Medical Marijuana

Reefer madness?

December 1, 1994 By Bob Roehr

San Francisco's Cannabis Buyer's Club is a marijuana-lover's paradise, featuring seven different grades of the stuff, capsules filled with olive oil-soaked marijuana and brownies with ingredients that would make Sara Lee blush. Up to 300 people flock to the club's Market Street location every Monday, Wednesday and Friday. Dennis Peron, founder of the 1,700 member club, marvels at its success. "It's incredible. We've become the McDonald's of marijuana." Talk about happy meals.

On any given day, the club's sofas and chairs are strewn with members who gather to socialize and partake of the magical weed -- not necessarily as a way to "tune in, turn on, drop out" but as an integral part of their medical treatment. Among them is John, just one of the many PWAs who are now turning to marijuana to treat ailments ranging from nausea to depression. "Marijuana is among the many things that I have to take in order to survive," John says. "If it came down to it, I would pick four: d4T, marijuana, Zoloft and happiness."

John wasn't a pothead -- black concert T-shirt, bandanna, you know -- prior to experiencing regular nausea; he toked only about once every six months. And he still wouldn't call himself a pothead, even though lately he's been lighting up every day. "I really only need a hit, a tiny hit or two, just a little bit to ease the nausea from the d4T." He says a combination of marijuana and Megace, an appetite stimulant, was his prescription for a 30-pound weight gain over a period of six months.

Marijuana is being touted as a wonder drug by many, regardless of HIV status. "This is a drug that works," says Dennis Peron. "This stuff would be legal if it had any other name besides marijuana." And therein lies the hitch. Despite abundant anecdotal and some clinical evidence that attests to the drug's power to relieve many symptoms of illness, as well as the side effects of other drugs, medical marijuana remains illegal.

A 1991 survey published in the *Journal of Clinical Oncology* reported that 54 percent of the cancer specialists who responded concluded that "marijuana should be available by prescription." But physicians haven't been able to start scrawling "take two tokes and you won't have to call me in the morning" on their pads just yet. While they are able to write prescriptions for so-called harder drugs such as cocaine and morphine, their hands continue to be legally tied when it comes to prescribing marijuana.

Because the plant cannot be patented, medical-marijuana advocates say that pharmaceutical companies have little incentive to bankroll research that will verify the drug's basic effectiveness, much less provide more specific information about how much (or little) pot to smoke for optimum relief. "The politics of profit are behind [the stonewalling of marijuana]," argues Washington, D.C. activist Greg Scott. "Big drug companies don't make a profit off anything we grow on our windowsills."

But take marijuana's main active ingredient, THC, isolate it, synthesize it, manufacture it in a pill and -- *voilá* -- you've got a new patentable drug, Marinol. Some doctors have started prescribing this highly regulated prescription drug, generically known as dronabinol and manufactured by Roxane, to their HIV positive patients. Marinol was first approved for use in the treatment of vomiting and nausea associated with chemotherapy. Of course, as any veteran of the '60s (or of the decade's nostalgia industry) knows, pot has a much more well-known side effect than relief of nausea -- it causes the munchies. Almost as soon as the drug was approved by the Food and Drug Administration (FDA) two years ago, some physicians began prescribing it off-label to kick-start patients who were suffering from lack of appetite into eating.

Dr. Dan Berger, medical director of the Center for Special Immunology in Chicago, is one of those physicians. Berger says he would not encourage his patients to smoke marijuana because of its possible effects on the lungs and the sometimes questionable content of street-bought marijuana. But he reports that many of his patients have experienced substantial weight gains after being prescribed Marinol. Although the wonders of Marinol may be accompanied by a fair share of side effects, such as forgetfulness, drowsiness and sedation, Berger says that patient response has been positive overall.

With all this positive patient feedback, why are many doctors still reluctant to prescribe Marinol to their patients?

For one, at about $800 a months, Marinol is expensive. And it isn't exactly the kind of medication you can find nestled between the Tylenol and the toothpaste at your local drugstore: The Drug Enforcement Administration (DEA) closely monitors how often Marinol is prescribed. And by whom. Some physicians are worried that by prescribing the drug, and especially renewing a prescription, they could be raising a red flag at the DEA that they are somehow abetting shady behavior. Other physicians themselves believe prescribing Marinol is morally questionable. "Some doctors may think that Marinol is an excuse to get high," Berger says. But he quickly adds that "the drug doesn't really have that effect."

So if there's this marijuana-like drug Marinol that has similar treatment effects, why do some activists still push for the legalization of traditional marijuana? They say that while Marinol usually takes several hours for an effect to be felt, smoked marijuana is immediately effective. Some also believe that THC is just one of many important medicinal chemicals in pot. The drug works best, they say, when taken in natural form. The FDA, however, unrelentingly asserts that there is no data proving marijuana's effectiveness.

“That’s just absurd,” says Dr. Doug Ward, a D.C. physician with a large AIDS practice. “The fact that Marinol was approved tells me that marijuana must work. I’m no big proponent of marijuana, but on the other hand, there is very little question that there’s a medical use for it.”

The future of medical marijuana is not bright at present. Stephen Smith, founder of the Washington, D.C.-based Cannabis Buyers Club, blames Clinton. “Under Reagan and Bush, more people were approved to use medical marijuana under compassionate use than have been under Clinton, who has approved zero.” Dennis Peron is equally blunt. “Repression is big business,” he says. “The DEA is just using AIDS patients as pawns in this escalating, never ending, phony war on drugs.”

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