

Title Marijuana use in chronic pain patients.

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Source Clinical Journal of Pain. Vol 23(5), Jun 2007, pp. 466

Descriptors Chronic Pain* Drug Therapy* Opiates* Toxicity* Urine* Epidemiology

Abstract Comments on an article by E. Michna et al. (see record 2007-01396-009). We expected the authors should have taken a firm stand in the use of cannabinoid within the scope of the opioid agreement for chronic pain management. Until a random controlled trial of the use of cannabinoids for pain management/or other medical states is proven it should remain unacceptable to continue the use of Marijuana with concurrent opioid use.

Title Do medical cannabis laws encourage cannabis use?.

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Source International Journal of Drug Policy. Vol 18(3), May 2007, pp. 160-167

Descriptors Cannabis* Caregivers* Drug Laws* Drug Rehabilitation* Drug Therapy Laws Marijuana Laws Marijuana Legalization

Abstract Medical cannabis is a contentious issue in the United States, with many fearing that introduction of state laws will increase use among the general population. The present study examined whether the introduction of such laws affects the level of cannabis use among arrestees and emergency department patients. Using the Arrestee Drug Abuse Monitoring system, data from adult arrestees for the period 1995-2002 were examined in three cities in California (Los Angeles, San Diego, San Jose), one city in Colorado (Denver), and one city in Oregon (Portland). Data were also analysed for juvenile arrestees in two of the California cities and Portland. Data on emergency department patients from the Drug Abuse Warning Network for the period 1994-2002 were examined in three metropolitan areas in California (Los Angeles, San Diego, San Francisco), one in Colorado (Denver), and one in Washington State (Seattle). The analysis followed an interrupted time-series design. No statistically significant pre-law versus post-law differences were found in any of the ADAM or DAWN sites. Thus, consistent with other studies of the liberalization of cannabis laws, medical cannabis laws do not appear to increase use of the drug. One reason for this might be that relatively few individuals are registered medical cannabis patients

or caregivers. In addition, use of the drug by those already sick might "de-glamorise" it and thereby do little to encourage use among others.

Title Barriers to access to medical cannabis for Canadians living with HIV/AIDS.

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Source AIDS Care. Vol 19(4), Apr 2007, pp. 500-506

Descriptors Cannabis* Drug Therapy* HIV* Marijuana Laws* Treatment Barriers* AIDS

Abstract North American studies suggest that as many as one-third of people living with HIV/AIDS self-medicate with cannabis for relief of physical and stress-related symptoms. Although cannabis remains a controlled substance in Canada, legal access has been granted to people with HIV/AIDS and other serious illness under the Marihuana Medical Access Regulations (MMAR) since 2001. Several years into the programme, however, few Canadians (~1400) have obtained MMAR approval, suggesting that substantial obstacles remain. This paper reports findings from a 2005 survey (n = 197) and focus groups conducted to identify barriers to access to medical cannabis among people living with HIV/AIDS. Most (86%) respondents who reported using cannabis as medicine continue to rely on illegal sources for their supply. They cited lack of information, product quality concerns, and an onerous, confusing application process among other problems mentioned with the MMAR. The findings are discussed in terms of policy suggestions for facilitating access to a legal source of cannabis for medical users.

Title Correlates of suicidal ideation among HIV-positive persons.

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Source AIDS. Vol 21(9), May 2007, pp. 1199-1203

Descriptors Demographic Characteristics* Drug Usage* HIV* Psychosocial Factors* Suicidal Ideation*

