

Statement of Eric. E. Sterling Before the National Institutes of Health Workshop on the Medical Utility of Marijuana

February 20, 1997

Mr. Chairman, distinguished doctors, honored guests, my name is Eric Sterling. I am the president of The Criminal Justice Policy Foundation, a non-partisan educational charity that promotes crime prevention strategies and innovative solutions to the problems of the criminal justice system. The criminal justice system should not be concerned with persons who use marijuana for medical purposes. That is not the case today. People are using marijuana for medical purposes, they are being arrested, and they are going to jail. It was reported earlier this month that an Oklahoma man, claiming to use marijuana for migraine, I believe, was sentenced by a jury to 90 years in prison. The court refused to hear the witnesses he sought to present.

The San Francisco Examiner reported last Sunday that a physician serving 6000 patients in a remote area of Northern California is being investigated by DEA. A graduate of Tufts Medical School, since November he has recommended marijuana to three patients.

Senators Faircloth, Helms, Inhofe and Smith of New Hampshire have introduced a bill, S. 40, to send physicians to prison for eight years if they suggest using marijuana to their patients in the course of their professional practice. This crime would be committed even if the physician responds to a request for information. Certainly physicians should be able to discuss marijuana's potential benefits and side effects with a patient without worrying that their "patient" is actually a police informant seeking not medical advice but incriminating statements.

Yesterday, the conclusion of the majority of the presentations I heard -- Dr. Mattes, Dr. Mulligan, Dr. Kaufman, Dr. Consroe and Dr. Payne -- was, in essence, that extensive research program into marijuana's medical potential is warranted.

I have six recommendations.

1. First, this workshop should state unequivocally that marijuana has medical potential and that assertion of such potential is not a hoax or fraud. This is not an endorsement of any particular treatment, but a recognition that claims of medical benefit are entitled to be considered and examined.
2. You should recommend that NIH make clear that it welcomes well-designed research into marijuana's medical potential, and recommend that it budget accordingly. NIH should welcome privately funded research. It should call for an aggressive research program.
3. Marijuana should be rescheduled to Schedule II. This workshop should recommend that FDA immediately undertake the necessary review to make this happen. The scientific decision by HHS is binding on DEA. Dr. Consroe alluded to the

bureaucratic obstacles in doing research in marijuana. If marijuana were rescheduled to Schedule II, most of those obstacles for legitimate research would be eliminated, but the structure for criminal enforcement of the law would remain unchanged. Cocaine's placement on Schedule II does not impede DEA in any way.

4. The compassionate IND program should be reopened. This workshop has reviewed the wide variety of potential medical benefits from marijuana. You briefly discussed the plight of non-responders. Research studies with an "n of one" ought to be permitted, especially for non-responders. The discussion about the populations in which the research is undertaken illustrates that those populations may be quite small.

5. America's doctors should call for a moratorium on the prosecution of persons who have good faith claims that they are using marijuana medically. Doctor Temple noted that the people are not "waiting for the science." They want relief, and they should not be penalized for that. It must no longer be a crime to want relief, and take medication that seems to provide it. Science must not stand by silently during the persecution of people who use politically incorrect medications. Scientists cannot wash their hands while sick and desperate people are prosecuted in the name of a scientific vacuum.

6. Scheduling decisions should be made by the scientific community and not by a law enforcement agency. The scheduling power should be taken from the Justice Department, where it does not logically belong, and transferred to FDA. Dr. Jones noted that the 1975 conference on medical marijuana was much larger. He implied that the smaller audience yesterday was due simply to the development of better drugs over the past twenty years. Another explanation is that for the past twenty years research in this field has been suppressed by redtape, by harassment, by threats of prosecution, and political propaganda. If scientific research itself had not been denigrated and attacked, this room would have been full of scientists.

While DEA's record in this matter is shameful, NIDA's record in this area has been less than stellar. It has been inhospitable to clinicians who have experience using marijuana. Nevertheless, NIH, if it takes this workshop seriously, will have done a service in invigorating scientific discussion and debate.