

# Cannabis: wrong road to medicine

Prescriptive use yes; social use no. Shima Gyoh surveys the evidence in the marijuana debate



The path a chemical compound takes to become a medically prescribed drug is to first get tested on laboratory animals to define its physiological properties and safety in mammals. The substance might be a mixture of chemical compounds; if so they are separated and individually tested to determine which is the most active, or whether they work best in combination. The laboratory phase gives us the substance that proceeds to the next stage: the human drug trial.

The drug companies work with doctors. These doctors prepare the research protocols and submit them to ethical committees who would approve them only if the welfare of human participants is well protected. The most rigorous is the randomised double-blind trial designed to eliminate bias. Favourable outcomes are published in appropriate medical journals, followed by peer review, and if others working in the same discipline confirm the results, the drug's place in therapeutics is assured. A drug whose safety margin between the therapeutic dose and physiological danger is narrow has to be prescribed and administered under medical supervision. There should be no political, social, religious or public media campaign involved.

'Recreational drugs' are those taken by people who are not sick and do not need any treatment. All they want is the effect it has on their physiology and their perception of the world. Life has been evolving for billions of years and the human mind perhaps for one million. Such recreation is physiologically unnecessary and most unlikely to confer any biological advantage, but more likely to upset the delicate balance of the body's chemistry. Two well-established ones are alcohol and tobacco. We now know that they are both harmful. The war to eliminate them is proving very difficult as they have both become part of human culture and many individuals would rather risk the dangers than give them up. The fight against tobacco is more intense, with little success, but the future is hopeful. However, that against alcohol is weak and hopeless, partly because most of the damages it causes are usually subtler and not assigned to it, and the message that its harm can be avoided by moderation. The truth is humanity does not need these drugs but is stuck with them.

There is now strong pressure to add Marijuana to this list. From evidence available, it has useful therapeutic properties in the treatment of glaucoma, com-

bating nausea and appetite loss during chemotherapy for malignancy and in severe AIDS sufferers. Its useful muscular relaxation and pain relief have been utilised in multiple sclerosis and other brain disorders. The drug should undergo trials and take its place among the alternative therapies available.

But for recreation, the red flag is up! The main active component, tetrahydrocannabinol, is active even at minute blood levels. While it causes general relaxation and introspection, it impairs short-term memory, attention, concentration and motor coordination. It also impairs alertness, time and distance perception, making it highly dangerous for pilots and drivers. Because of its high lipid solubility, its activity is sustained for weeks and months by high levels in the membranes of neurons and in the blood fed from the body's fat deposits. Unlike alcohol, roadside tests are not possible as analysis can be done only on blood samples in large laboratory machines.

Marijuana has serious effects on the growing brain of young people. It is associated with depression of the intelligence quotient and a higher rate of developing psychotic disease. These associations have resulted in a hot debate as to which is the cause, which is the effect. Similar controversy arises in the theory that it is a 'gateway' drug that leads abusers to the 'harder' ones like opiates and cocaine. It may well be that underlying predisposing factors explain these associations. Whatever additional role cannabis plays, its elimination should be most important in prophylaxis.

Cannabis dependence and intoxication do occur. Its prolonged release from adipose tissue may explain the unusual pattern of dose demand and withdrawal syndrome. All these facts suggest that humanity should not make the mistake of adding yet another dangerous drug to the socially acceptable recreation. The philosophy that legalising cannabis would not increase abuse can qualify other more noxious civil offences for accommodation. Moreover, experience with alcohol and tobacco indicate that, by the time the adverse effects of long-term use become obvious, the drug would have already carved itself a niche in the people's culture practically impossible to remove.

'Medicinal cannabis' shouldn't be determined by legislation or pressure from the mass media, but should take the normal route to becoming a prescription drug. This must be a separate issue from 'decriminalising' it, which is the same as licensing it for social consumption being promoted by drug liberals, many with obvious conflict of interest.

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Shima Gyoh has held many posts ranging from village doctor to DG of Nigeria's Federal Ministry of Health and Chair of the Medical and Dental Council of Nigeria.

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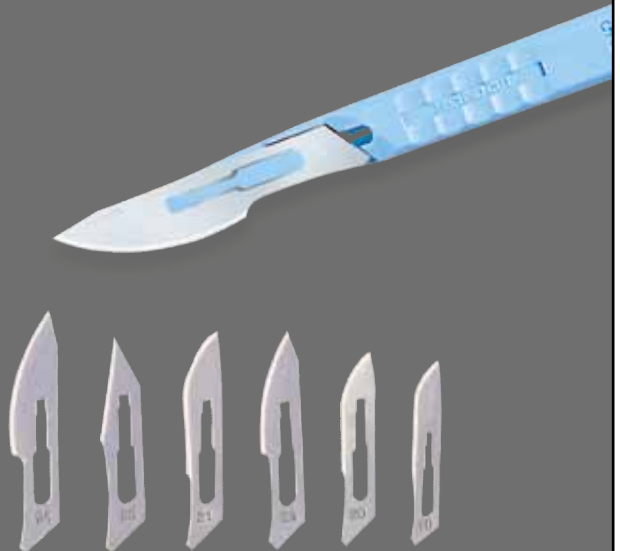
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