Abstract Objectives: The present investigation sought to determine the extent to which demographic characteristics, illness-related burdens, alcohol and other substance use, and psychosocial factors are independently associated with suicidal ideation in HIV-positive individuals. Design: HIV-positive individuals in four US cities (San Francisco, Los Angeles, Milwaukee, and New York City) were screened between July 2000 and January 2002 for recruitment into a randomized behavioral prevention trial. Utilizing data from this screening visit, rates and correlates of suicidal ideation were examined in a diverse sample of 2,909 HIV-positive individuals. Methods: Using binary logistic regression study sites, demographic characteristics,

illness-related burdens, alcohol and substance use, and psychosocial factors were entered as predictors of suicidal ideation. This cross-sectional model thus examined the independent effects of each factor. Results: Approximately one-fifth (19%) of participants reported thoughts of suicide in the past week. We observed that participants who were not heterosexual, rated HIV-related symptoms and medication side effects as more severe, reported regular marijuana use, and described elevated affective symptoms of depression were those who were more likely to report suicidal ideation. Conversely, participants who identified as Hispanic/Latino, individuals in a primary romantic relationship, and those who reported greater self-efficacy for coping were less likely to report suicidal ideation. Conclusion: Suicidal ideation among HIV-positive individuals is relatively common and is associated with multiple factors. These independent correlates may assist with identifying HIV-positive individuals who are at increased risk of suicidal ideation so that they may be assessed regularly and referred for psychological treatment when appropriate.

Title Marijuana as therapy for people living with HIV/AIDS: Social and health aspects.

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Source AIDS Care. Vol 19(2), Feb 2007, pp. 295-301

Descriptors AIDS* Drug Therapy* HIV* Marijuana*

Abstract Therapeutic use of marijuana has emerged as an important issue for people living with cancer, HIV/AIDS and multiple sclerosis. This paper examines therapeutic use of marijuana in the Positive Health cohort study, a longitudinal cohort study of men and women living with HIV/AIDS in NSW and Victoria, Australia. Factors that distinguish therapeutic use of marijuana from recreational use were assessed by comparisons on a range of social and health-related variables. The results show that among 408 participants, 59.8% reported some use of marijuana in the past six months. Of those participants (n = 244), 55.7% reported recreational use only of marijuana and 44.3% report mixed use of marijuana for therapeutic and recreational purposes. Multivariate logistic regression analysis showed that participants who used marijuana for therapeutic purposes were significantly more likely than recreational-only users to have used other complementary or alternative therapies, experienced HIV/AIDS-related illness or other illnesses in the past 12 months, had higher CD4/T-cell counts, had lower incomes, be younger in age and less likely to have had a casual partner in the six months prior to interview. These results show that a substantial proportion of people living with HIV/AIDS (PLWHA) use marijuana for therapeutic purposes, despite considerable legal barriers, suggesting marijuana represents another option in their health management. Rather than solely using marijuana in response to illness, the experience of illness may influence a person's understanding of their marijuana use,

so that they come to understand it as therapeutic. Further research might consider possible interactions between cannabinoids and antiretroviral treatments, potential use of oral THC and the difficulties faced by clinicians and PLWHA in discussing marijuana in the current legal context.

Title An Update on the Effects of Marijuana and Its Potential Medical Use: Forensic Focus.

Author Cole, Sherwood1

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Source The Forensic Examiner. Vol 14(3), Fal 2005, pp. 15-23

Descriptors Marijuana Legalization* Marijuana Usage* Marijuana* Medical Treatment (General)* Drug Dependency Mental Disorders

Abstract The public is bombarded with culturally confusing messages about the risks and benefits of marijuana. The public and some professionals view marijuana from two conflicting perspectives, resulting in a lack of a balanced (moderate) view of its action. Some view marijuana as a very dangerous drug while others see it as a harmless drug. Those viewing marijuana as a dangerous drug are supported by the federal government's prohibition of possession and use of the drug and by outdated and unproven horror stories about marijuana-related criminal acts. Those viewing marijuana as a harmless drug base their opinions primarily on personal experiences with the drug and on the belief that the federal government has been lying and exaggerating the potential danger of marijuana. While the latest edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders recognizes marijuana dependence (2000), it is less certain about marijuana withdrawal symptoms and their clinical significance. While the treatment of marijuana dependence is still in its infancy, there appear to be some interesting prospects on the horizon. One of the most interesting and important areas of marijuana research in recent years is the relationship between early marijuana use and the subsequent development of mental illness.

