kind of cool that it just came into your life and you decide you were going to use the power of your voice and being storytellers to tell the story. You found five families with kids who had cancer. You follow the parents who did this. So without spoiling the end of the movie, do all the kids make it?

Ricki: Well, that would be a spoiler.

Dave: I knew you were going to tell me that.

Abby: Yes, most of them do incredibly well. It's a positive movie. So it's not like we make you sit through these 10 stories for these tragic endings. It's definitely an uplifting, feel good movie. We'll say that much, right?

Ricki: Yes, it's hopeful, and it's dramatic, and it's powerful.

Dave: You did something kind of risky though. Cannabis for adults is still controversial. I'll be the first one to say it's not without risks, especially if you're smoking and vaping, in that it lowers blood flow to the brain. But it also can have positive effects. So if it works for your brain and it works for your medical situation, absolutely do it, but it's probably not something you want to do at high dose every single day if you have a typical brain. But

you went straight for cannabis and kids. That's kind of like kids should start smoking and drinking alcohol too, in terms of the way people who don't know what you're doing ... So you kind of took the most controversial, most in-your-face approach about it. Not a conscious decision, that's just because of what happened? Or what did you think about that?

Ricki: It was a conscious decision with Abby. I mean, we were following other characters as well. We had an adult with stage 4 ... I don't remember what kind of cancer she had. But it was Abby's idea to kind of streamline and focus specifically on these children, because it takes the stigma away. This is not about getting high.

Dave: Most definitely. If someone listening thinks it's about getting your kids high, go to a therapist or something. I don't think anyone sane would advocate for that. It's more about reducing suffering or saving someone.

Abby: Once you know this information, once you go into these labs in Israel and you see the research they're doing and you see some of this anecdotal evidence, it does become that thing where you're like, oh, my God, why doesn't everyone know this? Everybody needs to know about this, or everybody needs to have access to this information. I think, for Ricki and I, that's a big driver for us. With *The Business of Being Born*, that was a big driver. It was like, why don't women know that there's more than one way to have a baby? It's like people are just not getting this information, or there's so much stigma and so much brainwashing around it, that people who could be really helped by this are not being helped.

Abby: That's when it becomes a human rights issue to us, because you're taking a potentially life-saving solution or a potentially life-saving plant or medicine, however you want to label it, and you're keeping that from people. It's that dramatic, and it's that urgent. So I think that was also one of the reasons that we stayed focused on children, was to really move people emotionally around this and humanize this issue, because a lot of people just think of it as, oh, yeah, that person who's going through chemo, losing their hair, and they're nauseous, so they're smoking a joint. What we're trying to show in the film is, no, there's actually clinical evidence about the ways that cannabis kills cancer. It's a whole nother level that people aren't aware of.

Dave: When watching the film, what stands out is that all of the families you followed weren't the ... I'm going to affectionately call them the tin foil hat. I live on a farm on an island. By the way, I live on a farm and an island, so ...

Ricki: Where's your hat? Where's the tin foil hat?

Dave: Exactly. But these are not people who are saying no drugs at any cost. These are people who all actually used allopathic medicine on their kids, which is also something very different. It's not an anti-pharma, even an anti-chemo film. You're just saying, by letting families choose to use whatever works for their kids, that you reduce suffering and had better outcomes.

Ricki: Correct.

Abby: Right. I think what ... We were really clear in the film that we were only going to show families who were using allopathic medicine, using Western medicine and had full support of their oncologist to use the cannabis. We were not going to follow anybody going rogue, anybody not doing chemo. I think that that's sort of ... What the movie ultimately shows is there seems to be a really synergistic effect where the cannabis makes the chemo more effective. It also makes the chemo more tolerable for the body. So it's definitely something that we wanted to put out there as, if you're getting better results potentially using both, why wouldn't everybody try that? Because there's very little downside to adding the cannabis oil in.

Abby: So I don't want to give away the movie, but there's a few cases in the movie where there's really no other explanation to how the child survived, other than the fact that they used both cannabis and chemo, either one or the other or both at the same time. We can't prove anything clinically, of course. No one can prove anything at this point, but it just feels like it's such a safe substance, cannabis, in terms of there's no toxicity. There's no risk of overdose. So it is something that, if it feels like there's any chance that this could make a huge difference in somebody's prognosis or treatment, then why not?

