

Research does
make a
difference...

*The Medical Use
of Marijuana* Study of Rick
Doblin and
Mark Kleiman,
has been
reported in
The Economist,
July 6, 1991

*The New York
Times*,
May 1, 1991

USA Today,
May 1, 1991

LA Times,
May 1, 1991

*San Francisco
Chronicle*,
May 1, 1991

*NBC National
News*,
May 1, 1991

*Wall Street
Journal*,
May 2, 1991

Today Show,
May 6, 1991

Boston Herald,
June 28, 1991

New Republic,
July 15 etc. etc.

And...
On June 30th -
Ann Landers
came out in
support of
Medical
Marijuana!!!



Medical marijuana Cross-eyed and painless

CAMBRIDGE, MASSACHUSETTS

DRUGS can be medicinal or recreational: marijuana is both. For nearly 20 years advocates of its medical use—to relieve the nausea of chemotherapy, to treat glaucoma and to help AIDS patients gain weight—have fought in the American courts to have the drug reclassified so that doctors can prescribe it. Currently marijuana is grouped with the most disapproved of drugs, such as LSD and heroin. The government argues it must remain so because it has no “currently accepted medical use in treatment”. A new study by researchers at Harvard refutes this.

Mainly because of its effectiveness in treating the vomiting common among cancer patients during chemotherapy, tetrahydrocannabinol (THC), the main psychoactive ingredient in marijuana, was approved for medical use in America in 1985. A synthetic form of THC is sold in pill form under the trade name Marinol; last year almost 100,000 doses were prescribed. Smokable marijuana, however, is available to just 34 people through a “compassionate use” programme. To the confusion of many a police officer, these patients are given a supply of marijuana cigarettes rolled by government hands at a research farm in Mississippi.

Proponents claim that smoking marijuana works better than taking oral THC. In 1988 Francis Young, a judge who examines administrative issues for the Drug Enforcement Agency, recommended that marijuana be reclassified on the ground that “current acceptance” of a drug is present if a “respectable minority” of doctors endorse it. The administration disagreed, claiming that the vast majority of doctors believe oral



SCIENCE AND TECHNOLOGY

THC is as reliable and effective as smokable marijuana and produces fewer side-effects.

Enter Rick Doblin and Mark Kleiman, two drug-policy researchers at Harvard's Kennedy School of Government. To test the administration's thesis, they conducted a random survey of members of the American Society of Clinical Oncology. Some 1,035 responded, about 10% of America's oncologists. The results, published in the July 1st issue of the *Journal of Clinical Oncology*, surprised even Mr Doblin and Mr Kleiman: nearly half of the respondents said they would prescribe smokable marijuana if it were legal. Indeed 44% of them said they had, in effect, done so already by recommending it to one or more of their patients, despite the possibility of prosecution.

Nearly two-thirds of the oncologists agreed that marijuana was an effective anti-emetic, while 77% of the 157 who expressed a preference said that smokable marijuana is more effective than oral THC. A majority said that marijuana was no worse than Marinol in terms of producing bad side-effects.

Predictably, such numbers have the Bush administration's drug-policy office all out of sorts. Not long ago it chided Mr Young by suggesting that only one in 200 doctors would support medical use of marijuana, and that this was not a “respectable minority”. When some of Mr Doblin and Mr Kleiman's results were published recently as a letter in the *Annals of Internal Medicine*, the adverse publicity led Herbert Kleber, number two in the drug-policy office, to declare that anyone who really needed medical marijuana could get it through the compassionate-use programme within 30 days.

But last week the administration admitted it was planning to limit that already tiny programme. Now, under strong pressure from AIDS activists—marijuana has proved especially helpful to people taking AZT to fight the AIDS virus—Mr Kleber has said he will soon call an inter-agency meeting to decide what to do. Meanwhile a federal appeals court has rejected the government's response to Mr Young's recommendation that marijuana be reclassified. The court said the government's interpretation of “current acceptance” was impossible to meet.

Despite all this, the administration is unlikely to yield. There are other, non-medical, issues at stake. One official agreed that to admit that marijuana might ever be “safe and effective” would make a mockery of the government's strident anti-drugs campaign. In some ways the research by Mr Doblin and Mr Kleiman already has.