Considering Cannabis

In states where it is legal, medical marijuana helps some HIV-positive people cope with living their lives.

August 6, 2010 By John-Manuel Andriote

In the states of California and Washington, since 1996 and 1998, respectively, medical marijuana has been legally available for people with HIV, cancer and other serious health challenges. Heading west this past spring from my home in Connecticut, I set out to learn about the states' medi-pot programs. Okay, I admit it. I also hoped to score a bit of medicine, too.

Nationally, 14 states plus the District of Columbia allow medical marijuana use. Most of these consider anyone with HIV/AIDS eligible for medical pot. Many HIV-positive people use marijuana to treat nausea, appetite loss, the pain of neuropathy, chronic bowel problems and even anxiety. "When appropriately prescribed and monitored," the American Academy of HIV Medicine stated in 2007, "marijuana/cannabis can provide immeasurable benefits for the health and well-being of our patients."

So it is not surprising that some people with HIV use marijuana for medical purposes, whether it's legal or not. And a whopping 89 percent of the men participating in the long-term Multicenter AIDS Cohort Study (MACS) acknowledged using pot, though they weren't asked whether it was legally obtained.

In Seattle, I interviewed Robert Wood, MD, recently retired AIDS chief for the Seattle/King County public health department. Based on his experience, which dates to the early 1980s, Wood said pot helps many positive people in the aforementioned ways. And while it seems to help some people sleep, he noted, it can have the opposite effect for others.

John Moore, a San Francisco man living with HIV since 2004, told me his doctor recommended pot to treat lipoatrophy. "Weed does not help lipoatrophy [a condition that results in loss of body fat], OK?" he said, fairly winking. But it can alleviate the emotional impact of lipo and other HIV side effects.

"It provides a sense of well-being and allows me to get away temporarily from anxieties," Moore said. "Some would say it's an illusion, but so what? I think we should be looking at it like any other medicinal substance."

Indeed, the placebo effect can be useful. As Josiah Rich, MD, professor of medicine and community health at Brown Medical School at Providence, Rhode Island, said: “Whether the benefit is from marijuana or from the belief that it is helping, it has a real effect for some people suffering from symptoms related to HIV or HIV meds.”

The road to legalization has been long. In 1999, the Institute of Medicine, which advises the federal government on scientific matters, asserted “the potential therapeutic value for cannabinoid drugs.” But it took until last year for the American Medical Association to sign on.

Moreover, federal law still outlaws marijuana. But in 2009, the justice department directed prosecutors to lay off people using medical cannabis in states where it’s legal. In San Francisco, the city instructed the police department not to arrest people for having medical marijuana. Apparently, the directive worked. “I get on the bus in the morning,” Moore said, “and the whole thing reeks of weed because so many people are carrying it.”

Unfortunately for me, California, like all the other medical pot states, limits the use of legal marijuana to state residents. Only a few states offer reciprocity for visitors from other legal-marijuana states who run out of medicine.

Obtaining medical pot is a pretty standard process for residents of the states offering it. First, you need a doctor’s medical recommendation (not a prescription). If having HIV isn’t enough, your doctor will want to know what specific ailments you are trying to address.

The referral—and a fee, ranging from $100 in Michigan to $150 in Nevada—will get you a one-year, state-issued ID card, usually from the state health department. Some states have dedicated medical pot offices, such as Vermont’s Marijuana Registry. The ID card allows you to avoid arrest and—important for people with compromised immune systems—avoid low-quality marijuana, possibly mixed with mystery compounds.

You might pick up your new medicine in a state-licensed dispensary or “compassion center,” as Rhode Island calls them. In most states, a license also entitles you to grow a limited amount of pot. (See sidebar for further details.)

Moore described the San Francisco dispensary he uses as a trailer-type building—like a teashop, but with bulletproof glass. “Behind [that] glass,” he explains, “is a woman sitting with a cash register. A white board on the wall lists what they have. Then there are big jars with different types [of cannabis]”—bearing names such as Purple Haze and White Widow.