Dave: Now were these kids using CBD that was THC-free, or were they using-

Ricki: No, it's whole plant spectrum. In fact, it's high, high doses of THC in many cases.

Dave: So when you say there's no overdose or no risk, I mean, at least in adults, there's cases where high doses of THC do induce psychosis. In fact, it happened to a great friend of mine who's written up in a book. A padded wagon took him away sort of thing, but he ended up ... He was like, "Well, I kind of had a spiritual experience even though I went clinically crazy for a while. I think it was good for me overall."

Ricki: Yikes.

Dave: No risk at all for the kids?

Abby: I'm saying you can't overdose in the sense that the body physically can't overdose on cannabis, whereas a lot of these kids might be taking Oxycontin. They're taking Vicodin. I mean, they're taking heavy, heavy-duty pain killers-

Ricki: [crosstalk 00:19:57]

Abby: ... that are respiratory depressants that they could very easily overdose and die. With cannabis, there's no risk of death by giving somebody too much. You're right. They might be very uncomfortable or have too much, absolutely.

Dave: They might just get the munchies like crazy. Kids are born with the munchies. I mean, come on.

Abby: They'll sleep it off, or it'll go away. It's a safer profile than a lot of the hardcore drugs that they're already being given.

Dave: It's really cool in the film, because you actually have documentary footage of doctors, real oncology doctors in hospitals saying, okay, give this to the kids, because that first do no harm. You're saying, well, like you said, this is safer than a lot of the hardcore pain killers. Was there a reduction in pain killer usage?

Ricki: Oh, yes, yes, yes.

Dave: There you go.

Ricki: One child in particular. We kind of don't want to give it away, but this teenager, I mean, night and day, night and day.

Abby: They had him off all of his opioids within 72 hours. They couldn't believe it, from a sesame size dot of cannabis extract. The family was like, this isn't going to work. We wasted our money. How can this little tiny sesame seed under his tongue ... Literally, within three days, they will tell you h was off every single pain med.

Dave: Wow. This has to do with those 1,100 endocannabinoid receptors that we've identified in our brains. One of my concerns ... I understand you guys are filmmakers, not necessarily the scientific people behind it. So if this outside your purview-

Ricki: We are not.

Dave: ... tell me. But I have noticed that different CBD oils work differently on different people. So you'll have someone who says this stuff completely just ... Everything is better. Then the next person takes it, and they're like, it doesn't do anything for me. But then they switch gears and try a different one, and it works. So how did the oncologists in the documentary, in *Weed the People*, how did they know, oh, this is the right extract to use? Should I use the full spectrum from sativa versus another strain? How does a lab coat-wearing doctor with a medical license make that decision without enough information?

Ricki: Hmm, that's a good question. I mean, everyone's endocannabinoid system is completely unique to them, so it's trial and error. I mean, there's so many different strains. There's so many different ... I mean, the dosing is a major issue, because everyone handles it differently. I mean, for me personally, I mean, I use it medicinally, recreationally, but it's different every time for me, whether I have food in my system, whether I ... I can't figure it out. I'll take an edible to relax, and it gives me this ... It's different. It wasn't the oncologist's decision. It was working with Mara, working with Dr. Goldstein, Bonni Goldstein, who's a physician and also a cannabis doctor. It's pretty much trial and error, wouldn't you say, Ab?

Abby: Yeah. I mean, this is the biggest problem. This is the biggest problem. It's just that it's all still experimentation. It's trial and error. Unfortunately, it's like there are very few

doctors that have dosing protocols, and they're in very high demand. I got a desperate call yesterday from somebody who has a terminal eight-year-old child and desperately wanted to talk to Dr. Goldstein, who's featured in our film. Dr. Goldstein told me, because of the new laws, she can't even do a telephone consult with an out-of-state patient. But yet that patient could call a dispensary and talk to them all day long.

Abby: So the problem right now with cannabis medicine is that a lot of the dosing and the prescribing is, unfortunately, falling into the hands of the actual cannabis oil makers, the dispensary owners, the people who are making the medicine. So they're collecting a lot of data about how their patients are doing, and you see that in our film. There are very few doctors who are getting trained in this, who are interested in this at all. We show the handful of oncologists in our film who are interested in learning more, but the reason they're interested is because they've seen how well their patients are doing, and they want to learn more. But it's very, very interesting.

