Medical pleas for marijuana rescheduling rejected

Marijuana will remain in the Drug Enforcement Administration's Schedule I, rather than being moved to the more lenient Schedule II to allow medical access, the DEA announced in late December.

The decision, which was not a surprise, nonetheless counteracted the advice of DEA Administrative Law Judge Francis L. Young, who recommended in 1988 that the drug be moved to Schedule II. (See *B/MB*, "Judge urges medical access to marijuana," November 1988.)

DEA Administrator John C. Lawn verified by an order in the Federal Register that the long-pending petition by the group known as NORML (National Organization for the Reform of Marijuana Laws) had been rejected.

NORML has long advocated making marijuana available, primarily as a pain reliever, for patients with cancer and some other diseases. Moving marijuana to Schedule II would have enabled doctors to prescribe it in certain cases while leaving it legally unavailable to the public, status that has been accorded cocaine, morphine and many other more addictive drugs.

Young's 1988 opinion cited as evidence several highly successful programs in various states where patients were given limited access to the drug. In New Mexico, for example, more than 90 per cent of cancer patients reported that marijuana helped relieve the side effects (particularly nausea) of chemotherapy.

Elsewhere, up to 85 per cent of the general population of some states and 80 per cent of Washington State physicians have expressed approval of regulated marijuana usage. Various top law enforcement officials have also supported rescheduling.

Young had particularly emphasized marijuana's lack of toxicity. However, the DEA apparently was reluctant to lend what might be viewed as a stamp of approval to a drug that is widely used and capable of creating some degree of user dependence.

Don Fidler of NORML said the group will appeal for the fifth time to the Federal Circuit Court of Appeals and that NORML is confident that the drug eventually will be rescheduled.

"We don't feel the administrator set forth the standards on which his decision should have been based," Fidler told *B/MB*. "As far as we can tell, the decision is simply a rehash of the DEA's position as it stood before Judge Young weighed the evidence.

"We realize that the term 'drugs' means different things to different people. But the message we want to send out seems simple: marijuana *as medicine* has a place in our society."

"It was a deeply disappointing decision, particularly since it appeared the administrator paid little attention to Judge Young's arguments," added Robert Randall, director of the Alliance for Cannabis Therapeutics, another Washington-based group.

"For whatever reason, we don't think the government is discriminating between recreation and medicine."

The DEA announced that it will continue to consider individual proposals for the drug's use (see following story). Further medical research also will be conducted.

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Elsewhere, a Texas man recently became the first AIDS patient to gain government permission to use marijuana. However, the DEA announcement on scheduling may mean some delay in the delivery of the drug.

The DEA had said that the 33-year-old patient, known only as Steve, will be allowed to receive government-stock marijuana to test its effectiveness in combatting the disease's nausea and pain. His case attracted attention after his arrest on charges of possessing the drug.

The decision, which came only a week and a half before the policy announcement, could reflect the agency's professed flexibility on individual cases. Because no AIDS patients have gained permission before, the results of Steve's case may be treated as pioneering research.

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On the most contentious drug front, the drastic notion of *legalization* appears to be gaining influential advocates.

Although the Bush Administration adamantly opposes even consideration of the idea, many notable public figures recently have expressed their support.

Among them are former U.S. Secretary of State George Shultz, conservative columnist William F. Buckley, Nobel laureate Milton Friedman, Baltimore Mayor Kurt Schmoke, astronomer Carl Sagan and other academicians, scientists and public figures.

Those who oppose the idea remain convinced that legalization would lead to greater numbers of addicts. Proponents of some form of legalization see the potential reduction of drug-related crime and lower federal drug-enforcement budgets as outweighing that risk.

Furthermore, some argue that imprisoning drug addicts is an inappropriate response to a fundamentally medical problem.

Shultz cited an article by Princeton professor Ethan Nadelmann that appeared in *Science* (Sept. 1, 1989). In it, Nadelmann stressed that although legalization might increase availability, criminal justice measures to fight drugs are inherently limited and extremely expensive.

"Efforts to stop trafficking. . . have very little effect on price, availability or consumption of illegal drugs," he said. "The very criminalization of the drug market has proven highly costly and counterproductive in much the same way that the national prohibition of alcohol did 60 years ago."

Nadelmann estimated that half of all organized crime income, some $50 billion a year, comes from drug sales. Although the risks of legalization are hard to assess, he concluded that they probably would inflict less harm on society than the current situation.

Science's publication of the article can be seen in itself as evidence of the issue's sudden prominence. The journal is the official publication of the American Assn. for the Advancement of Science, considered the country's leading scientific organization.

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