Title Dronabinol and marijuana in HIV+ marijuana smokers: Acute effects on caloric intake and mood.

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Source Psychopharmacology. Vol 181(1), Aug 2005, pp. 170-178

Descriptors Calories* Emotional States* Food Intake* HIV*

Marijuana* AIDS

Abstract Rationale: No studies to date have directly compared the tolerability and efficacy of smoked marijuana and oral dronabinol in HIV+ marijuana smokers. Objectives: The aim of this study was to compare dronabinol (0, 10, 20, 30 mg p.o.) and marijuana [0.0, 1.8, 2.8, 3.9% Δ^9 -tetrahydrocannabinol (THC)] in two samples of HIV+ marijuana smokers: those with (n=15) and those without (n=15) a clinically significant loss of muscle mass (<90% body cell mass/height), which is one component of AIDS wasting. Methods: Mood, physical symptoms, self-selected food intake, cardiovascular data, and cognitive task performance were measured before and repeatedly after dronabinol and marijuana administration in eight 7-h sessions. Marijuana and dronabinol were administered in randomized order using a within-subject, staggered, double-dummy design. Results: As compared to placebo, (1) marijuana (1.8, 2.8, 3.9% THC) and the lower dronabinol doses (10, 20 mg) were well tolerated (e.g., few physical symptoms, significant increases in ratings of "good drug effect") in both groups of participants; the highest dose of dronabinol (30 mg) was poorly tolerated in a subset of participants; (2) marijuana and dronabinol significantly increased caloric intake in the low bioelectrical impedance analysis (BIA) group but not in the normal BIA group; and (3) drug effects on cognitive performance were minor. Conclusions: These data suggest that for experienced marijuana smokers with clinically significant muscle mass loss, both dronabinol (at acute doses at least four to eight times the current recommendation) and marijuana produce substantial and comparable increases in food intake without producing adverse effects.

Title Cannabis use in HIV for pain and other medical symptoms.

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Source Journal of Pain and Symptom Management. Vol 29(4), Apr 2005, pp. 358-367

Descriptors Cannabis* Drug Therapy* HIV* Pain Management* Symptoms* AIDS Side Effects (Drug)

Abstract Despite the major benefits of antiretroviral therapy on survival during HIV infection, there is an increasing need to manage symptoms and side effects during long-term drug therapy. Cannabis has been reported anecdotally as being beneficial for a number of common symptoms and complications in HIV infections, for example, poor appetite and neuropathy. This study aimed to investigate symptom management with cannabis. Following Ethics Committee approval, HIV-positive individuals attending a large clinic were recruited into an anonymous cross-sectional questionnaire study. Up to one-third (27%, 143/523) reported using cannabis for treating symptoms. Patients reported improved appetite (97%), muscle pain (94%), nausea (93%), anxiety (93%), nerve pain (90%), depression (86%), and paresthesia (85%). Many cannabis users (47%) reported associated memory deterioration. Symptom control using cannabis is

widespread in HIV outpatients. A large number of patients reported that cannabis improved symptom control.

Title Epidemiologic review of marijuana use and cancer risk.

Author Hashibe, Mia¹; Straif, Kurt¹; Tashkin, Donald P.²; Morgenstern, Hal³; Greenland, Sander⁴; Zhang, Zuo-Feng⁴

Affiliation (1)International Agency for Research on Cancer, Lyon, France; (2)David Geffen School of Medicine at UCLA, Los Angeles, CA, US; (3)Department of Epidemiology, University of Michigan School of Public Health, Ann Arbor, MI, US; (4)Department of Epidemiology, UCLA School of Public Health, Los Angeles, CA, US