Abby: One of the scientists in the film, Dedi Meiri, he's at the Technion in Tel Aviv ... in Haifa, sorry. He is this top cancer biologist, one of the top cancer biologists in the world. The reason that he even became interested in this is because when he was doing his residency in Toronto, there was a little girl who had leukemia. The father went and got her some cannabis oil from the local dispensary and thought it would be a palliative thing. Her leukemia ended up going into full remission. Then he went to another dispensary and got a different oil when that strain ran out, and her leukemia came back. So they studied this in Toronto, because they realized that there were obviously a pattern of cannabinoids in the first strain that helped the leukemia that wasn't in the second strain. So this is all what we show in the film, is that this is all going on right now in the laboratory level, where they're trying to match different cancers to different strains, because that's what they're seeing in the test tube is that one strain will work on breast cancer, but not colon cancer. It's fascinating, but it's a very young science. Unfortunately, patients just don't have the time to wait.

Dave: I'm actually backing a company called Level Blends [crosstalk 00:26:19]

Ricki: Oh, yeah.

Dave: You know those guys?

Ricki: We know David, David Dacus. He's amazing.

Dave: I'm an advisor and a very small investor because they're going out to specifically say, okay, what is every little thing in every little strain so they can sort some of the science out. But I would be uncomfortable saying, hey, these guys are making the latest ... Let's everyone get high. I'm not opposed to that, if that's what you want to do, but in terms of having medical predictability, I still find it irritating that the stuff that works for a lot of people that's allegedly THC free, I can take it, and I just get tired and hungry like I just lost four hours of productivity. Maybe I'm less inflamed, but I wasn't supposed to get high from this. I didn't get high from it; I just got kind of zonked. I wow love to be able to know, just like with coffee. Different strains of coffee do different things. Different types

of alcohol do different things. So someone has to do the science. What you're saying is the doctors are still working on it too.

Abby: Yeah. I mean, I think who's working on it, to be honest with you, is the cannabis companies.

Dave: Well, they have good reasoning-

Abby: [crosstalk 00:27:25]

Dave: ... for that.

Abby: Yeah. I think that it's interesting, because we were invited to screen the film for Parliament in London over the summer. What was clear was, at the screening, there were all these bankers from Canada. It was just very clear that the whole movement has switched from health advocacy and hippie movement to more of a financial movement. Now it's really money that's moving research and money that's legitimizing cannabis to a certain degree. It's going to take a while. I think it is still very hard, because I think doctors, they don't learn about the endocannabinoid system in med school. It's not being taught. It's still, to a large degree, not legitimate.

Abby: But I think when you're in a position where a loved one is sick ... And we've had so many times where I think Ricki and I both would say this. When somebody has cancer or somebody has this and they're like, oh, my God, I need to see the movie, and they'll see the movie and then, 100%, they're coming back going, where can I get these oils? Because I think that people are desperate for other tools to help in this fight against cancer, and there is so much cancer that people are really willing to try this. The stories that come out, like a few of them you see in the film that really seem like miracles, it's like those stories ... I think people see them on the internet. They're really kind of beyond explanation, so everybody sort of wants to at least try. In the film, we only talk about cancer. There's just now so many different conditions that cannabis is helping.

Dave: The problem though is that it's still listed as a schedule I drug, which means no accepted-

Ricki: Oh, that.

Dave: ... medical use and high potential for abuse.

Ricki: Then there's that.

Dave: I've talked with the CEOs of some of the largest beverage and consumer packaged goods company in the world, and it's really cool, because running Bulletproof, being our CEO, I get to meet people who are literally controlling many billions of dollars in what we put in our bodies. The good news is they're all curious. They all got the message we sent them over the last 15 years that said stop giving us crap because we won't buy it anymore. So they're all kind of scratching their heads go, what do we do? Several of

them said, Dave, what do you think about CBD oil? I'm like, well, I know it kind of works, and I know that whoever does it first is probably going to get smacked around a little bit, even if it's without THC. So there's this big pressure from big companies going, should we be the one? Should we be the one? But none of them is willing to go up against that and say, okay, maybe something's wrong. So tell me about the patent that the government holds on this high potential, no medical use drug. How does that work?

