



HOME | ABOUT NIDA | NEWS & EVENTS | FUNDING | PUBLICATIONS

RESEARCHERS & HEALTH PROFESSIONALS | PARENTS & TEACHERS | STUDENTS & YOUNG ADULTS | EN ESPAÑOL

SELECT A TC

NIDA NOTES

Vol
Novemb

Research Must Determine Medical Potential of Marijuana, NIH Expert Panel Conclud

By **Robert Mathias**, NIDA NOTES Staff Writer

A National Institutes of Health (NIH) panel of experts has concluded that critical questions about the usefulness of marijuana remain largely unanswered by studies that have been conducted to date. The panel of NIH experts has recommended that the NIH facilitate rigorous, well-designed clinical studies to evaluate marijuana's potential to treat a variety of conditions. Such studies must address the many potential short- and long-term hazards of smoked marijuana.

The panel of eight experts, who have broad experience in clinical studies and therapeutics, expressed their concerns in a 37-page report that NIH issued in August 1997. NIH had convened the experts at a 2-day meeting earlier this year to consider wide-ranging claims about the therapeutic usefulness of marijuana, particularly smoked marijuana, and the feasibility of additional research. At the meeting, the panel reviewed the published scientific data on the medical use of marijuana and considered comments, including those from patients and advocacy groups.

Under U.S. law, marijuana has been classified in the most restrictive category of controlled substances, which means that the drug in its usual form has a high potential for abuse and has no commonly accepted medical use in the United States. However, advocates for the medical use of smoked marijuana claim it is effective in such areas as relieving nausea associated with cancer chemotherapy, counteracting the wasting syndrome associated with AIDS, and treating glaucoma. An oral form of marijuana's principal active ingredient, delta-9-tetrahydrocannabinol (THC), dronabinol, is approved as a treatment for nausea and vomiting related to cancer chemotherapy. Dronabinol is also used to stimulate the appetite of AIDS patients.

The NIH panel noted that the current debate over using marijuana as a medicine centers on claims that it offers therapeutic advantages over dronabinol and that it has potential to treat other conditions, such as pain and glaucoma. However, little data from clinical trials are available to support or refute these claims, the panel concluded.

Any studies of marijuana's medical potential need to consider both the short- and long-term risks associated with smoked marijuana, the panel stressed.

Most previous studies of marijuana's therapeutic potential have used THC in capsule form. Such studies questions about the potential benefits or risks of smoked marijuana, which has substantially different do pharmacological activity from the oral dosage form, the panel noted. In addition, although THC is the pi psychoactive component of the cannabis leaf, other compounds in the leaf may have therapeutic propert said.

The panel called for more studies to properly evaluate marijuana's medical potential in five areas: analge relief; neurological and movement disorders; nausea and vomiting associated with cancer chemotherapy appetite stimulation to counteract weight loss in patients with AIDS or cancer. In addition to dronabinol treatments already are available for many of these indications, the panel noted. For example, a number o can treat pain without risking marijuana's adverse effects.

However, even where effective medications exist, marijuana could be studied for its potential to offer re who do not respond fully to such treatments, the panel stated. Other reasons for studying marijuana's me include determining whether it is useful in treating diseases or conditions for which treatments are not ci available, such as nerve pain caused by disease or tissue injury, and whether it could enhance the therapi currently available treatments.

Any studies of marijuana's medical potential need to consider both the short- and long-term risks associ marijuana, the panel stressed. Among the short-term risks cited by the panel are cardiovascular effects, e lungs, and undesirable mental and behavioral effects. Other concerns would come into play if marijuana treat patients with chronic diseases, such as the possibility that frequent and prolonged marijuana use mi impair the functioning of the body's immune system. Examining that aspect is particularly important for already have compromised immune systems, such as cancer patients undergoing chemotherapy and HIV the panel noted.

To address health concerns about using smoked marijuana for longer term therapy, the panel suggested t strive to develop alternative dosage forms for marijuana, such as a smoke-free inhaled delivery system. i could deliver purer forms of THC and related cannabinoids and permit better control of doses, the panel

For More Information

The full text of the expert panel's report on the medical utility of marijuana is available at <http://www.nih.gov/news/medmarijuana/MedicalMarijuana.htm>

NIDA NOTES - November/December 1997

[\[NIDA Home Page\]](#)[\[NIDA NOTES Index\]](#)[\[1997 Archive Index\]](#)[\[Index of this Issue\]](#)

[NIDA Home](#) | [Site Map](#) | [Search](#) | [FAQs](#) | [Accessibility](#) | [Help](#) | [Privacy](#) | [FOIA \(NIH\)](#) | [Employment](#) |



The National Institute on Drug Abuse (NIDA) is part of the [National Institutes of Health \(NIH\)](#), a component of the [U.S. Department of Health and Human Services](#). Questions? See our [Contact Information](#). *Last updated on Monday, February 7, 2005.*

