

Cannabis for cancer patients

As of September, named patients can now be prescribed dronabinol, a major active constituent of cannabis, to alleviate the symptoms of nausea associated with chemotherapy.

On advice from the World Health Organisation, the Misuse of Drugs Act has been amended to allow the prescribing of dronabinol by placing it in Schedule 2 alongside other controlled drugs with legitimate medical uses such as opiates and the major stimulants.

While welcoming this "very small step in the right direction" for cancer sufferers, Clare Hodges of the Alliance for Cannabis Therapeutics (ACT) says the change is nowhere near enough to satisfy her members. ACT is campaigning on behalf of multiple sclerosis patients who regard natural cannabis as more effective and less dangerous for the reduction of spasm and the relief of moderate chronic pain than either prescribed opiates such as morphine or other cannabis synthetics such as nabilone.

Support for research into the possible medical benefits of cannabis has been growing in recent years. A weight of anecdotal and clinical evidence has pointed to the efficacy of cannabis as an anti-emetic, helping the reduction of intraocular pressure in glaucoma patients and symptomatic relief for those suffering from multiple sclerosis and other disorders of the muscular system. The evidence has prompted both the Pharmaceutical Society in Britain and the

American Medical Association to issue position statements calling for the right to prescribe while further research is carried out.

Last July Health Minister John Bowis, replying for the Government in a debate on the therapeutic use of cannabis, appeared generally sympathetic to the arguments. However, he was at pains to point out that all the evidence would have to be carefully weighed up and "the supporting data would need to be presented to the Medicines Control Agency which in the usual way would evaluate any application made to it by a sponsor seeking a product licence".

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While the procedures for allowing a cannabis product onto the market would have to be no less rigorous than for any other drug, the Minister must have been mindful of the fact that for the population at large, cannabis remains firmly rooted in the hedonistic world of 'drug abuse'.

Thus the battle is likely to be fought over the way the drug is delivered into the body. Studies indicate that smoked THC is more effective for some clinical applica-

tions than synthetic versions. However, there are obvious difficulties with prescribing a smokable drug. First, controlling the dosage although users say they can control the dose much more effectively as a 'spliff' than the regulated doses of a synthetic version. Secondly there is the public health issue of collateral damage from smoking. There are other possible formulations such as a herbal infusion, but this might smack too much of 'alternative therapies' and folk medicine neither of which are likely to sit easy with government, the pharmaceutical companies or doctors, all of whom would be much happier with a conventional tablet or capsule. And, of course, cannabis therapeutics is still inextricably bound up with the debate over legalising recreational use.

Through the system for investigating new drugs in America, people with AIDS were able to obtain smokable cannabis on a named patient basis to help counteract AZT-related nausea and muscle wasting by stimulating appetite. But so many applications were being received that the US Department of Health withdrew the prescriptions on the grounds that widespread prescribing of cannabis was sending out 'the wrong message' about drug use. So the devil drug might be sprouting angel's wings, but politicians on both sides of the Atlantic remain acutely aware that in the public imagination the fires of hell still burn bright.

□ A recent American study has reported findings which could be of interest to our own National Treatment Outcome Research Study (NTORS).¹ After studying 300 psychiatric hospital patients, it was found that those who spent only two weeks in hospital underwent significant improvements in their psychological well-being. The research also showed that this treatment outcome maintained itself over time – a month after discharge, these patients were still doing well.

1. Reported in *Substance Abuse Report*, August 1995, Washington D.C.

□ We're so used to getting ideas second-hand from the States that it's quite satisfying seeing things travelling westwards across the Atlantic for once. In an editorial earlier this year in the *American Journal of Public Health*, America was told to brace itself for a brand new idea in the field of addiction: harm reduction. "Drug policies must be pragmatic", our American colleagues were told. "They must be assessed on their actual consequences, not on whether they symbolically send the right, the wrong, or mixed messages." Bravo – but this comes at a time when Bill Clinton is banning cigarette vending machines and Newt Gingrich has proposed the death sentence for drug traffickers. One wonders whether this is the same Newt Gingrich who, in 1981, put himself at the forefront of the legalisation debate when he tried to introduce legislation allowing for the medical use of cannabis, and who called the federal prohibition "outdated" and "corrupting"?

□ Research carried out in London shows that crack injecting is on the increase. The survey, conducted by the Centre for Research Drugs and Health Behaviour, was part of an ongoing HIV prevalence study. Data was collected from around 500 injecting drug users over four years from 1990-1993. During the course of the study, incidence of crack cocaine use rose from 16 per cent to nearly 60 per cent with the incidence of injecting rising from just one per cent to nearly a third of the cohort. The survey also revealed that those who reported injecting crack in the six month period prior to interview were more likely than not to be sharing needles and syringes compared to previous years.

1. Hunter, G et al. Crack use and injection on the increase among injecting drug users in London. *Addiction*: 1995 (90), p.1397-1400.

See Druglink Factsheet in this issue for help in caring for crack users.

New drugs hit street and dancefloor

With more stringent controls on temazepam only just announced, drug users in Scotland have already found a new and much stronger alternative. Rohypnol (known locally in Scotland as 'wallbangers') is the brand name of flunitrazepam, an intermediate to long-acting benzodiazepine recommended for short term prescribing in the treatment of insomnia.

The drug is a Prescription Only Medicine, dispensed as a 1 mg diamond scored purple tablet. However, as reported in the bulletin of the Scottish Drugs Forum, an imported variety is also finding its way onto the streets. A white tablet, it is scored into quarters with R2 on one side indicating 2 mg dose, roughly equivalent to three to four temazepam.

Dubbed 'The Quaalude of the Nineties' in America, there are a number of anecdotal reports from the States of young people mixing the drug with alcohol; a survey in Texas revealed four per cent usage among a group of 1000 young offenders. Like other benzodiazepines, flunitrazepam is relatively safe in overdose, although the margin of safety is reduced when mixed with alcohol. Among regular drug users, there are reports of heroin and cocaine users self-medicating with flunitrazepam to combat withdrawal and take the edge off the cocaine crash respectively.

Out of the dance floor, an antidepressant is apparently 'adding value' to Ecstasy by keeping the buzz going. In a letter to *New Scientist*, Dr Ashok Singh, a London psychiatrist, reported that users

find fluoxetine, not only doubles the time before the effects of 'E' wear off, but also inhibits the post-drug hangover. In line with reports from America where Prozac is performing a similar function for 'E' users, he indicated that antidepressants which inhibit the reuptake of serotonin in the brain might also be acting to block the neurotoxicity of MDMA without reducing the mood altering effects.

Pharmacists are concerned at the increase in requests for large amounts of OTC ephedrine hydrochloride tablets. One pharmacist wrote to the *Pharmaceutical Journal* (16 September) saying that he had turned down three sales; two from body builders who said they wanted them for weight training and a teenager claiming he used ephedrine for asthma.