Ricki: It's ridiculous. I mean, you're in Canada, right? What's it like for you? Is there access everywhere for you to get anything and everything you want? I mean-

Dave: I think now, in British Columbia, on the West Coast here, I think you can get whatever you want. I see the dispensaries all over the place, but, honestly, it's not the drug that works for me. I'm a caffeine and potentially an oral, non-smoked, non-tobacco nicotine kind of guy, or whatever happens at Burning Man. But I'm extremely behind the idea that it's our biology; it's our bodies; it's our right to put whatever we want in our body, even if someone believes it's not going to work, and frankly even if it probably won't work. I should be allowed to roll the dice if my own life is at stake, especially if I have a terminal condition. If you have a terminal condition and somebody tries to stop you from saving yourself, look, they have no right. It is life and death, and it is your life, not theirs. So I'm 100% behind what you're doing, but I couldn't tell you whether I'm allowed to go buy pot, because, frankly, I haven't had a need to.

Abby: Well, and I think there's a lot of people like that. I mean, going back to the patent, I mean, yes, it's ridiculous at this point. It's just stupid hypocrisy.

Dave: Well, tell me about it. What is the patent for?

Abby: So the government patented ... In 2003, they patented CBD as an antioxidant and a neuroprotectant.

Dave: Oops, no medical value.

Abby: Right, that's saying no medical value, schedule I, yet they have a patent on this substance. Clearly, the prohibition of cannabis is just ... Honestly, it's about racism and greed and political motivation. It's about nothing more. It really has nothing to do with the medical value of the plant. I think the U.S. is going to have to turn on this and de-schedule this soon. But I do say ... Because I'm also one of those people, Dave, where I'm not a cannabis person. I never have been. I've never responded well to it. I don't feel like it's ever done anything for me. People give me tons of bottles of CBD. I take tons of it, and I'm like, I'm not sleeping better. I don't feel it.

Abby: But I think one of the things you have to remember is that what's so interesting about the plant is that it's all patient-titrated. So it's an immunoregulator, so, essentially, it goes in, and it may do something different for every single person who takes it. It's an adaptogen. So it's like your endocannabinoid system may be just great. You don't need it, and so when you put it into your body, it actually takes things down a notch. Or you may be using the wrong cannabinoid. You may be needing THCA or THCV. You know

what I mean? There may be other cannabinoids, which will be the next CBDs that we'll all be hearing about, that work for you. That's what's so fascinating about it.

Abby: I've been giving it to my son for ADHD, and I started him on CBD. That was helpful, but now I've switched him to THCA, which is the raw amino form of THC. It's the non-psychoactive. That's, I think, been even better for him than the CBD. But it's like I can take a bottle of that THCA, and it does nothing for me, because I don't need it. So that's, I think, a little bit of the philosophy behind it.

Dave: It's really awesome that you're open about that. It's the same thing with nootropics. I've been taking smart drugs for more than 20 years now on a daily basis. I'm one of the people who put them in biohacking world and went on Nightline talking about modafinil and kind of made this ... Hey, maybe you really could take a supplement that does that. But what drives me nuts is, especially when you get to the pharmaceutical side, the stuff that works for person A doesn't do anything for person B, or it gives them a headache. It's like you've got to go out and try a couple and see what works. The plant-based ones tend to be more reliable, which is why that's the stuff that I formulate.

Dave: But just recognizing, just like with nutrition, look, you may need more protein than your husband or wife. You may need a different kind of fat, but there are some rules that work for everyone, and that it's okay to experiment. That old medical bottle that's like, this drug will work on everybody, well, that doesn't work for drugs either, because there's what's going on in your gut bacteria, what's going on with your genetics. So we will untangle this; I just don't know how quickly, with machine learning and big data and genetics and all that. But you've talked to more researchers than I have. How hopeful are you that we're going to get to the bottom of this in different timeframes? Is this a five-year problem, a ten-year problem, a hundred-year problem?

Ricki: I think the scheduling needs to change first so that we can do the research in this country and do real studies. There's a block, the federal blocking. We work with UCLA now. They have a cannabis research initiative that they're more than 18 months in. They're super proud of it, but they're having such issues raising money because of the scheduling. Obviously, I do believe, in our lifetime, yes, it will be de-scheduled. I do believe that. But we can't do much of anything in this country with research, real research, as opposed to anecdotal, until that changes.

Dave: Well, I'm going to play devil's advocate. A lot of the anti-aging technologies that I use, stem cells, some of the other lasers and other things, yeah, you've kind of got to go somewhere else. So there's an issue of national competitiveness. You guys went to Israel for Weed the People, and you talk with scientists there who are willing to do cutting-edge stuff, just like if you want natural killer cells for cancer, you can go to Israel, and they're doing these amazing things for cancer. In the U.S., they're like, that doesn't exist, and you're like, but it does over there. So, eventually, if we don't take it off the schedule, it's an issue of national competitiveness.