Source Alcohol. Vol 35(3), Apr 2005, pp. 265-275

Descriptors Marijuana* Neoplasms* Risk Factors* Carcinogens Tobacco Smoking

Abstract Marijuana is the most commonly used illegal drug in the United States and is considered by young adults to be the illicit drug with the least risk. On the other hand, marijuana smoke contains several of the same carcinogens and co-carcinogens as the tar from tobacco, raising concerns that smoking of marijuana may be a risk factor for tobacco-related cancers. We reviewed two cohort studies and 14 case-control studies with assessment of the association of marijuana use and cancer risk. In the cohort studies, increased risks of lung or colorectal cancer due to marijuana smoking were not observed, but increased risks of prostate and cervical cancers among non-tobacco smokers, as well as adult-onset glioma among tobacco and non-tobacco smokers, were observed. The 14 case-control studies included four studies on head and neck cancers, two studies on lung cancer, two studies on non-Hodgkin's lymphoma, one study on anal cancer, one study on penile cancer, and four studies on childhood cancers with assessment of parental exposures. Zhang and colleagues reported that marijuana use may increase risk of head and neck cancers in a hospital-based case-control study in the United States, with dose-response relations for both frequency and duration of use. However, Rosenblatt and co-workers reported no association between oral cancer and marijuana use in a population-based case-control study. An eightfold increase in risk among marijuana users was observed in a lung cancer study in Tunisia. However, there was no assessment of the dose response, and marijuana may have been mixed with tobacco. Parental marijuana use during gestation was associated with increased risks of childhood leukemia, astrocytoma, and rhabdomyosarcoma, but dose-response relations were not assessed. In summary, sufficient studies are not available to adequately evaluate marijuana impact on cancer risk. Several limitations of previous studies include possible underreporting where marijuana use is illegal, small sample sizes, and too few heavy marijuana users in the study sample. Recommendations for future studies are to (1) focus on tobacco-related cancer sites; (2) obtain detailed marijuana exposure assessment, including frequency, duration, and amount of personal use as well as mode of use (smoked in a cigarette, pipe, or bong; taken orally); (3) adjust for tobacco smoking and conduct analyses on nonusers of tobacco; and (4) conduct larger studies, meta-analyses, or pooled analyses to maximize statistical precision and investigate sources of differences in results. Despite the challenges, elucidation of the association between marijuana use and cancer risk is important in weighing the benefits and risks of medical marijuana use and to clarify the impact of marijuana use on public health.

Title Physician attitudes regarding the prescription of medical marijuana.

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Source Journal of Addictive Diseases. Vol 24(3), 2005, pp. 87-94

Descriptors Health Personnel Attitudes* Marijuana Legalization* Marijuana* Physicians* Prescribing (Drugs)*

Abstract Surveys of physicians' attitudes regarding the therapeutic value of marijuana are rare. Drawing on a national sample of family physicians, general internists, obstetrician-gynecologists, psychiatrists, and addiction specialists, 960 (adjusted response rate 66%) offered opinions about the legal prescription of "marijuana as medical therapy." Thirty-six percent believed prescribed marijuana should be legal and 26% were neutral to the proposition. Non-moralistic attitudes toward substance use were significantly associated with support for physician prescription, as was internal medicine and obstetrics-gynecology specialization. Physicians are, in general, less supportive than the general American public regarding the use of medical marijuana.

Title "Sending the Wrong Message": Did Medical Marijuana Legalization in California Change Attitudes About and Use of Marijuana?.

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Source Journal of Drug Issues. Vol 34(4), Fal 2004, pp. 751-770

Descriptors Drug Usage Attitudes* Marijuana Legalization* Marijuana Usage* Drug Therapy

Abstract This study was designed to assess the affect of legalization of medical marijuana on drug-related attitudes and use among youths and young adults in selected communities in California and other states. Telephone survey data, collected as part of a study of the Robert Wood Johnson Foundation's Fighting Back initiative, was utilized to examine reported attitudes about and use of drugs in California and other states before and after Californians passed Proposition 215 in 1996. Descriptive, bivariate, and logistic regression analyses were used to examine attitudes and use among 16 to 25 year olds in California and 10 other states. This study found that although some marijuana-related attitudes changed between 1995 and 1999, use did not increase. These findings suggest that recent policy changes have had little impact on marijuana-related behavior.

