

Medical Marijuana & HIV/AIDS

How is medical marijuana used by people with HIV/AIDS?

Medical marijuana is commonly used to relieve nausea, vomiting, and appetite loss sometimes caused by HIV infection or by medications used to treat HIV. Research has consistently found that these side effects are the leading reason patients interrupt or discontinue antiretroviral therapy (ART). Additionally, marijuana is sometimes used to relieve the pain of peripheral neuropathy, a condition which eventually impacts up to one-third of people with HIV.

Has medical marijuana been studied in HIV/AIDS patients?

Yes. Although foot-dragging by federal authorities delayed needed research for years, two clinical trials have been completed and more are underway. Other information is available from observational studies. Results thus far have been consistently positive. A landmark study conducted at San Francisco General Hospital looked at the safety of medical marijuana use by patients on stable ART regimens and showed no adverse effects on viral load, CD4, or CD8 count, while the patients using marijuana gained more weight than those receiving a placebo.¹ An observational study published in January 2005 found that patients experiencing ART-related nausea adhered to their drug regimens more consistently if they used marijuana. A study published in the journal *Neurology* in February 2007 reported that smoked marijuana “effectively relieved chronic pain from HIV-associated sensory neuropathy,” with few side effects.^{2,3}

I’ve heard that marijuana may be harmful to the immune system. Is this a danger to people with HIV/AIDS?

Such claims are based on test tube studies, often using enormous doses, rather than on studies of actual patients. In the San Francisco General Hospital study described above, patients using medical marijuana not only showed no signs of immunological damage, they actually gained more CD4 and CD8 cells than those receiving a placebo.

What do leading HIV/AIDS experts say about medical marijuana?

Leading HIV/AIDS organizations overwhelmingly believe seriously ill patients should be allowed to use medical marijuana without fear of arrest. The American Academy of HIV Medicine has stated, “When appropriately prescribed and monitored, marijuana/cannabis can provide immeasurable benefits for the health and well-being of our patients.”⁴ Other supportive organizations include AIDS Action, Gay Men’s Health Crisis, National Association of People With AIDS, AIDS Project Los Angeles, AIDS Foundation of Chicago, Test Positive Aware Network, AIDS Project Rhode Island, the New York State AIDS Advisory Council, Project Inform, San Francisco AIDS Foundation, and many others.

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Do other medical and public health experts agree?

Yes. In a 1999 report commissioned by the White House, the National Academy of Sciences' Institute of Medicine wrote, "Nausea, appetite loss, pain, and anxiety are all afflictions of wasting and all can be mitigated by marijuana."⁵ The American College of Physicians, American Public Health Association, American Nurses Association and the state medical societies of New York, California, and Rhode Island are just a few of many medical organizations supporting legal access to medical marijuana. Prominent individuals supporting medical marijuana access include former U.S. Surgeon General Dr. Joycelyn Elders, San Francisco Director of Health Dr. Mitch Katz, and Dr. Kenneth Mayer, director of Brown University's AIDS program.

What is the legal status of medical marijuana?

Thirteen states—Alaska, California, Colorado, Hawaii, Maine, Michigan, Montana, Nevada, New Mexico, Oregon, Rhode Island, Vermont, and Washington—permit medical use of marijuana if certain legal requirements are followed. Unfortunately, federal law still classifies marijuana as having no medical use and as being too dangerous to use even under medical supervision—the same category as PCP and heroin. This is unscientific and harmful to people with HIV/AIDS and other serious illnesses.

What is being done to change the laws?

The Marijuana Policy Project works at both the state and federal level to enact marijuana laws based on science, compassion, and common sense. Visit www.mpp.org for more information and to sign up for free e-mail alerts about legislation that affects you.

NOTES

1. Abrams, D. et al, "Short-Term Effects of Cannabinoids in Patients with HIV-1 Infection," *Annals of Internal Medicine*, Aug. 19, 2003.
2. deJong, B.C. et al, "Marijuana Use and its Association With Adherence to Antiretroviral Therapy Among HIV-Infected Persons With Moderate to Severe Nausea," *Journal of Acquired Immune Deficiency Syndromes*, January 1, 2005.
3. Abrams D.I. et al, "Cannabis in painful HIV-associated sensory neuropathy," *Neurology*, Feb. 13, 2007.
4. American Academy of HIV Medicine, letter to New York Assemblyman Richard Gottfried, Nov. 11, 2003.
5. Joy, J., Watson, S. and Benson, J., "Marijuana and Medicine: Assessing the Science Base," National Academy Press, 1999.