Ricki: Yeah, and I think with Canada becoming legal, we don't want to be second. So maybe that'll push things to change in the U.S.

Dave: I'm hopeful. So you're saying, if things change in terms of just being allowed to do research on it ... And I would say, well, while we're at it, we might as well take all of the other plant medicines and take those off the schedule too and say, if you're doing medical research, especially on terminal people, and it's well-controlled, let's not say that, quote, "no medical benefit," because people who have studied logic, like me, and computer science or philosophy-

Ricki: Or have a brain.

Dave: [crosstalk 00:37:46] or have a brain, you know you can't disprove something. It doesn't work. So what they're saying is we don't know of a medical benefit. But since we stopped studying it, we never will. That's just dumb. I cannot get behind that as a human being, and I think it actually causes immense suffering, or at least it takes away options for people who are going to die anyway. Those are both crimes against of humanity-level behaviors. It's not okay. Can you tell me one of the most inspiring things that you saw when you were filming the movie? Just give me a story, whether it made it into the final cut or not, but something that you saw that could not have happened, but it just did.

Abby: Oh, my God, there's so many things. I mean, I think one of the things in the stories ... I was just sort of blown away by the parents, and especially the moms. In many ways, the film is really a testament to how far parents will go for the love of their children.

Abby: There's one of the moms in the film who's just so incredible. I remember when we were in the pediatric oncology ward at UCLA. Her son was going through a particularly bad round of chemo. This woman had done so much research. She was going to a naturopath and bringing all the naturopathic medicines, everything, all the powders, the glutamine, everything. She was bringing it into the oncology ward and trying to get the doctors excited about it, which, of course, they were like, take your naturopathy and go away. But when they saw some of the results that she got ... She was able to get rid of all his mouth sores with glutamine powder. They were like, oh, my God, we should do a clinical trial on glutamine. They were giving him all these anti-nausea drugs that weren't working. Then she brought in the cannabis, and they couldn't believe it. They were like, okay, I don't know, but just give him more of that. Whatever you're doing, give him more.

Abby: So it was incredible. We were sitting in a hospital room in UCLA, and this mom had two jars of cannabis oil in Tostitos jars. She had literally cleaned out Tostitos and salsa jars and had one CBD and one THC, and she was putting it into her son's G-tube, directly putting it into his G-tube, in front of the nurses, in front of the doctors. Again, like you were just saying Dave, it's like, schedule I substance, federally illegal. People are being locked up for this. People are in jail, and this woman is injecting it into her dying child's G-tube. I mean, it's so crazy. It's crazy, and it's crazy that her child did so well, recovered so well, that his oncologist actually went on the board of a cannabis company, because he just couldn't believe what this had done for this kid.

Abby: So it feels to me like it's just chaotic. Everything around this plant is chaotic. The laws are chaotic. Using it is very chaotic, all these different ways to deliver it and health. I feel

like, right now, what's going on legally state-to-state is chaotic, because I think it's all happening backwards. I think the government got way behind the eight ball on this, and the people got in front of the government. Now it's like they've got to backtrack and figure this out. I don't know what's going to happen. I think it's going to be pretty messy for a while.

Dave: I've been looking at the numbers. In states where it's legal, just for recreational use, not the medical uses we're talking about here, there's about a 4X increase in the number of heavy users. So the net number of new users isn't particularly that different, but the number of people who are like, I do it every day, is way up. For most people, doing cannabis every single day probably has long-term negative brain effects. Are you worried about that?

Abby: I mean, we didn't cover anything about legalization or recreational use in the movie, so we don't really know much about those statistics. We didn't really weigh in on legalization, because we wanted to keep this so specifically medicinal.

Ricki: We do think that the whole issue with recreational use is really having a negative impact on the medicinal. It's like a disservice. It's really two separate issues. So, really, the movie stays away from legalization in general. It's a human rights issue.

Dave: You want it to be legal for medical research and for medical use.

Ricki: I want it to be legal [inaudible 00:43:13] ... I mean, I believe, but it's a personal belief. I believe anyone who wants this plant should have access to it, should they need it. But these kids with cancer, it's like they should come first, as opposed to these people that want to get ... I don't want to ... I'm hopeful that the government is going to do the right thing for particularly these sick people that need it.

