

The Politics of Research: Science’s Role in Ending the Drug War

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Did you know that even though MAPS has conducted clinical trials with Schedule I substances including MDMA and LSD for over a decade, the United States government is still preventing us from conducting marijuana research? In December 2014, we even received a \$2 million grant from the State of Colorado for the study, but the federal government continues to obstruct our research. The repressive U.S. federal research policies are a blatant rejection of science, logic, and compassion.

Research is essential to dismantling the failed policies of the war on drugs. Unbiased research invalidates the baseless hysteria used to justify these destructive policies for decades. As these senseless drug policies were instituted with no basis in science, marijuana reform has largely been able to progress within the same framework—that is, without substantial clinical research. Opponents of marijuana reform often justify their position by pointing to the lack of research, and they are right, though their energy would be much better spent promoting research than fighting patients in desperate need. As a result, most marijuana policy advocates have chosen not to address these research barriers. That is why MAPS focuses our policy work on protecting research—we believe drug policy should be grounded in science.

On March 10, 2015, Senators Rand Paul (R-KY), Cory

Booker (D-NJ), and Kirsten Gillibrand (D-NY), introduced the first Senate bill to end federal prohibition on medical marijuana. The CARERS Act (Compassionate Access, Research Expansion, and Respect States) comprehensively addresses the unique and extraneous barriers to marijuana research: (1) the National Institute on Drug Abuse (NIDA) monopoly on federally legal research marijuana, and (2) the redundant Public Health Service (PHS) review process for access to NIDA marijuana.

MAPS worked successfully to ensure that research played a principal role in the historic CARERS Act. The bill immediately received strong bipartisan support, even gaining a fourth sponsor, Dean Heller (R-NV), just days after its introduction. Dr. Sue Sisley, Co-Investigator for MAPS’ planned study of marijuana for symptoms of posttraumatic stress disorder (PTSD) in U.S. veterans, will present at

an upcoming Senate briefing on the bill. The strong media attention and popular support received by the CARERS Act has also forced many senators to take a stance on medical marijuana, generating necessary discussion and effectively moving the issue forward. Even some who oppose the bill have voiced their support for ending barriers to research; most notably, Chuck Grassley (R-IA), Chairman of the Senate Judiciary Committee, has said he “is looking at ways to lift any unnecessary barriers” to

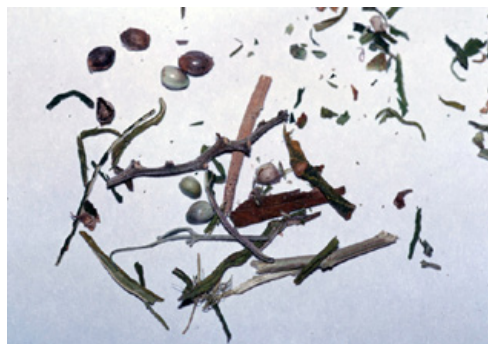
A robust marijuana research program would have a dramatic and lasting impact on our entire society.



MAPS Founder and Executive Director Rick Doblin, Ph.D., on the floor of the House of Representatives in Washington, D.C. in March 2015.

research. The NIDA monopoly and PHS review can be eliminated by NIDA and the Department of Health and Human Services (HHS) respectively, and do not require legislative action. MAPS will continue to maintain a presence in Washington, D.C., to ensure that Senator Grassley and his colleagues' words are not just hollow promises.

Medical marijuana research must obtain the same approvals required for all drug development research in the U.S., including from the Food and Drug Administration (FDA) and an independent Institutional Review Board (IRB). As a Schedule I drug, just as for psychedelic research, marijuana researchers must also obtain a Schedule I license from the Drug Enforcement Administration (DEA). In addition to these reviews, marijuana studies must also endure the additional PHS review process, which exists exclusively for marijuana. This process serves only to deter research—the PHS review delayed MAPS' planned marijuana study for PTSD for over four years. PHS ultimately approved the study in March 2013. In the four years that we waited for PHS approval, approximately 32,000 American war veterans took their own lives. MAPS remains dedicated to eliminating



NIDA grinds the whole plant, including stems and seeds, into their marijuana cigarettes.

this unnecessary barrier so that others can pursue much-needed marijuana research without the human and financial cost of delays.

