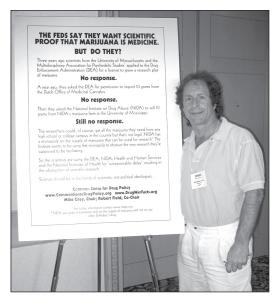
# MAPS' Medical Marijuana Research Efforts

By Rick Doblin, Ph.D. (rick@maps.org)

The vaporizer used in MAPS' medical marijuana studies is called the Volcano—which is a bit reminiscent of our efforts to conduct medical marijuana research. As we've been waiting through a long and seemingly inactive period, underneath the surface pressure has been building . . .

On April 22, 2005, MAPS' able pro-bono lawyers (Julie Carpenter, Jenner and Block; Emanuel Jacobowitz, Steptoe & Johnson; and Allen Hopper, ACLU Drug Law Reform Project) submitted a prehearing statement (see http://www.maps.org/mmj/mmjfacility.html) on behalf of Prof. Lyle Craker, Director, Medicinal Plant Program, Department of Plant and Soil Sciences, UMass Amherst, in his lawsuit against the Drug Enforcement Administration (DEA). Prof. Craker is trying to overturn DEA's December 10, 2004, refusal to issue him a license for a MAPS-sponsored production facility, intended to produce marijuana



MAPS President Rick Doblin with the ad show on page 5

exclusively for federally-approved research. The hearing will probably take place later this summer or early fall, with witnesses from both sides testifying, and being cross-examined, before a DEA Administrative Law Judge (ALJ).

Realistically, it looks likely that the US Supreme Court will overturn Raich v. Ashcroft and support federal supremacy over state medical marijuana laws. This decision will eliminate all protection from federal prosecution for medical marijuana patients unless marijuana is developed into an FDA-approved prescription medicine (which MAPS is seeking to accomplish).

Our challenge is that the "message" touted by the DEA and the Drug Czar (Office of National Drug Control Policy), that marijuana is "bad" and has no accepted medical use, is more important to them than whether or not the message is actually true. Furthermore, the message is so fragile that to sustain it in the face of widespread experience to the contrary, DEA and ONDCP must expend increasing amounts of energy restricting FDA-approved medical marijuana research.

Fortunately for DEA and ONDCP, they have a major advantage in that the supply of legal marijuana, unlike other Schedule I substances such as LSD, MDMA, and heroin, is produced by a monopoly entirely funded by the National Institute on Drug Abuse (NIDA). NIDA, in association with the Public Health Service (PHS), controls which researchers are permitted access to its marijuana. NIDA/PHS has already refused to supply marijuana to two MAPS-sponsored FDA-approved protocols that were going to examine medical uses of marijuana.

For the last 21 months, NIDA has refused to sell Chemic Laboratories ten grams of marijuana and DEA has refused to permit Chemic Laboratories to import ten grams from the Dutch Office of Medicinal Cannabis, of a potency (THC and CBD) that NIDA doesn't have available. The marijuana would be for MAPS and CaNORML-sponsored research into the use of vaporizers (www.vapormed. de). A vaporizer is a harm reduction tool that creates a steam, rather than a smoke, that emerges from the marijuana plant carrying cannabinoids and some plant material, without creating products of combustion (which are the major culprits in stressing the lungs). Fortunately, MAPS and CaNORML were able to sponsor some vaporizer research before we hit NIDA's stone wall. Dr. Donald Abrams, UC San Francisco, used our data to obtain FDA permission to conduct research comparing subjective effects, carbon monoxide and cannabinoid blood levels, in subjects who smoke marijuana on three occasions and vaporize the same amount on three other occasions. Dr. Abrams' study, funded by California's Center for Medicinal Cannabis Research, was completed in April 2005, with data analysis underway.

DEA and NIDA will perhaps try to improve their position in the DEA ALJ lawsuit by approving Chemic Labs application to purchase ten grams and to import ten grams. Whatever happens, MAPS will continue to struggle to break the marijuana monopoly so that, sooner or later, the controversy over the medical use of marijuana can be resolved through scientific research.









# THE FEDS SAY THEY WANT SCIENTIFIC PROOF THAT MARIJUANA IS MEDICINE.

#### **BUT DO THEY?**

Three years ago scientists from the University of Massachusetts and the Multidisciplinary Association for Psychedelic Studies\* applied to the Drug Enforcement Administration (DEA) for a license to grow a research plot of marijuana.

No response.

A year ago, they asked the DEA for permission to import 10 grams from the Dutch Office of Medicinal Cannabis.

# No response.

Then they asked the National Institute on Drug Abuse (NIDA) to sell 10 grams from NIDA's marijuana farm at the University of Mississippi.

# Still no response.

The researchers could, of course, get all the marijuana they need from any high school or college campus in the country but that's not legal. NIDA has a monopoly on the supply of marijuana that can be used for research.\*\* The Institute seems to be using that monopoly to obstruct the very research they're supposed to be facilitating.

So the researchers are suing the DEA, NIDA, Health and Human Services and the National Institute of Health for "unreasonable delay" resulting in the obstruction of scientific research.

Science should be in the hands of scientists, not political ideologues.

**Common Sense for Drug Policy** www.CommonSenseDrugPolicy.org www.DrugWarFacts.org Mike Gray, Chair; Robert Field, Co-Chair

\*For further information contact www.maps.org \*\* NIDA was given a monopoly on the supply of marijuana only -- no other Schedule I drug.

This advertisement appeared in the National Review, the New Republic, the American Prospect, The Nation, Reason Magazine, and The Progressive in the winter of 2005.



