

The Medical Use of Marijuana

A Position Statement from the Toronto People With AIDS Foundation Board approved: May 1999

Marijuana in the Treatment of AIDS : Context

Anyone who has worked in the HIV/AIDS community for any length of time has seen the devastating effects of AIDS-related wasting, or involuntary weight loss. Wasting reduces healthy men and women to skin and bones; it is horrifically weakening and debilitating; it is also one of the strongest indicators of increased risk of death.

One cause of wasting is inadequate food intake due to nausea and/or lack of appetite, which are common manifestations of HIV infection (compounded by the gastrointestinal absorption problems also common with HIV). A number of prescription appetite boosters are available, which have varying success rates. As an HIV/AIDS support agency, we have dealt with many people who have tried the “standard” appetite boosters to no avail, but for whom marijuana is very effective. In the words of one of them, “it’s the only thing that works”. For these people, marijuana makes the difference between continuing to live a comparatively healthy life, and literally wasting away to death.

Not only can AIDS itself cause wasting, but perversely, the treatments intended to fight HIV very often lead to nausea, vomiting, and appetite loss. Nausea is a very common manifestation of a wide range of medications, eg:

- 23 to 26% of patients taking ritonavir,
- 47% of patients taking both ritonavir and AZT,
- virtually all patients on chemotherapy for AIDS-related cancers, such as lymphoma and Kaposi's Sarcoma.

For many who are on these treatments, marijuana provides relief, not only restoring appetite, but greatly improving the quality of life for those who would otherwise face chronic, debilitating nausea and vomiting.

Viewpoints from the Medical Community

People with HIV/AIDS are not the only ones who stand to benefit from the medical use of marijuana, nor are community HIV/AIDS activists the only ones to endorse it. The *Journal of the American Medical Association* published an editorial in June '95 pleading for progressive thinking on the subject. Other distinguished medical journals such as *The Lancet* and the *Journal of Clinical Oncology* have also addressed the issue:

In a study published in the *Journal of Clinical Oncology* in 1993, Harvard researchers found that 44 percent of surveyed cancer specialists had advised chemotherapy recipients to smoke marijuana to alleviate nausea. Almost half said they had advised patients to break the law, if necessary, to obtain the drug. Roughly 70 percent said they would prescribe marijuana, in some cases, if it were legal.

- Greg Beaubien, *Plusvoice* magazine, Jan/Feb 1994

In spite of all this, marijuana remains legally impossible to obtain for those who could benefit from it. The reasons for this are basically threefold:

- Since marijuana is grown, not manufactured, it is difficult to regulate in the same way as pharmaceuticals, and impossible to patent.
- There may be harmful effects deriving from the fact that it is smoked.
- One of its other effects is mild euphoria. That is to say, it can actually be enjoyable: this may be the most problematic point of all.

Pharmaceutical Alternatives?

The profit-driven pharmaceutical industry has addressed the first two of these issues by formulating dronabinol (also called nabilone, Marinol, or Cesamet), a synthetic version of cannabis' active ingredient, tetrahydrocannabinol or THC. Therefore, we now have an expensive, synthetic, patented alternative to an inexpensive, natural, widely available substance - which somehow automatically confers a measure of credibility. Although some people do report success with dronabinol, many do not: its dosage and effects are more difficult to control than with smoked marijuana, and the effect is delayed. Adverse reactions, such as severely unpleasant anxiety attacks, are more common with dronabinol than with marijuana - possibly because marijuana contains other elements which may help to alleviate the negative THC-associated reactions.

The most legitimate criticism of cannabis may be the possible harm caused by smoking. Although this does provide some justification for synthetic alternatives, it is also possible to avoid the negative effects of smoking by taking cannabis in other forms: eg, tinctures or capsules. At any rate, the quantities smoked are so small compared to typical levels of tobacco consumption, that this factor is probably overemphasized.

"Medical" vs. Recreational

Realistically, the crux of the problem is almost certainly a reluctance to endorse anything that people might actually get high on, and the fear that such a system might be abused by those who are “not that sick” and just want to get at the weed.

Yet consider the perfectly legal availability of a myriad of more addictive, more potentially dangerous prescription drugs - tranquilizers, amphetamines, even opiates such as morphine. Moreover, tobacco and alcohol - with *no* beneficial health qualities and innumerable dangers, including addiction - can be purchased by any adult. Use vs. abuse of drugs is a universal concern that obviously merits attention, and must be controlled by some means. But there is nothing inherently or qualitatively different about marijuana to justify its exclusion from this system.

One of the central issues here may be some sort of expectation that "legitimate" medicines are not meant to be enjoyable. Medications that cause vomiting, diarrhea, anemia, bone marrow suppression, liver, kidney, and pancreatic damage, and worse are all accepted as standard in the treatment of HIV/AIDS and other diseases. Yet a drug that can result in feeling happy and good is often automatically condemned, even when that effect is not the central reason for its use. The justification for this, if analyzed honestly, is far more puritanical than logical. It is also unethical, as it not only withholds life-improving treatments from sick people, but actually forces them to become criminals.

Current Legal Status

Jim Wakeford, a Toronto man with AIDS, recently succeeded in a legal challenge relating to the medical use of marijuana. The Ontario Superior Court decided that Mr. Wakeford's right to “liberty” and “security of the person” was affected by the provisions of the Controlled Drugs and Substances Act. It is constitutional to infringe these rights if it is done with due process or a fair procedure. Because there was no genuine process by which Mr. Wakeford could ask to be exempted from the CDSA, the court said that his constitutional rights had been denied. It said that he was entitled to grow, possess, and use marijuana until the government develops a complete exemption application process, and determines whether Mr. Wakeford should be exempt. The court praised the government for beginning work on an exemption process so quickly, but expressed concern about the Interim Document which asks exemption applicants to identify the anticipated source of marijuana. The court suggested that an applicant would have the legal right not to answer such an unfair question.

While this legal decision applies only to Jim Wakeford, the result is that the government is working on an exemption application process which could benefit many people with HIV or AIDS. Unfortunately, the final process may not be ready soon. In the meantime, those who would benefit as much as Mr. Wakeford are still subject to arrest for the possession of marijuana for medical use.

Our Position

Due to the factors touched on above, we are living not only with HIV/AIDS, but with a situation in which a needed treatment is not available through the normal system of medical regulation and control. In the absence of such a system, people are forced to act outside the law to access the treatment they need. And so they and their care providers become subject to legal harassment and prosecution, as though their illness were not burden enough.

We at the Toronto PWA Foundation strongly voice our support for the people living with HIV/AIDS, cancer, multiple sclerosis, and other dire conditions, who are doing what they must to improve their well-being. The mission of the Toronto People With AIDS Foundation is “to promote the dignity and self-sufficiency of people living with HIV disease and AIDS.” We believe we have a moral obligation to support the right of people with HIV/AIDS to access marijuana for their medical use, safe from legal recriminations. It is not a crime to want to be well.