

# Introduction: Cannabis Therapeutics in HIV/AIDS, Plus, a Modest Proposal

The *Journal of Cannabis Therapeutics: Studies in Endogenous, Herbal and Synthetic Cannabinoids* is pleased to present its first special issue, on the subject of *Cannabis Therapeutics in HIV/AIDS*. Certainly, with respect to therapeutic cannabis, HIV/AIDS sufferers are its most common consumers, and this is a topic most worthy of closer examination. Our current offering includes numerous articles pertinent to the issue, which will be supplemented by subsequent entries in future volumes.

The survey commences with a broad medical overview of the subject by Dr. Richard Bayer. This ably serves as a point of departure in its presentation of the pertinent topics of interest with respect to AIDS and its treatment.

Next, Clint Werner offers a distinct viewpoint, more of an “insider’s view” on the twenty-year history of this affliction, and its interface with cannabis and the medical marijuana political movement.

Subsequently, we present two survey studies of clinical cannabis usage from different populations in California. Both confirm the assertion above that HIV/AIDS sufferers frequently turn to cannabis in attempts to treat their symptoms. The first is from Dr. Stephen Sidney, a physician and epidemiologist working for Kaiser Permanente, the state’s largest HMO (Health Maintenance Organization). The second is from Valerie Corral, a clinical cannabis patient herself. Despite the fact that she is not from a professional background, her long-term study provides much useful information on the range of conditions, symptoms and results obtained with medical marijuana.

Dr. Guy Cabral provides us with a state-of-the-art review of immunological issues in cannabis usage. The picture is a cautionary one, but also one that pro-

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vides no blanket support or indictment of therapeutic cannabis with respect to immune effects. As always, more research is needed to ascertain all the medical implications inherent in this treatment modality.

Donald Tashkin provides another thorough review, this time of pulmonary issues with smoked cannabis that is of particular import to HIV-positive patients.

Early issues of *JCANT* have alluded to possible synergistic effects of cannabis components beyond THC. The following article by McPartland and Russo examines those “other players” in greater detail in an effort to elucidate the issue.

Moving into the area of harm reduction, Dr. Franjo Grotenhermen provides a clinician’s interpretation of cannabis consumption issues, and a number of practical recommendations for patients and their doctors.

Dr. Dale Gieringer provides some of the first experimental data on the method of cannabis vaporization that portends to provide the same clinical benefits as smoking, but with markedly fewer health sequelae. This is a technology under intense scrutiny among clinical cannabis patients and advocates, but one hardly mentioned by the recent Institute of Medicine Report (Joy, Watson, and Benson 1999).

A research group from the University of Mississippi with lead author Susan Broom provides an experimental study examining another alternative cannabinoid delivery system, that of rectal suppositories containing THC-semisuccinate.

Rounding out the original articles, Drs. Brian Whittle, Geoffrey Guy and Philip Robson of GW Pharmaceuticals provide a glimpse of innovative research in the UK focusing on standardized sublingual whole-cannabis extracts, and aerosol preparations that many believe represent the future of standardized pharmaceutical cannabis delivery.

### ***AIDS IN THE THIRD WORLD: A MODEST PROPOSAL***

Since its discovery a mere two decades ago, acquired immune deficiency syndrome (AIDS) has quickly become one of the world’s most challenging public health issues. Initial cases in the USA and Europe mostly affected homosexual males and intravenous drug abusers, making it easy for those in some quarters to relegate AIDS to some expression of heavenly revenge for immoral behavior. This introduced a noteworthy roadblock into funding for research (see Werner’s article in this issue). When “innocent victims” such as transfusion recipients and babies with congenitally acquired infections appeared on the scene, public sentiments began to change. Soon enough, the disease proved to be a pandemic, and none was immune to its reach. It now affects 36 million people worldwide (Piot et al. 2001).

The current spread of AIDS is greatest in the Third World, with 60% of total cases in Africa, affecting an estimated 8% of the adult population (Thomas

2001). Transmission is primarily through heterosexual sex and vertical transmission. Asia seems to be the next nidus for its spread, which has recently been termed “explosive” (Kilmarx et al. 2000).

Treatment of AIDS remains extremely problematic, particularly in the Third World, due to the incredible expense of retroviral and newer protease-inhibitor drugs. These costs easily reach into the many thousands of dollars per patient per year.

Benefits of cannabis on appetite have long been known, including early citations by da Orta in India in his 1563 book (da Orta 1913), and Owen in the USA (Owen 1860). Sir William Dixon (1899), a noted pharmacologist, said of smoked cannabis (p. 1356), “It is not dangerous and its effects are never alarming, and I have come to regard it in this form as a useful and refreshing stimulant and food accessory, and one whose use does not lead to a habit which grows upon its votary.”

The modern history of cannabis as an anti-anorexic and antiemetic is addressed in the current issue, along with two excellent reviews in the *JCANT* charter issue (Hollister 2001; Musty and Rossi 2001). Given the current support for this indication, and an overwhelming need for less expensive medicine to treat AIDS symptomatically until a cure is available, one might properly ask the question, “Why not cannabis?”

International law governing “illicit drugs” is contained within the United Nations Single Convention Treaty on Narcotics (United Nations 1961, available online at: <http://www.druglibrary.org/schaffer/legal/singconv.htm>).

Although international trade on cannabis is prohibited, existing provisions of the treaty allow for internal medical usage, or its abrogation in the event that the treaty contravenes a nation’s constitution or its expression of human rights. That would certainly seem to be the case with AIDS. Increasingly, this treaty has proven counter-productive to the public health, and a key promotional factor in the highly wasteful and ineffectual international “War on Drugs.” A modest proposal would call for its revocation, or at the very least, its amendment to allow for therapeutic cannabis usage as a stopgap effort in treatment of the worldwide AIDS epidemic.

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#### REFERENCES

- da Orta, Garcia. 1913. *Colloquies on the simples and drugs of India*. London: Henry Sotheran.
- Dixon, W.E. 1899. The pharmacology of *Cannabis indica*. *Brit Med J* 2:1354-1357.
- Hollister, L.E. 2001. Marijuana (cannabis) as medicine. *J Cannabis Therap* 1(1):5-27.

- Joy, J.E., S.J. Watson, and J.A. Benson, Jr. 1999. Marijuana and medicine: Assessing the science base. Washington, DC: Institute of Medicine.
- Kilmarx, P.H., S. Supawitkul, M. Wankrairoj, W. Uthaiworavit, K. Limpakarnjanarat, S. Saisorn, and T.D. Mastro. 2000. Explosive spread and effective control of human immunodeficiency virus in northernmost Thailand: The epidemic in Chiang Rai province, 1988-99. *AIDS* 14(17):2731-2740.
- Musty, R.E., and R. Rossi. 2001. Effects of smoked cannabis and oral delta-9-tetrahydrocannabinol on nausea and emesis after cancer chemotherapy: A review of state clinical trials. *J Cannabis Therap* 1(1):29-42.
- Owen, P.H. 1860. A description of *Cannabis indica* with an account of experiments in its use. *NY Med Press* 3:280-283.
- Piot, P., M. Bartos, P.D. Ghys, N. Walker, and B. Schwartlander. 2001. The global impact of HIV/AIDS. *Nature* 410 (6831):968-973.
- Thomas, J.O. 2001. Acquired immunodeficiency syndrome-associated cancers in Sub-Saharan Africa. *Semin Oncol* 28 (2):198-206.
- United Nations. 1961. Single Convention Treaty on Narcotics. New York.