

AIDS Action Supports Research and Use of Medical Use of Cannabis for HIV/AIDS

People living with HIV/AIDS have long used cannabis as an aid to help them with symptoms of HIV related illnesses ranging from wasting and loss of appetite to adherence to medications. The anti-emetic and analgesic properties of cannabis have been particularly useful to HIV/AIDS patients. Consequently, it is estimated that as many as 1 in 4 AIDS patients are using cannabis for medical purposes. AIDS Action and many members of the HIV/AIDS community have long supported the ability of patients to use cannabis for medical purposes along with research on such use of cannabis.

In fact, research has been conducted that supports patient claims on behalf of the medical use of cannabis. The Institute of Medicine clearly states, "For patients such as those with AIDS or who are undergoing chemotherapy and who suffer simultaneously from severe pain, nausea, and appetite loss, cannabinoid drugs might offer broad-spectrum relief not found in any other single medication." (Joy JE et al (1999). *Marijuana and Medicine: Assessing the Science Base*. Washington, DC: Institute of Medicine).

The same research that found that as many as 1 in 4 AIDS patients used medical marijuana also found that a majority of those patients reported relief of anxiety and/or depression and improved appetite, while nearly a third said it also increased pleasure and provided relief from pain. (Prentiss D et al (2004). *J Acquir Immune Defic Syndr*; 35(1): 38-45).

Additional research has found that there was no compromise to the immune systems of AIDS patients undergoing cannabis therapy in clinical trials. (Abrams DI et al (2003). *Short-Term Effects of Cannabinoids in Patients with HIV-1 Infection: A Randomized, Placebo-Controlled Clinical Trial*. *Ann Intern Med*. Aug 19;139(4):258-66.5). Research also shows that access to cannabis may improve health care outcomes for people living with HIV/AIDS. For example individuals who use cannabis in conjunction with their antiretroviral therapy are approximately 3.3 times more likely to remain on their prescribed drug therapies than those who do not use cannabis. (Bouke C. de Jong, et. al. (2007) *Marijuana Use and Its Association With Adherence to Antiretroviral Therapy Among HIV-Infected Persons With Moderate to Severe Nausea* (2005). *J. Acquir Immune Defic Syndr*; 38(1): 43-46).

Additionally there are numerous studies supporting the use of medical cannabis for other diseases including Multiple Sclerosis, Aging, Arthritis, Gastro-Intestinal Disorders, Movement Disorders, Cancer and Chronic Pain. The discovery of the cannabinoid system in the late 1980s has lead to strong breakthroughs in pain medication and eating disorders. Some of the research on these topics has been compiled here:

<http://www.safeaccessnow.org/article.php?list=type&type=135>

AIDS Action has been particularly disappointed by the lack of response by the federal government to allow legitimate research into the use of medical cannabis. Unfortunately, control of such research is severely limited by the National Institute on Drug Abuse which maintains a monopoly on the production of marijuana for research purposes and it currently obstructs privately funded research. Similarly, the Drug Enforcement Administration (DEA) refuses to grant competitive licenses for marijuana production.

Consequently, the federal government has acted as an impediment to research into cannabis and cannabis-derived products as a medication and thus has blocked patients from using cannabis. Their actions have resulted in extraordinary delays into research, compromising the health of HIV patients. In addition, the delay continues to give the DEA and other law enforcement agencies incentive to arrest HIV patients which in at least some cases has led to clear deterioration of the health and possibly death of patients. Moreover, the DEA continues to conduct raids on medical marijuana clinics that have been licensed by California and other states even as they refuse to allow research to be accomplished.

In contrast 12 states currently have laws which permit patients to use cannabis as recommended by a licensed physician without legal sanction. Those states are California, Hawaii, Washington, Oregon, New Mexico, Alaska, Colorado, Massachusetts, Montana, Nevada, Rhode Island and Vermont.

AIDS Action cannot stand by while patients are arrested and there is legitimate research showing that cannabis may relieve symptoms of HIV related illness. Therefore AIDS Action supports patients who use medical cannabis for their symptoms and the state laws that allow them to do so. The federal government must immediately stop arresting these patients and creating roadblocks to patients receiving relief from their HIV/AIDS related symptoms.

AIDS Action demands that the federal government both allow and conduct effective research into the medical use of cannabis. We demand that NIDA and the DEA issue the licenses necessary to create a supply of cannabis to conduct such research. We additionally urge NIDA and the DEA to ensure that patients are able to access cannabis as an effective medication for pain, nausea and wasting related to HIV and other diseases.

It must be stressed that AIDS Action does not believe that there is any benefit to arresting patients or providers of care while waiting for the research to be conducted. Additionally we are concerned that efforts to bring these state laws under the Federal Drug Administration (FDA) or other federal authority is simply another delaying tactic to avoid accomplishing the research and to continue the arrest of patients. Therefore AIDS Action does not support such efforts but rather urges the federal government to respect the laws of these states and the ability of patients to use cannabis for medical symptoms.