Title Psychotropic Drugs in Terminally Ill Patients: A Review of the Clinical and Research Literature.

Author Templer, Donald I.¹; Arikawa, Hiroko²; Gariety, Patrick C.³

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Source Omega: Journal of Death and Dying. Vol 49(3), 2004, pp. 249-274

Descriptors Opiates* Psychopharmacology* Terminal Cancer* Terminally Ill Patients* Drug Therapy Marijuana

Abstract The principal psychopharmacological drugs used with terminally ill persons were briefly reviewed, and special consideration for various terminal illnesses were discussed. Sections on the analgesic effects of psychotropic drugs, the psychotropic properties of opioids, the beneficial effects of marijuana, and the use of LSD in terminal cancer patients are included.

Title Medical Marijuana Center Opens Doors.

Author Vastag, Brian

Source JAMA: Journal of the American Medical Association. Vol 290(7), Aug 2003, pp. 877-879

Descriptors Drug Therapy* Experimentation* Marijuana Laws* Marijuana Usage* Marijuana*

Abstract Presents an brief overview of recent research on the therapeutic potential of marijuana. The author discusses clinical trials and government regulation for this type of research.

Title Cannabis Use as Described by People with Multiple Sclerosis.

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Source Canadian Journal of Neurological Sciences. Vol 30(3), Aug 2003, pp. 201-205

Descriptors Cannabis* Client Attitudes* Drug Usage* Drug Usage Attitudes* Multiple Sclerosis* Drug Therapy

Abstract Multiple sclerosis (MS) is one of the most common neurological diseases affecting young adults. The prevalence of MS in Alberta has been described as among the highest reported in the world, estimated at 217 per 100,000. The present study was undertaken to describe cannabis use by this patient group. Information on peoples' beliefs, practices and experiences related to use were investigated. A questionnaire was mailed to a sample of 780 adults with MS in southern Alberta, Canada. Completed questionnaires were returned by 420/673 eligible subjects. Mean sample age was 48 years and 75% were women. The majority of respondents was aware cannabis was potentially therapeutically useful for MS and most supported legalization for medicinal purposes. Forty-three percent had tried cannabis at some point in their lives, 16% for medicinal purposes. Symptoms reported to be ameliorated included anxiety/depression, spasticity and chronic pain. Reasons given for not trying cannabis were the fact that it is an

illegal substance, concern about side effects and lack of knowledge on how to obtain it. Subjective improvements in symptom experience were reported by the majority of people with MS who currently use cannabis. Further evaluation of this substance is warranted.

Title Medical marijuana: A survey of teenagers and their parents.

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Source Clinical Pediatrics. Vol 42(6), Jul-Aug 2003, pp. 547-551

Descriptors Adolescent Attitudes* Drug Therapy* Marijuana Laws* Marijuana Usage* Parental Attitudes* Marijuana Legalization Parents

Abstract Parents and their teenage children were questioned about medical marijuana and whether they believed that passage of medical marijuana laws in their states would increase teenage use of marijuana for non-medical purposes. A 24-question written survey was distributed separately to teenager/parent pairs who visited 1 of 2 suburban general pediatric offices located in Vienna, Virginia or Mason, Ohio. Completed surveys were collected from 393 parent-teen pairs. Only 13% of the teenagers admitted to ever smoking marijuana while 6% admitted smoking it in the past 30 days. There was good agreement between parents and teens (81% of parents and 76% of their teenagers who responded to the survey) that regular use of marijuana causes harm to many or most users, not just "potheads." Although there was close agreement in the range of opinions about medical marijuana (i.e., from liberal use to no use) by parents as a group and the teens as a group, agreement between the answers of parents matched with their own children was poor based on K-coefficient analysis ($K=0.20$). Twenty-eight percent of the parent group and 55% of the teenagers believed that passage of state laws for medical marijuana would make it easier for teens to smoke marijuana for medical purposes.

Title Cannabis use for chronic non-cancer pain: results of a prospective survey.