“Everything is priced by an eighth of an ounce,” Moore said. Prices are as high as $60 for high-quality grass, to a mere $20 for what’s commonly called “shake,” the stems and seeds that can be added to melted butter to make a spread. Insurance companies and third-party payers won’t (yet?) pay for medical marijuana, so it’s all out of pocket.

I didn’t see the dispensary, but Moore did take me into a smoke shop on 18th Street, half a block

from the intersection of Castro, and pointed out the shelf of vaporizers. Instead of smoking, he uses one of these.

“You put the weed in this little mesh chamber at the end of a short hose,” he said. “And you attach that above a heating element that heats but does not burn the herb, then inhale from the other end.“

Smoking pot can harm the lungs, the Institute of Medicine first warned in 1999. In contrast, vaporizers produce “little or no exposure” to the unhealthy chemicals smoking generates, including carbon monoxide and benzene, according to University of California at San Francisco researchers, led by longtime HIV and cancer doctor Donald Abrams, MD. What’s more, they found that a vaporizer produced higher plasma levels of THC (tetrahydrocannabinol, marijuana’s ?active ingredient) than smoking.

Back in Providence, in his HIV clinic, Josiah Rich recommends a vaporizer to avoid lung damage. “But,” he adds, “smoking small amounts is not unreasonable.” In the name of research, I tried a vaporizer. As promised, the device eliminates the coughing and irritation associated with smoking weed.

Beyond the known risks of smoking, there’s been at least a squeak of a warning about cannabis for people with HIV—from a “humanized” mouse.

Researchers at UCLA infected a specially engineered mouse with an HIV-like virus, then gave it THC. They concluded the cellular damage they observed could mean that THC might slightly speed up the progress of untreated HIV.

But Abrams found that neither smoked nor synthetic THC—dronabinol, in prescription Marinol tablets—affects viral load or interacts with HIV meds. In fact, he said, the research shows that marijuana “actually improved immune function after 21 days of smoking three times a day.” And so far, no other research has confirmed those mousy data.

All medications have side effects and trade-offs. For example, the side effects of the HIV meds I take are diarrhea, headache, nausea, stomach pain or upset, tiredness, vomiting and weakness. By contrast, marijuana, whose most common side effect is “euphoric mood,” stacks up amazingly well.

Who among us wouldn’t put up with a bit of a buzz to be able to eat, move or sleep normally? And it only makes sense that eating, exercising and sleeping better will improve our chances of surviving HIV.

States of Grass
Where medical marijuana is legal, where you can grow it and where you can find more details:

MEDI-MJ IS LEGAL IN	YOU CAN GROW:	FOR SPECIFIC STATE INFORMATION:
Alaska	6 plants	hss.state.ak.us/dph/bvs/marijuana.htm
California	18 plants	www.cdph.ca.gov/pubsforms/forms/Pages/MedicalMarijuanaProgram.aspx
Colorado	6 plants	cdphe.state.co.us/hs/medicalmarijuana/
District of Columbia	not permitted	stopthedrugwar.org (search “D.C. medical marijuana”)
Hawaii	7 plants	hawaii.gov/psd (search “medical marijuana”)
Maine	6 plants	maine.gov/legis/lawlib/medmarij.html
Michigan	12 plants	michigan.gov/mdch (search “medical marijuana”)
Montana	6 plants	dphhs.mt.gov/medicalmarijuana/
Nevada	7 plants	dpbh.nv.gov/Reg/Medical_Marijuana/
New Jersey	not permitted	www.state.nj.us/health/med_marijuana.shtml
New Mexico	16 plants	www.health.state.nm.us/idb/medical_cannabis.shtml
Oregon	24 plants	oregon.gov/DHS/ph/ommp/
Rhode Island	12 plants	www.health.ri.gov/hsr/mmp/index.php
Vermont	9 plants	dps.state.vt.us/cjs/marijuana.htm
Washington	15 plants	www.doh.wa.gov/hsqa/medical-marijuana/default.htm

Other useful websites:
National Organization for the Reform of Marijuana Laws (norml.org)
Marijuana Policy Project (safeaccessnow.org)
StopTheDrugWar.org
ProCon.Org (medicalmarijuana.procon.org)

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