Despite PHS approval, NIDA's monopoly on research marijuana is still preventing us from moving forward with the study. The only marijuana legal for federally approved research is grown at a NIDA-controlled farm at the University of Mississippi. To produce psychedelic medicine for research, such as LSD or MDMA, MAPS contracts with university laboratories or pharmaceutical companies. Researchers have complained for years that NIDA-produced marijuana is inadequate. NIDA's highest THC content is 12.8%, much less than is available at dispensaries, and have only now confirmed they have marijuana with CBD. NIDA can

provide marijuana for research but not for prescription use; its marijuana is inadequate for Phase 3 studies which are required to use prescription-grade marijuana.

The need and potential for marijuana research are enormous. A robust marijuana research program would have a dramatic and lasting impact on our entire society. Similar to



Former U.S. Commissioner of Narcotics Harry Anslinger embarked on a crusade to criminalize marijuana in 1937.



Senators Cory Booker (D-N.J.), Kirsten Gillibrand (D-N.Y.) and Rand Paul (R-KY.) introduced the CARERS Act on March 10, 2015. Joining them are supporters of the bill who benefit from the medicinal uses of marijuana, including a young child, Morgan Hintz who uses one of the compounds in marijuana, CBD, to treat epilepsy and seizure, and her mother, Kate Hintz. (Photo credit: Mark Wilson/Getty Images)

psychedelic research, quantifiably demonstrating marijuana’s efficacy for even just a few ailments would present a serious challenge to pharmaceutical companies who continue to produce dangerous, addictive, yet all-too-profitable drugs with limited levels of effectiveness. Prescription drug overdoses are the number one cause of accidental death in the U.S.; these rates drop sharply in states with legal medical marijuana. Patients simply prefer marijuana, since it is more effective and dramatically safer than most prescription drugs. Marijuana’s efficacy, like that of psychedelics, helps undermine the current mental health paradigm; if one substance can alleviate such a diversity of diseases, we are forced to examine our understanding of their allegedly diverse causes.

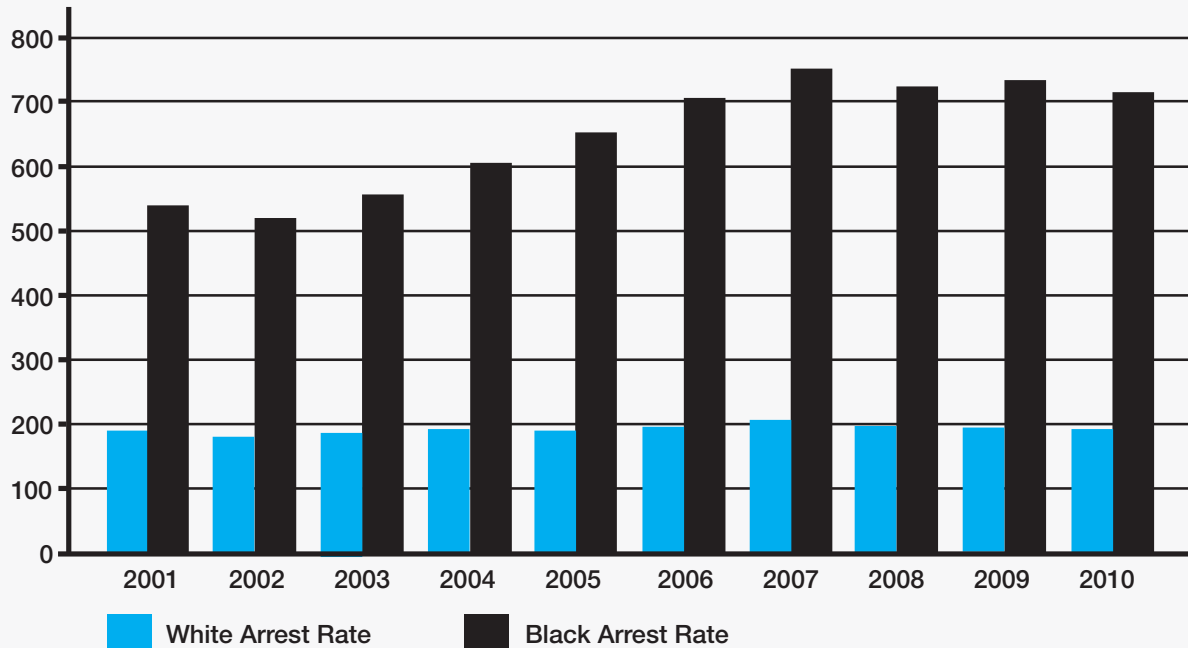
According to the extensive body of international research now developing, together with thousands of years of documented use around the world, it’s clear that marijuana has the extraordinary potential to heal or reduce symptoms associated with a plethora of ailments, including cancer (both to inhibit tumor growth and as palliative care), PTSD, epilepsy, multiple sclerosis, depression, anxiety, chronic pain, HIV/AIDS (to slow the spread of the disease and as palliative care), fibromyalgia, insomnia, ALS, glaucoma, ADD, Tourette’s, eczema, Parkinson’s, psoriasis, and many more. More research is desperately needed to better understand how marijuana works as such a powerful medicine. Even for those patients fortunate enough to live in states with medical marijuana programs, the lack of research still hampers accessibility and understanding of what marijuana can do for them. Many states limit the qualifying conditions, and

patients and physicians alike often have difficulty understanding proper dosing and methods of use.