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Source Pain. Vol 102(1-2), Mar 2003, pp. 211-216

Descriptors Cannabis* Chronic Pain* Drug Therapy* Epidemiology*

Abstract There has been a surge in interest in medicinal cannabis in Canada. We conducted a questionnaire survey to determine the current prevalence of medicinal cannabis use among patients with chronic non-cancer pain, to estimate the dose size and frequency of cannabis use, and to describe the main symptoms for which relief was being sought. Over a 6-week period in mid-2001, 209 chronic non-cancer pain patients were recruited in an anonymous cross-sectional

survey. Seventy-two (35%) subjects reported ever having used cannabis. Thirty-two (15%) subjects reported having used cannabis for pain relief (pain users), and 20 (10%) subjects were currently using cannabis for pain relief. Thirty-eight subjects denied using cannabis for pain relief (recreational users). Compared to never users, pain users were significantly younger ($P = 0.001$) and were more likely to be tobacco users ($P = 0.0001$). The largest group of patients using cannabis had pain caused by trauma and/or surgery (51%), and the site of pain was predominantly neck/upper body and myofascial (68% and 65%, respectively). The median duration of pain was similar in both pain users and recreational users (8 vs. 7 years; $P = 0.7$). There was a wide range of amounts and frequency of cannabis use...

Title Medical Marijuana Initiatives: Are They Justified? How Successful Are They Likely to Be?.

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Source CNS Drugs. Vol 17(10), 2003, pp. 689-697

Descriptors Cannabinoids* Cannabis* Legal Processes* Marijuana Laws* Medical Treatment (General)* Marijuana

Abstract The principal constituent of cannabis, Δ^9 -tetrahydrocannabinol, is moderately effective in treating nausea and vomiting, appetite loss, and acute and chronic pain. Oral THC and the synthetic cannabinoid, nabilone, have been registered for medical use in the US and UK, but they have not been widely used because patients find it difficult to titrate doses of these drugs. Advocates for the medical use of cannabis argue that patients should be allowed to smoke cannabis to relieve these above-mentioned symptoms. Some US state governments have legislated to allow the medical prescription of cannabis, but the US federal government has tried to prevent patients from obtaining cannabis and threatened physicians who prescribe it with criminal prosecution or loss of their licence to practise. In the UK and Australia, committees of inquiry have recommended medical prescription and exemption from criminal prosecution, but governments have not accepted these recommendations. The Canadian government allows an exemption from criminal prosecution to patients with specified medical conditions. While awaiting these developments, patients with specified medical conditions could be given exemptions from criminal prosecution to grow cannabis for their own use, at their own risk.

Title Who is using cannabis as a medicine and why: An exploratory study.

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Affiliation (1)Addiction Research Foundation, Ctr for Addiction & Mental Health, London, ON, Canada

Source Journal of Psychoactive Drugs. Vol 32(4), Oct-Dec 2000, pp. 435-443

Descriptors Cannabis* Drug Therapy* Drug Usage* Medical Treatment (General)*

Abstract Reports on an exploratory study of medical cannabis users. Interviews were completed with 50 self-identified medical cannabis users (aged 26-57 yrs) recruited through notices in newspapers and on bulletin boards. They reported using cannabis for a variety of conditions including HIV/AIDS-related problems, chronic pain, depression, anxiety, menstrual cramps, migraine, narcotic addiction as well as everyday aches, pains, stresses and sleeping difficulties. A majority also used cannabis for recreational purposes, and many were longer-term cannabis users. However, there were some notable exceptions. Almost all smoked cannabis and many did so 2-3 times a day. Few admitted negative experiences with cannabis, although some problems evident to the researchers were not clearly admitted. Those who told their doctors about their medical cannabis use found doctors noncommittal or supportive. The results raise questions about the definition of medical cannabis use and about policies that might be developed to accommodate such use. Limitations of the study are noted and further research suggested. Research priorities include population surveys, studies involving larger, more representative samples of medical cannabis users and studies of medical cannabis use among people with HIV-AIDS.

