After Two-Decade Halt, Marijuana Research Is Set
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By Philip J. Hilts
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Research on the medical uses of marijuana is scheduled to begin early next year, for the first time in nearly two decades, now that the government has approved new experiments to test whether smoking it can help patients who have multiple sclerosis or who suffer from pain in their limbs as a result of AIDS.

The new approvals, granted in Nov. 28 by the Drug Enforcement Administration, do not make it legal for doctors to give their patients marijuana as treatment; they merely provide for limited use in scientific experiments. IN some states, state law allows doctors to prescribe or recommend marijuana; federal law prohibits the practice, however, even in those states.

The D.E.A. approved two experiments when it acted late last month, and expects to approve a third soon. Officials at the agency said the approval did not amount to a policy change, since experiments to discover medical uses of marijuana had never been prohibited. Rather, said Terry Woodworth, deputy director for diversionary control, scientists and the public agencies that finance research has changed their attitudes about the value of such experiments.

But Paul Armentano, a spokesman for the National Organization for the Reform of Marijuana Laws, or Norml, said the approvals “have ended a two-decade-long federal de facto prohibition on medical research on marijuana.”

“This is not much yet,” Mr. Armentano added, “but it is recognition by the federal government that it cannot prevent all work from going forward.”

Marijuana experiments required the approval of several federal agencies; the D.E.A.’s approval is the final one, providing the licensing of the researchers.

The experiments already given that approval, the third expected to get it soon and eight others now wending their way through the state and federal approval pipeline are all scheduled to take place in California and have been financed by the Center for Medicinal Cannabis Research run by the University of California.

One of the two studies already approved will concern multiple sclerosis patients. Some of the patients say they have muscle rigidity that is not relieved effectively by other drugs, and in any case those drugs have unwanted side effects. Dr. Jody Corey-Bloom, who will lead this study, at the University of California at San Diego, cites anecdotal accounts that marijuana can relieve that muscle pain and rigidity.
IN the other approved study, also at the San Diego campus, Dr. Ronald Ellis will try to determine whether marijuana can relieve a kind of pain in the hands and feet, known as peripheral neuropathy, that sometimes effect H.I.V. patients.

Dr. Donald Abrams will also study that condition at the University of California at San Francisco, in the experiment due for final approval soon.

Dr. Abrams, who has long sought to carry out marijuana studies in AIDS patients, said that among the most important factors of getting the research approved were referendums five years ago in which the voters of California and Arizona made it state law for patients to be allowed to get marijuana for their illnesses.

After those proposals had passed, scientific committees at the government-chartered Institute of Medicine and at the National Institutes of Health reported that there was little evidence that marijuana had medical usefulness, but that rigorous studies would be worthwhile.

The coming experiments will compare the effects of marijuana cigarettes with the effects of placebo cigarettes (those with the active ingredients of marijuana removed).

The marijuana cigarettes will come from a supply grown at the University of Mississippi under the auspices of the National Institute on Drug Abuse, said Richard Doblin, president of the Multidisciplinary Association for Psychedelic Studies, a group that advocates research into the medical use of psychoactive drugs. He said one problem with the new research was that the Mississippi marijuana was very low in potency, a factor that might hamper the medical effects.

Marinol, an approved prescription drug that has been available for some years, contains an active ingredient from marijuana plants. But researchers say natural plants contain many psychoactive agents that are missing from the commercial product. In addition, Dr. Abrams said, it takes hours for the full effects of the capsules to be felt, whereas smoking marijuana produces effects in minutes; the capsules, then, may not be the best way to deliver the drug.

Experiments using marijuana to stimulate appetite and prevent nausea were conducted in the United States until the early 1980’s. After that, Mr. Doblin said, disapproving attitudes from the federal government and among research agencies led scientists to believe that financing of medical marijuana studies would be difficult to find.

But after referendum in California and Arizona in 1996, the focus shifted to the question of whether such medical use could be supported by scientific evidence.