

# national news

Supporters of medical marijuana are smiling after a week of dancing around the issue in Washington, D.C. A panel of experts convened by the National Institutes of Health concluded that there are legitimate areas of research for the herb. They include AIDS wasting, nausea associated with chemotherapy, symptoms of multiple sclerosis, and glaucoma. A final report will be out in about a month.

The White House has launched a "war on doctors" charged Dave Fratello, spokesman for Americans for Medical Rights, the group behind the California medical marijuana initiative. "There is no scientific or moral basis for [drug czar] General McCaffrey to punish physicians who recommend marijuana" for medical purposes, he said at a Feb. 18 news conference.

Fratello cited a nationwide poll of 1,002 people conducted in early February by Lake Research. In answer to the question "Should doctors be able to prescribe marijuana for medical purposes to seriously or terminally ill patients?" 60 percent of those surveyed said yes, while 30 percent said no.

Fratello chastised McCaffrey for claiming there is no research to support the efficacy of marijuana. He pointed to a "compendium of research, over 75 studies and articles in peer review journals which testify to the medical value of marijuana. And it is being ignored."

Gary Rose spoke for the AIDS Action Council: "We are demanding that the DEA [Drug Enforcement Agency] and NIDA [National Institute for Drug Abuse] release marijuana immediately for the FDA-approved study of medical marijuana and AIDS wasting. And second, that the same agencies reopen the treatment IND [investigative new drug] study for patients who need medical marijuana now."

Rose told the audience that half the states under the AIDS Drug Assistance Programs cannot afford to provide existing drugs like protease inhibitors. "They are certainly not going to be able to provide something like Marinol [the THC equivalent of marijuana] at \$1,000 per treatment cycle" for nausea and weight gain.

"We have a drug [in marijuana] that is strongly suggested to be safe and effective. What we need is a Phase II study to define dosages," he said. Rose reminded the group that the previous week another NIH panel called politics the major impediment to effective prevention policies for HIV. He concluded that "again we have political prejudice overcoming sound principles of public health."

"Those of us who are HIV positive need access to marijuana," said Steve Michael of ACT

## Overdue conclusion

*The medicinal applications of marijuana deserve further investigation, says panel of experts*

by Bob Roehr

UP-Washington. He believes the Clinton administration "looked for the weak link" in its war on drugs and focused on medical use of marijuana and doctors instead of expanding drug treatment programs.

The NIH conducted a Workshop on the Medical Utility of Marijuana held Feb. 19-20. Eight outside experts heard presentations, deliberated, then unanimously agreed that marijuana "looks

AIDS. He suggested research to learn the impact of marijuana on viral replication and the immune system. He warned that the current classification of marijuana as a Schedule I drug requires "some protection for participants" in any clinical trial.

Kenneth Johnson, M.D., chairman of the department of neurology at the University of Maryland Hospital, said he was excited by recent discoveries (in 1990 and 1992) of cannabinoid

for whom it worked. She wants to find out who it works for and why.

Avram Goldstein, M.D., professor emeritus of pharmacology at Stanford University, called smoking "an outstanding route" for administering drugs because bioavailability is very good and immediate, allowing the patient to regulate the dose to need. "Whereas bioavailability by the oral route," he said, "is both not good and not predictable in general," due to variations in how each body metabolizes drugs and the length of time before they take effect.

Fellow panel member Mark Kris, M.D., a physician at Memorial Sloan Kettering Cancer Center, noted that many people don't like Marinol because "it zones them out." He saw the benefits of administration through the lungs but pointed to the need for "another inhaled vehicle other than smoking." Most hospitals have become smoke-

free buildings, he said, while many patients have an aversion to smoke, and the group setting in which much chemotherapy is administered would make smoke impractical.

Goldstein said the characteristics of cannabinoids suggest that they would be particularly effectively distributed through a skin patch system. That would make sense for situations requiring extended use of the product, such as in treating glaucoma.

