

MARIJUANA SMOKING AS MEDICINE: A CRUEL HOAX

The anecdotal claims concerning the unique therapeutic properties of marijuana smoking in alleviating the nausea and vomiting induced by the chemotherapy of cancer or of AIDS do not withstand scientific scrutiny.

In the first place, modern therapeutics distinguish between a crude drug and its pharmacologically active pure ingredient, in this instance between marijuana and THC. While crude marijuana preparations made of plant material and containing THC display similar pharmacological properties as THC, their overall effect is quite different. Indeed, marijuana contains in addition to THC 60 other cannabinoids which modify absorption, availability and transformation of THC in the body, and which are also biologically active. Besides cannabinoids, 360 other compounds have been identified in the plant material such as terpenes, flavinoids, furan derivatives and alkaloids. The smoke of a marijuana cigarette contains in its gas phase the noxious vapours of carbon monoxide, acetaldehyde, acrolein, toluene, nitrosamine and vinylchloride, and in its particulate phase phenol, creosol, methyl and naphthalene. Marijuana smoke also contains twice as many cancer producing substances (benzanthracene and benzopyrene) as a tobacco cigarette of the same weight. The respective amounts of all of these different chemicals will vary with each marijuana cigarette and its resulting smoke, therefore prescriptions of marijuana cannot comply with the Pure Food and Drug Act, which requires that all medicines be labelled with the exact amount of chemicals they contain. In addition, crude drug marijuana preparations can also be contaminated with salmonella bacteria which gives diarrhea and with a fungus, aspergillus, which may cause severe bronchopneumonia (It has been suggested that the marijuana cigarettes prescribed to patients be sterilized).

Damaging effects in man caused by prolonged exposure to marijuana smoking have been reported in two recent International Symposia; they include emphysema-like symptoms, cancer of the lung, mouth and tongue, prolonged impairment of memory and of psychomotor performance resulting in train or car accidents, a six-fold increase in the incidence of schizophrenia, leukemia in children born from marijuana smoking mothers and damage to the growing fetus.

However, if smoked marijuana had unique therapeutic properties, these foregoing undesired effects could be overlooked. This is not the case. Prominent cancer specialists such as Dr. R.J. Gralla of Sloane-Kettering Memorial Cancer Centre, Dr. D.S. Ettinger of John Hopkins Medical School, Dr. George Hyman of Columbia University College of Physicians & Surgeons, Dr. John Laszlo, Vice-President for Research of the American Cancer Society have concluded that the crude drug marijuana taken by inhalation has only limited effectiveness in the treatment of vomiting caused by cancer chemotherapy and documented negative effects on pulmonary, cardiovascular and immunity systems. The American Cancer Society stated in 1989 that the results of clinical investigations were insufficient to warrant the decontrol of marijuana smoking for medical use. The American Medical Association and the Food and Drug Administration (FDA) expressed a similar opinion.

The therapeutic applications of smoked marijuana have been traced down to the psychoactive ingredient it contains: THC. This compound taken by mouth will relieve the vomiting resulting from cancer chemotherapy in a limited number of patients. But THC also produces acute undesirable psychic and cardiovascular symptoms, and its depressant effect on immunity is not a good indication for patients with cancer or AIDS who already have

impaired immunity. To treat nausea associated with chemotherapy, modern drugs with much greater bioavailability, specificity and effectiveness and less side effects than THC such as metoclopramide and ondansetron have already been used on millions of patients. And these drugs have become the preferred choice of the majority of physicians who wish to treat their patients in the safest and most effective fashion. However THC, because of its therapeutic properties, has been reclassified from Schedule I to Schedule II, which permits its prescription by physicians. Marinol is one of the presently available preparations. But most other countries, signatories of the Single Convention of the United Nations on Controlled Substances, did not concur the U.S. reclassification and kept THC in Schedule I, among drugs which have no unique therapeutic usefulness and a high abuse potential.

While the reclassification of THC to Schedule II might be understandable, this would not be the case for smoking the crude drug marijuana, which would as a result become more available and more readily diverted for non-medical use.

There is no medical justification for the use of marijuana smoking in the treatment of nausea and vomiting associated with cancer or AIDS chemotherapy. Other claims formulated in the prescientific area of medicine concerning the therapeutic properties of marijuana smoking for epilepsy, multiple sclerosis, paraplegia, migraine, chronic pain, pruritus, menstrual cramps, and labor pain are purely hearsay and may even be harmful to the patient. Such claims have been nonetheless recently revived by the same Harvard professor who has also stated that “used no more than two or three times a week, cocaine creates no serious problem.” His latest book, “Marijuana, the Forbidden Medicine”, is a loose compendium of unverifiable anecdotes.

The unilateral reclassification by the United States of marijuana from Schedule I to II would perpetuate a cruel hoax by sending the wrong message to uninformed patients and health professionals who rely on safe and effective medicine.

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HOW TO LOCATE SCIENTIFIC MARIJUANA RESEARCH INFORMATION

Marijuana: An Annotated Bibliography, Volumes I and II (Macmillan Publishing Co., 200 Brown St., Riverside, NJ, 609-461-6500) and the eight supplements contain over 11,600 citations. Supplements beginning with 1985 are also available on diskettes which are in ASCII format; can be printed on most printers with DOS print or Type Command; can be read into most processors for selective viewing and printing; can be loaded into a text retrieval software package for searching and printing.

A computer search service is available to the public for a minimal fee and includes materials published from 1975 to 1992. Contact:

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