Letter to the Editor
New York Times
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Philip J. Hilts' otherwise excellent article "After a two decade halt, marijuana research is set" [NYT 12/15/01 A-11] is incomplete in its analysis of the events that led to two studies on medicinal cannabis being approved now: it leaves the inaccurate impression that the passage of referendums in western states seeking to allow patient access to marijuana for medical purposes was the most important factor leading to recent Federal approvals.

While the political pressure of these western initiatives no doubt played a significant role, Hilts fails to mention two equally important developments. First, research has uncovered receptors for cannabis compounds in the brain and other tissues, and, more recently, the body's inbuilt [endogenous] signaling molecules that activate this endocannabinoid system have been characterised. Gradually the functions of these systems are becoming understood. For example, the endocannabinoid system is probably involved in central nervous system excitability, movement, and feeding behaviors, including newborn suckling. These scientific insights, which we did not have 25 years ago, have been pivotal in stimulating greater interest in both basic and clinical research on cannabis and related compounds.

Second, the fact that these new studies were developed at all stemmed from the foresight of the Legislature and Governor of California, who decided that future policy on medicinal cannabis would be best informed by medical fact rather than unsubstantiated opinion. The Center for Medicinal Cannabis Research [CMCR] at the University of California thereby created in turn identified the priority areas for study and assisted investigators to develop state of the art proposals. Only those that met the most exacting standards of scientific review were forwarded for Federal consideration. I believe that this rigorous process and resultant quality of proposals played a decisive role in persuading Federal officials to approve these studies. Though Hilts mentions the CMCR as financing the studies, he misses the CMCR's more important contributions to securing Federal approval. Hopefully the California example might spur governments in other states with strong medical research universities to establish similar programs, thus enhancing the generalizability of whatever results might come from CMCR research.

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