Alternative delivery systems may in fact help accomplish two things. First they could help distinguish medicinal from recreational use. Second, the pharma-

ceutical industry could see profit in developing these delivery systems and invest in basic research into marijuana and its active properties. That would likely help medical legalization.

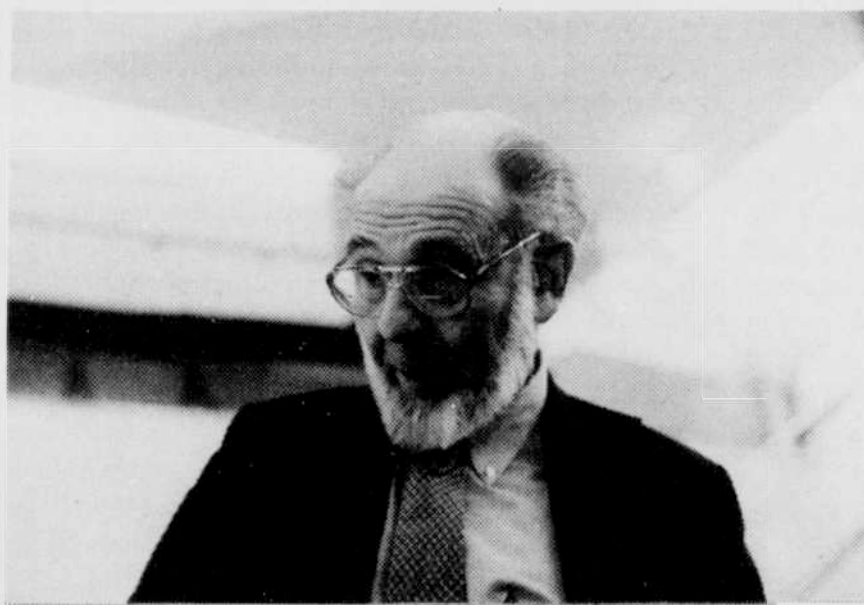
But as Goldstein warned, all of these processes take money to develop and gain approval from the FDA. That adds to the final cost borne by the patient. He believes "a plant product could be made available more cheaply and should be put forth into the equation."

Reporters at the concluding news conference pressed the panel members and NIDA director Alan Leshner on whether the problem was scientific or political. The argument was like a dog chasing its tail. Leshner kept saying there was little scientific data and only one request in the past several years to conduct such research. And all the while he ignored political considerations which effectively closed down that research more than a decade ago.

Dave Fratello was encouraged by the tone of the meeting and was hopefully optimistic, but he is worried about the politics: "Just because the science moves forward doesn't guarantee that the issue will move forward."



Gary Rose



Avram Goldstein

promising enough to recommend there should be some controlled studies," said chair William Beaver, M.D. He is professor of pharmacology and anesthesia at the Georgetown University School of Medicine.

AIDS researcher John P. Phair, M.D., professor of medicine at Northwestern University Medical School, saw "clear evidence that smoking marijuana does affect caloric intake" in people with

receptors throughout the body. "To lock these advances into our social problems would be a disaster for a lot of people who could benefit" from what we are just beginning to find out.

Epidemiologist Julie E. Buring, from Harvard Medical School, was "extremely respectful of anecdotal data" on the effectiveness of marijuana. But she cautioned that it only gives part of the answer, because you tend to hear only from those

### IRS says, No way

Is medical marijuana a deductible medical expense for residents of California and Arizona now that medical use of the herb has been approved by voters?

No, says the tax man.

The Internal Revenue Service quietly published a ruling on Valentine's Day that disallows such deductions. But the rule hits more than individual tax returns—it effectively bars company "cafeteria plans," which offer a range of employee benefits, from covering payment for the drug.

The IRS, which normally works at a glacial pace, moved with lightening speed this time. Attorney Donna Crisalli told the *New York Times*, "The administration's interest was one of the reasons we looked into it."

In 1978 the IRS ruled that the expense of laetrile was deductible in states where it was legal, even though two years earlier the Food and Drug Administration had found it had no medicinal value in fighting cancer. That deduction was also removed by the Feb. 14 ruling.

Bob Roehr

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