Research demonstrating marijuana’s medical value and safety also contradicts current U.S. policies that criminalize marijuana use. Marijuana is currently a Schedule I substance, which the Controlled Substances Act (1970) defines as having “no currently accepted medical use,” “high potential for abuse,” and “lack of accepted safety for use.” Research has demonstrated each criterion to be false. Millions of Americans are facing criminal penalties for marijuana. The vast majority of those apprehended are black or brown, despite nearly identical usage and distribution rates across racial groups. The war on marijuana (and all drugs) is fundamentally racist, and we at MAPS believe that unbiased scientific research will play a vital role in its demise. As more research shows the extent to which the federal government has misled U.S. citizens about marijuana, regulatory agencies will be forced to reevaluate the entire drug scheduling system.

Marijuana was first criminalized in 1937, despite strong opposition from the American Medical Association. New York City Mayor Fiorella LaGuardia even commissioned a comprehensive, five-year study on the subject by the New York Academy of Medicine, which concluded that marijuana was relatively harmless and should not be criminalized. However, Harry Anslinger, the United States’ first drug czar, dismissed the scientific community’s conclusions and embarked on a racist and sadly effective crusade to criminalize marijuana, launching the now-infamous “Reefer Madness” propaganda campaign.

Arrest Rates for Marijuana Possession by Race (2001-2010)



Source: FBI/Uniform Crime Reporting Program Data and U.S. Census Data

credit: ACLU

Anslinger made no attempt to hide his disdain for marijuana or his prejudice:

Reefer makes darkies think they're as good as white men...most [marijuana smokers] are Negroes, Hispanics, Filipinos, and entertainers. Their Satanic music, jazz, and swing, result from marijuana use...Marijuana causes white women to seek sexual relations with Negroes, entertainers, and any others.

In the 1960s, as more Americans experimented with marijuana, a movement began to develop to counter these preposterous claims. Congress commissioned another comprehensive, multi-year study—the Shafer Commission—which concluded, once again, that marijuana should be decriminalized. President Richard Nixon rejected the report. John Ehrlichman, Nixon's domestic affairs counsel, later explained their rationale:

Look, we understood we couldn't make it illegal to be young or poor or black in the United States, but we could criminalize their common pleasure. We understood that drugs were not the health problem we were making them out to be, but it was such a perfect issue... that we couldn't resist.

Nixon's Chief of Staff, Bob Haldeman, adds that Nixon "emphasized that...the whole problem is really the blacks...the key is to devise a system that recognizes this while not appearing to." Nixon himself is even recorded saying: "Every one of the bastards that are out for legalizing marijuana is Jewish. What

the Christ is the matter with the Jews, Bob? What is the matter with them? I suppose it is because most of them are psychiatrists." (I'm proud to continue in this fine Jewish tradition.)

Marijuana criminalization is firmly entrenched in racism, and the resulting stigma has stunted unbiased research on all illegal substances. Marijuana is the most commonly used illegal drug, and possesses tremendous therapeutic properties. Politics—especially racist politics from a century ago—need not impede scientific and medical progress. Let science and reason lead the way. 🌿

Natalie Lyla Ginsberg is Policy and Advocacy Manager at MAPS. She earned her Master's in Social Work from Columbia University in 2014, and her Bachelor's in History from Yale University in 2011. At Columbia, Natalie served as a Policy Fellow at the Drug Policy Alliance, where she helped legalize medical marijuana in her home state of New York, and worked to end New York's racist marijuana arrests. Natalie has also worked as a court-mandated therapist for individuals arrested for prostitution and drug-related offenses, and as a middle school guidance counselor at an NYC public school. Natalie's clinical work with trauma survivors spurred her interest in psychedelic-assisted therapy, which she believes can ease a wide variety of both mental and physical ailments by addressing the root cause of individuals' difficulties, rather than their symptoms. Through her work at MAPS, Natalie advocates for unbiased research to help undermine both the war on drugs and the current mental health paradigm. She can be reached at natalie@maps.org.