

An endogenous cannabinoid system has been discovered in the human body, creating new possibilities for medical advances through the manipulation of this system - for example, in the treatment of obesity.

DISCUSSION

Professor Iversen was asked about the indication for epilepsy and Parkinson's Disease. There is a scientific rationale for exploring the potential use of cannabis as a treatment for epilepsy, but there is not yet a body of solid clinical data. He was unaware of any research on Parkinson's disease. The literature on cannabis is full of case studies, but these do not provide a basis for approving treatments and medicines.

Does cannabis/THC have a psychoactive effect when it is used as an analgesic? This is the critical question. Most successful trials have administered cannabis-based drugs in such a way that patients can control dosage to avoid getting 'high'. For most people, there appears to be a 'therapeutic window' within which they get the beneficial analgesic impact without the unwanted psychoactive effect. Patients who could not do this tended to drop out of the trial. Cannabis is not an easy drug to use medically because of this window, which is narrow.

If a psychoactive effect was discernible, then what was used as a placebo in the clinical trials? It could be difficult to ensure that patients were unable to distinguish between active drugs and placebos when testing drugs with an intoxicant effect. There is data on whether the subjects of clinical trials have been able to tell the difference - the answer seems to be that some could and others could not.

Do many people using cannabis illegally take it to self-medicate for anxiety and depression? It is possible, but the data is not there. MS patients who took the drug orally reported a beneficial impact on sleep and other quality of life measures.

THE EFFECTS OF MEDICAL REGULATION OF CANNABIS IN THE USA

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'Marijuana is treated more restrictively in the research context than any other drug of which I am aware ... marijuana is, as far as I know, the most tightly restricted drug in the US'.

Robert Kampia

Marijuana is a Schedule One substance under US law, along with heroin and LSD. Schedule One drugs are not believed to have any medical use, in contrast to Schedule Two drugs such as morphine and cocaine.

OBSTRUCTIONS TO DEVELOPING CANNABIS AS A THERAPY

The politics of cannabis research in the USA is complex and fraught. The federal government 'talks out of both sides of its mouth'. The White House argues that medical use should not be expanded until further research is conducted through the Food and Drug Administration (FDA) process for approving new drugs. But the federal government makes it virtually impossible to conduct this research. The only approved source of marijuana for research purposes in the USA is owned and controlled by the federal government. So it is not possible to secure the basic building blocks to get the research going which is required for FDA approval.

In 1999, the Institute of Medicine released a landmark report, commissioned by the White House at a cost of around one million dollars. It found evidence of therapeutic value, but concluded that the existing evidence base was insufficient for FDA approval. The federal government responded by issuing official guidelines on the conduct of research for the first time. This guidance makes it more difficult to study the therapeutic uses of marijuana in the USA than that of any other drug. Research proposals have to be approved by the FDA, the Drug Enforcement Agency and the National Institute on Drug Abuse. The federal government has also created a special review panel.

Against this background, the Marijuana Policy Project (MPP) has also lobbied for federal acceptance of the general principle that patients who use marijuana for medical purposes, and with a doctor's approval, should not be arrested or imprisoned. This is not accepted by the federal government.

ESTABLISHED THERAPEUTIC APPLICATIONS

The right to use herbal cannabis therapeutically was pursued through litigation in the 1970s. In 1976, a man named Bob Randall was arrested in Washington DC for growing marijuana to treat glaucoma. He argued against his prosecution in the courts on grounds of medical necessity and won. Subsequently, Randall claimed that the federal government should meet his medical needs, and it agreed to ship him monthly supplies