A Watched Pot Boils

The first study of HIVers who toke finds the weed won't mess with your meds but -- pass the brownies! -- may help you put on the pounds.

November 1, 2000 By Susan Gerhard

If you've been passing on toking for fear of taking the punch out of your protease inhibitors, the news out of the University of California at San Francisco is good. Results from longtime AIDS doc Don Abrams' study of marijuana's effects on protease-takers show that cannabinoids, whether smoked as joints or swallowed in the synthetic "pot pill" Marinol (dronabinol) don't increase viral-load levels after three weeks of use -- sufficient time, researchers say, to suggest long-term safety on that score. Abrams also found that both forms lead to greater caloric intake and weight gain.

Abrams' results build on years of experience racked up by the many positive potheads who already work the drug into their treatment routines. HIVers proudly top the list of medical-marijuana mavens, according to a federal Institute of Medicine report released in March 1999. That may be because, as the document states, nausea, appetite loss, pain and anxiety -- all aspects of AIDS wasting and drug side effects -- can be mitigated by marijuana. Or because it's the one treatment that's both safe and, well, fun. "Clearly, marijuana is extremely safe over both the short and the long run," says Arnold Leff, MD, an AIDS specialist who has had many toking patients in his 15-year practice in -- where else? -- Santa Cruz, California. "There are some side effects -- being stoned, feeling urinary hesitancy, fatigue or sleepiness -- but they are all minor. And the antinausea effect and increased appetite occur at low doses. Most people develop tolerance to the side effects without developing tolerance to the therapeutic effects."

Gary McMillin, a Santa Cruz PWA battling a 30-pound weight loss from a staph infection, has been in recovery for more than 20 years, but brought marijuana back into his life after he saw his lover suffer through the side effects of appetite-stimulating drugs. "Megace [megestrol] killed his sex drive and made him so uncontrollably hungry he would choke on food trying to get it down," he says. "Marinol would zonk him out for hours." McMillin says his own protease-based combo is very hard on his stomach, and pot is a remedy whose dose he can more or less control. "By having a few puffs as I do my meds, it settles my stomach enough to get some toast and scrambled eggs in me." (He now grows his own and helps supply free marijuana to 300 people with medical needs.)

According to Abrams' randomized, partially blinded, placebo-controlled study, the herb not only helped breakfast stay down for the 20 tokers, but also didn't counteract the drug combo by either impairing the immune system or competing with the liver enzymes that metabolize protease inhibitors.

On the other hand, the weed's ability to impair short-term memory is legendary; the studies on cognitive effects over the long haul have had contradictory results. Data on other possible long-term risks is more sketchy. Leff, whose resumé includes a term as deputy associate director of the White House Drug Abuse Office under President Richard Nixon, is convinced that marijuana is safe -- except for the tar produced through smoking, which he says might cause emphysema if continued for years. A 1991 report in *The New England Journal of Medicine* noted a relationship between fungal infections and bacterial pneumonia in pot-smoking PWAs; cellular and molecular studies have also suggested smoked pot could potentially cause lung cancer. (See "Safer, Saner Weed" for safety tips.)

But the long-term trials needed to clarify pot risks may be a long time coming, thanks to the federal "war on drugs." Even to get medical marijuana studied for three weeks proved extremely difficult, embroiling Abrams in a highly politicized, seven-year process that began in 1992. Things heated up in 1996, when he and his colleagues in a community-based trial consortium were surprised to learn that 11,000 Bay Area HIVers were getting pot from cannabis clubs. They stepped up their efforts to get the drug studied, but were turned away by the National Institutes of Health, which must approve studies; by the Drug Enforcement Administration, which must approve the use of the pot; and by the National Institute on Drug Abuse, the grower, which must release the pot. All three agencies leveled the default claim that the science behind the study was not good enough. Not until 1997 -- after medical marijuana initiatives had passed in two states, and a year before initiatives would pass in six others -- were the legal, political and scientific hurdles cleared.

Then came the challenge of finding HIVers to endure, er, enroll in the study, which included a 21-day hospital stay without visitors, eating hospital food and smoking three low-grade, government-grown joints a day under a nurse's supervision -- if they got lucky enough not to get placed in the study's Marinol or placebo arms. "We had to screen 15 people for every person we found for the study," Abrams says. "Most said they couldn't stop smoking for the 30 days prior to the study [a requirement of entry] because they wouldn't be able to handle their AIDS drugs."

One person who met the challenge and is glad to be back to his normal life is Dan Hodge, a former librarian on a protease inhibitor-based combo. "About a half hour before meals, the nurse would bring us an ashtray, roach clips and a lighter, and another person in the study would join me to smoke. It was like a smoke tea party," says Hodge. "The refrigerator was full of desserts, candy bars, cheese and crackers, carrot sticks and yogurt." He says he gained weight after the three weeks of reading, writing, pot-smoking and feasting. Who wouldn't?

With the study's promising preliminary results on weight gain and caloric intake (the jury's still out on body composition), doors may soon open for Phase II trials of the herb's effectiveness. The investigators are welcoming the prospect. Says Abrams, who presented the study at the International AIDS Conference in Durban in July: "No one has ever before studied marijuana in HIV patients. We have a lot of information we haven't yet analyzed, but everything we've seen so far makes us excited."

SAFER, SANER WEED

Here are three tips that experts say may help HIVers minimize some of the most

1. HOLD THE MOLD Those with lowered immunity or respiratory problems should stay away from marijuana contaminated by mold, whose growth is spurred by the same wet conditions that promote rot. Even baking can't render mold harmless. Besides pot smoke from dirty bongs, the biggest source of mold is pot that's been packed and compressed improperly (with seeds or before it's fully dried). Tipoffs: a vinegary, ammonia-like smell or whitish powdery spots on the herb.

2. WAKE 'N BAKE The tried-and-true way to avoid the harms of smoke is using that old pot-brownie recipe from high school. Keep in mind, though, that it takes longer for digested pot to get to your bloodstream, so you may need higher doses. And because it takes much longer to kick in, you may have to consume it earlier.

3. DON'T GET TARRED Research has found that bongs don't reduce the tar consumed, because water absorbs moreTHC than it does tars; thus bongs require more hits to get the same THC levels. But vaporizers—which heat the herb to a pre-burn and release a white cloud of medically usefulcannabinoids for inhalation—might do the trick. Though not approved for use with marijuana, they can, according to one study, offer less tar than smoking. And while unavailable at WalMart, they're not scarce: Try your local cannabis club or head shop; for general info, log onto the Website of drug-pro Stephen John Carpenter at http://people.delphi.com/sjc/drugs/weed. Meanwhile, scientists are developing other smokeless delivery systems, including inhalers, tinctures and pills, but these must pass FDA muster before they hit your local pharmacy —SG

For more on how to get and use medical marijuana, including cautions about drug laws, see "Reefer Rap" and "Get Baked," POZ, April 1999.

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