Title Self-reported marijuana effects and characteristics of 100 San Francisco Medical Marijuana Club members.

Author Harris, Debra¹; Jones, Reese T.; Shank, Robin; Nath, Rajneesh; Fernandez, Emilio; Goldstein, Kenneth; Mendelson, John

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Source Journal of Addictive Diseases. Vol 19(3), 2000, pp. 89-103

Descriptors Drug Therapy* Drug Usage* Drug Usage Attitudes* Marijuana Usage* Side Effects (Drug)* Medical Patients Quality of Life

Abstract In order to assess the relationships among medical marijuana (MM) users' reasons for use, perceived effectiveness of marijuana as a medical agent (including quality of life), side effects, and past drug use patterns, 100 MM users (aged 25-58 yrs) were recruited from the San Francisco Cannabis Cultivator's Club (a MM dispenser). Ss, averaging 14 yrs pre-illness use, perceived MM to be more effective than other treatments and to have less severe side effects. Urine drug assays showed recent use of other drugs, particularly stimulants. History of substance abuse or dependence and other psychiatric disorders was common. Those with greater past dependence on other drugs thought MM to be more effective but also reported worse side effects and quality of life. Quality of life was associated more with marijuana side effects rating than with effectiveness. Ss reported potentially serious marijuana side effects on some questionnaires but not others. Inconsistencies in reporting made interpretation of results difficult. Physician supervision of MM use would allow more effective monitoring of therapeutic and unwanted effects, some unrecognized by patients.

Title Marijuana use prevention: The In-DEPTH model program.

Author Lafferty, Lynn¹

Affiliation (1)In-DEPTH Program, CA, US

Source Journal of Psychoactive Drugs. Special Issue: Marijuana at the millennium: Medical and social implications. Vol 30(2), Apr-Jun 1998, pp. 205-208

Descriptors Drug Abuse Prevention* Drug Education* Drug Rehabilitation* Drug Usage* Marijuana*

Abstract Over the past 5 yrs marijuana use has doubled among 8th, 10th, and 12th grade students, and in several demographics it has tripled. The recent debate over the legalization of medical marijuana (California's Proposition 215), positive media messages, lack of parent-child discussion, and denial by schools and communities may be contributing factors to the rise of drug use among adolescents. The Innovative Drug Education and Prevention Tools for your Health (In-DEPTH) program, a unique drug education model that educates, prevents, and provides intervention strategies in adolescent marijuana use, has in small multisite surveys shown initial success in decreasing marijuana use and positively changing beliefs. The program is based on pharmacology, addiction medicine principles, economics and the pharmaceutical sales model, and examines drug dealing as well as drug use. Examples of 2 sites in California, one in Los Angeles County with 165 female juvenile camp students and one in Oakland with 65 students, where the In-DEPTH program was implemented are presented.

Title Providing medical marijuana: The importance of cannabis clubs.

Author Feldman, Harvey W.1; Mandel, Jerry

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Source Journal of Psychoactive Drugs. Special Issue: Marijuana at the millennium: Medical and social implications. Vol 30(2), Apr-Jun 1998, pp. 179-186

Descriptors Cannabis* Disorders* Drug Therapy* Medical Treatment (General)* Support Groups* Mental Disorders Physical Disorders

Abstract In 1996, shortly after the San Francisco Cannabis Club was raided and (temporarily) closed by state authorities, the authors conducted an ethnographic study by interviewing selected former members to ascertain how they had benefited from the use of medical marijuana and how they had utilized the clubs. Interviews were augmented by participant observation techniques. Respondents reported highly positive health benefits from marijuana itself, and underscored even greater benefits from the social aspects of the clubs, which they described as providing important emotional supports. As such, cannabis clubs serve as crucial support mechanisms/groups for people with a wide variety of serious illnesses and conditions. The authors concluded that of the various methods so far proposed, the cannabis clubs afford the best therapeutic setting for providing medical cannabis and for offering a healing environment composed of like-minded, sympathetic friends.