Dave: Twenty years ago, when you were running the Ricki Lake Show, did you think that you would be saying this 20 years later?

Ricki: I mean, it's ... Anybody that's known me, I was the most judgmental fear-filled war on drugs ... It's so funny, because back when I did that show, I had this platform, and I came off as this open-minded ... And it's just I've come a long way, and even with psychedelics and my opinion on them, my experience with them. I credit my beloved husband who passed away, Christian Evans. He really shed some real light on this for me, and I've come full circle. I never thought that I'd be an advocate for medicinal cannabis and putting out these projects, but, hey, it's really important. I'm really, really proud of the work that we're doing, and I do believe it's making a difference, even with these children in the film. They have been saved. I believe, in my opinion, that they have been saved by having access to this medicine.

Dave: I think you're on to something there. I also really genuinely appreciate, Ricki, your willingness to talk about that, I've evolved as a human, because it feels like sometimes these days it's easy to go back 20, 25 years ago and look at someone's work and say, oh, this is that person, but we learn. New science comes out, and things evolve. I'm happy

that you're open to the evolution, and I'm hoping that people listening will also do that in their own lives, just be like, hey, you can reconsider something that you once took to be a fact. I think it's time for cannabis to say, look, it has benefits. It is not without risk, but given cancer, the risk of cancer is pretty darn high if you have it. So that risk is going to be higher than whatever risk of cannabis. So there it's a basic thing.

Dave: I'm also grateful that you guys are giving Bulletproof listeners a 30% off discount who want to see the movie, which is generous. If you're listening to this, this is just a gift from Ricki and Abby, and I have no financial interest or anything like that in this. So just because you listen to Bulletproof Radio, you just saved something. You can go to [WeedThePeopleMovie.com/Dave](http://WeedThePeopleMovie.com/Dave) and use code WTPDave, and they'll give you 30% off the regular digital download price, which is a generous offer.

Dave: I'm happy if you decide to watch it, because I think you'll find that there's some science in it, and there's also some inspiration. If you're of the mindset where this is the devil's weed, that is not borne out by the science. If you're of the mindset that everyone should be doing half a pound a day, that is probably also not borne out by the science. But you'll learn something from the film, and you'll get a new perspective. If you are dealing with cancer or chronic illness or chronic pain in your family, you probably doubly need to go watch Weed the People, because there's some really good stuff in there for you. That's [WeedThePeopleMovie.com/Dave](http://WeedThePeopleMovie.com/Dave). Use code WTPDave to get 30% off the digital download price. You can also go to the Bulletproof blog and go to the show notes page. Of course, we'll have the transcript for you, and you can get the code, and you can get the download link just by going to the website.

Dave: I have one more question for you guys.

Ricki: Let us have it.

Dave: Now I've been talking openly about the fact that I'm planning to live to at least 180 years old. I'm planning to do that without falling into the trap of tubes, diapers, putting my car keys in the refrigerator and basically losing my faculties as I go. Some people think I am nuts. Some people think that sounds really cool. Here's my question, and, Ricki, I'd love you to go first on this. Given all the stuff you know about cannabis, all the other things you've experienced, how long do you think you can live?

Ricki: Oh, my goodness. How long do I want to live? I do not want to live to 180. I mean, it's about quality versus quantity for me, so I want to have a quality life. Having lost my husband almost two years ago to bipolar and mental illness, he suffered. He suffered most days we were together. I just want to live a fulfilling, productive, happy, joy-filled life for as long as I can. I mean, I say that ... like Burning Man, for instance. I'm going to go every year that my body and my wallet allow. I want my body and my mind to hold up. So I don't necessarily need to live a long, love life; I just want it to be quality.

Dave: Beautiful. Abby, what do you think?

Abby: So it's how long do I want or do I need, or it's-

Dave: How long can you, and how long do you want to? I want to understand people's attitudes towards this idea? Look, maybe I could live as long as I want with a high quality of life. What do you think is possible? What do you want to do?

Abby: Yeah, that's interesting. I mean, I would definitely opt for length. I definitely-

Dave: That's going to be my new ringtone for you.

Abby: I will opt for length.

Ricki: That can be applied for a lot of different things.

