



Politics v. Science: Understanding Cannabis Therapeutics Before it is Censored

Sunday, April 03, 2011 by: Kris Hermes

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A milestone quietly occurred last month, and one the federal government would prefer to ignore. Yet, it could mean a step in the right direction for hundreds of thousands, if not millions, of people who use a centuries-old botanical medicine: cannabis, otherwise know as marijuana.

According to the [Washington Independent](#), the National Cancer Institute (NCI) changed its [website](#) on March 17th and for the first time listed cannabis as a Complementary Alternative

Medicine (CAM). At that time, the NCI website read:

"The potential benefits of medicinal Cannabis for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. In the practice of integrative oncology, the health care provider may recommend medicinal Cannabis not only for symptom management but also for its possible direct antitumor effect."

And just in case the issue of medical efficacy was in question, NCI further stated that:

"*Cannabis* has been used for medicinal purposes for thousands of years prior to its current status as an illegal substance."

Besides the obvious "It's about time" retort to the inclusion of cannabis in the CAM listing, there is definitely more here to this decades-long story of the struggle between politics and science. If the symptoms of cancer and the side effects from treatment can be ameliorated or fought-off with medical cannabis, wouldn't that be worth significant research investment? And, wouldn't the value of that research increase considerably if cannabis therapeutically benefited people with an array of other medical conditions? What if science showed that cannabis could [halt](#) or [diminish](#) the growth of tumors?

Unfortunately, despite promising studies on the effects of cannabis on tumor growth and a host of other scientific investigations into the therapeutic benefits of cannabis -- mostly conducted outside of the United States -- we have failed to rise to the occasion. Cannabis used for research in the U.S. is [tightly controlled](#) by the Drug Enforcement Administration (DEA) and the National Institutes on Drug Abuse (NIDA). The research that does occur is narrowly focused by NIDA on the supposed abuse potential of cannabis, bypassing vast areas of efficacy ripe for investigation.

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In 2007, DEA Administrative Law Judge (ALJ) Mary Ellen Bittner [ruled](#) in a case attempting to expand and diversify the production of research cannabis in the U.S. that such research was "in the public interest." However, DEA Administrator Michele Leonhart ignored her own ALJ's recommendations and denied the petition that would have broken a 40-year old monopoly on federal research cannabis production, housed at the University of Mississippi. The federal monopoly on cannabis cultivation is complemented by a Byzantine approval process that would have made Franz Kafka proud.

With these tactics, the government has held a pretty tight lid on cannabis research over the years -- an obstructionist's approach really. But prioritizing politics over science is a tenuous affair, full of contradictions and hypocrisy.

Take for instance the [revisions](#) NCI made to its website not two weeks after it listed cannabis as a Complementary Alternative Medicine. Just to make sure its readers didn't think it was endorsing the use of medical cannabis, NCI reminded us that "The U.S. Food and Drug Administration (FDA) has not approved the use of Cannabis as a treatment for any medical condition..." However, more importantly, NCI removed reference to a "possible direct antitumor effect." They wouldn't want to give the impression that cannabis should be further researched, would they?

After feeling some heat from mainstream media outlets, NCI offered an [explanation](#) for its apparent shiftiness around cannabis. Craftily, NCI distanced itself from the Physician Data Query (PDQ) Editorial Boards, which are responsible for the website content (i.e. the content on cannabis). "PDQ Editorial Boards review current evidence," and "do not make recommendations," said NCI in a written response. "Their work is editorially independent of [NCI]," and "The summary on Cannabis and cannabinoids does not represent a policy statement of NCI or NIH (National Institutes of Health)."

Okay, this is where it gets interesting.

All of the government double-speak aside, the NCI website still states that cannabis has been used medicinally for millennia and that oncologists may recommend it for cancer "symptom management." Pretty bold statements for a website, whether from an editorial department or not. Now, NCI happens to be one of 11 agencies within the National Institutes of Health (NIH), which is under the authority of the U.S. Department of Health and Human Services (HHS). The problem is that HHS has consistently maintained that cannabis is a dangerous drug with no medical value. Specifically, HHS has [publicly stated](#) that cannabis "has no currently accepted medical use in treatment in the United States."

The contradictions don't stop there. The same production facility at the University of Mississippi that selectively disburses research cannabis also mails out literally pounds of the dried plant each year to the remaining four patients who qualified for the federal Investigational New Drug program.

The NCI website recognition also comes as a petition to reclassify medical cannabis has nearly reached its 10th anniversary with no response from the federal government. Since the [Coalition for Rescheduling Cannabis](#) (CRC) filed its petition in 2002, [dozens more studies](#) have been conducted recognizing the therapeutic effects of cannabis, eight more states passed medical marijuana laws ([bringing the total to 15](#)), and the country's two largest physician groups -- [American Medical Association](#) and [American College of Physicians](#) -- have both called for a review of marijuana's status as a Schedule I substance.

Here is the chance for the federal government to come clean, recognize the evidence and reclassify cannabis so that patients in the U.S. can use it without fear of reprisal no matter where they live. Yet, based on historical precedent, the cards are stacked against patients. In 1988, the DEA denied a rescheduling petition despite strong judicial condemnation of

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marijuana's Schedule I classification. The DEA's own Administrative Law Judge Francis L. Young [ruled on the petition](#), commenting that, "Marijuana in its natural form is one of the safest therapeutically active substances known to man." Although final determinations on rescheduling petitions are made by DEA, the review process relies heavily on recommendations from HHS, the federal department that oversees NCI.

Another lesser-known contradiction of federal cannabis policies has to do with the THC (tetrahydrocannabinol) pill [Marinol](#). Though ineffective for many medical cannabis patients, Marinol will go off patent this year and a number of companies are vying for generic licenses. Companies are asking the government to allow them to grow cannabis in order to extract the natural form of THC, the primary active chemical in the plant used in the pill. Marinol is currently made with synthetic THC, but it is cheaper to extract the chemical from the plant.

The hypocrisy will soon be too much for even the federal government to bear. The science on cannabis will eventually prevail over politics. It's just not acceptable to hold millions of sick Americans hostage to such a political double standard. It's time for the Obama Administration to recognize the science, act with integrity, and reschedule cannabis.

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