Abby: Exactly, I'll take that all around. So, definitely, I mean, for sure, I would love another 50 years. I'm approaching the 50 mark, so I would like to have another 50. I would like to double what I've lived. I think I could probably do that fairly well, with a pretty good quality of life.

Ricki: Why 180, Dave? Why 180 and not 200? Why not round it up?

Dave: Well, my real number is at least 180, and the reality behind that is I would like to die at a time and by a method of my own choosing. The reason I came up with 180 as being feasible is really basic stuff. We know we can do 120 because we've seen it happen. There's multiple documented cases of people in their low 120s, so it's possible and inarguable at this point. I kind of feel like, given what we know now, starting before I'm 50, if I start reducing the damage of metabolic stress and all the things that we know whittle away at your ability to live a long time, 120 ought to be achievable, assuming a truck doesn't drive into me or something ridiculous.

Dave: I look back 100 years, we didn't have antibiotics. We didn't have DNA. We didn't understand mitochondria. We didn't have big data. We didn't have machine learning. We didn't have the internet, for God's sake, for doing research. I can do more research now than a doctor could do in two years in 1970, because they had to use microfiche. Do you guys remember those dumb things? Half of the people-

Ricki: Of course, yeah.

Dave: ... listening have never seen one. So given all that, if we can't extend human lifespan by 50% in the next 100 fricking years, then I'm stupid. We can do that, and I know the people doing the research right now. They've been on the show. They're my friends. I have one company I'm working with. They've extended the life of rats by 93%. I'm taking that stuff. I'm not a rat. Just give me 10%, I'm good. So I know this is going to happen, and this isn't my first disruption. My only quest now is I want the people who live a long time to be full of wisdom and giving back to their community, instead of being a burden on their community. That's why quality of life matters. That's why I think about it this way. I'm not worried about overpopulation, because my first book was on fertility. The fertility rate is dropping globally because of what we've done to our environment. Don't

worry about that. Worry about being a great human being who gives back, and live a long time [crosstalk 00:52:23]

Ricki: What about our planet? What about having a planet that's healthy and that's going to keep us going? Does that worry you at all?

Dave: Are you going to pollute the sandbox if you're going to be in it for 180 years?

Ricki: You're not, but what about everyone else?

Dave: Well, I think that, if you have a long-term vision that says, you know, I'm going to be around for way longer than I expected, you have to start taking a longer-term view. The longer you've had a chance to experience life, the more you realize that you pay for something now that you did 20 years ago. I think we can actually have this idea of the village elders, who used to pass down knowledge. We can do that better now, and that we'll actually have a better environment, because fertility rates and birth rates are dropping in most of the westernized countries right now. I think what we need is people who care deeply and are going to be around for a long time to be better shepherds of the world, instead of just having babies and getting out of the way and letting the next generation repeat the mistakes of the first, which is how Mother Nature designed it. Shame on you, Mother Nature, we can do better.

Ricki: Wow. Well, I like what you're thinking about. Yeah, it makes a lot of sense. Maybe I do want to join in the 100 club.

Dave: If you felt good, Ricki, Abby, and your brain was on and you were able to sit down and connect with people and say, you know, in the last 100 years, I've seen so much, and here's where you are on the curve, and people would listen to you, wouldn't that just be awesome?

Ricki: Absolutely.

Dave: Wouldn't your impact be amplified? The reason I say this, I learned a lot of what I know from people who were in their 80s when I was in my 20s, because I ran an anti-aging non-profit group. Trust me, old people, they know stuff that we don't know because we're not old yet. When I'm old, I hope I'm in a position to give back even more. So that's where this all comes from.

Ricki: Amazing, you're amazing.

Dave: Thank you. But the knowledge you have that you're passing on in Weed the People, that path that you've walked, it's of value, right? I think by sharing that on the show and just by sharing it with the people in our lives, we can make the world a better place. That's why I ask that question, what are you going to do if you have a long time?

Ricki: It's such a pleasure.

Dave: Thank you for being on Bulletproof Radio, and thanks for thinking about living way longer than you're supposed to, and thank you for making Weed the People and for sharing it with Bulletproof listeners. It's a film that's worth paying attention to, and you have a track record of doing that because your other films that the two of you have collaborated on, The Business of Being Born, is also a very important film. So thanks for telling the story about things that matter, and keep doing it.

Ricki: Thank you.

Abby: Thank you, Dave.

Ricki: It's a pleasure, Dave.