



Marinol vs. Marijuana

Is Marinol Better than Marijuana?

Excerpts from Medical Journals and Individual Statements

The *International Journal of Drug Policy* in a 2001 article by **Lester Grinspoon, M.D.**, (Vol. 12, 5-6, pp. 377-383):

"I have yet to examine a patient who has used both smoked marijuana and Marinol who finds the latter more useful; the most common reason for using Marinol is the illegality of marijuana, and many patients choose to ignore the law when they believe that the difference between the two puts their health, comfort or economic well-being at risk.

If patients were legally allowed to use marijuana, relatively few would choose Marinol."

(2001) **International Journal of Drug Policy**

The *Journal of Cannabis Therapeutic* stated in an article by researchers from **GW Pharmaceuticals** in the U.K. (Vol. 1, No. 3/4, 2001, pp. 183-205):

"In practice it has been found that extracts of cannabis provide greater relief of pain than the equivalent amount of cannabinoid given as a single chemical entity [such as Marinol]..."

The oral route of administration for cannabinoids [Marinol] leads to slow and irregular absorption."

(2001) **Journal of Cannabis Therapeutics**

The 1999 U.S. government-sponsored Institute of Medicine report "Marijuana and Medicine: Assessing the Science Base" stated on Pages 205-206:

"It is well recognized that Marinol's oral route of administration hampers its effectiveness because of slow absorption and patients' desire for more control over dosing."

(March 1999) **Institute of Medicine**

Andrew Weil, M.D., stated in a 6/6/02 article published in the *San Francisco Chronicle*:

"Unfortunately, the only legal substitute [to marijuana] available now -- a prescription pill containing synthetic THC, marijuana's main psychoactive component -- is not EFFECTIVE enough for many patients. I hear regularly from patients that the pill does not work as well as the natural herb, and causes much greater intoxication."

(6/6/02) **Andrew Weil**

Professor **Donald Abrams, M.D.**, who has conducted U.S. Government approved research at U.C. San Francisco into the effects of smoked marijuana and AIDS patients, noted in a lecture on May 17, 1999:

"When we look at the pharmacoepia, when taken by mouth, delta-9 THC [Marinol] has a very low 6 to 20 percent absorption, and it's very variable from one person to another..."

Smoking THC, the THC is rapidly absorbed into the blood stream and redistributed with a considerable amount of it destroyed by combustion. Peak plasma levels are achieved at the very end of smoking and decline rapidly over 30 minutes, as if it were given intravenously, whereas, if taken by mouth, it's a slow and doesn't reach very high peaks and takes a long time to disappear.

The amount of THC one is exposed to might be the same, but certainly the effects are much different. In patients who say, 'I can control the onset and the duration much easier if I smoke than if I swallow it' are telling us just what we know from the pharmacoepia."

(5/17/99) Donald Abrams

Robert Gorter, M.D., Ph.D., stated in an October 1998 interview with *AIDS Treatment News*.

"My patients who had experience with both cannabis and Marinol almost always preferred cannabis, because Marinol had more side effects, including headaches and a hung-over feeling."

(10/98) Robert Gorter

Congressional **Representative Nancy Pelosi**, said in her official "Statement in Support of Hinchey Amendment to Allow the Use of Marijuana for Medicinal Purposes" to the U.S. House of Representatives on July 18, 2001:

"Mr. Chairman, opponents of medical marijuana argue there are other ways to ingest the active ingredient in marijuana, including the use of synthetic THC [Marinol]. However, we know that the drug containing THC does not work for all people."

(7/18/01) Nancy Pelosi

Jerome Kassirer, M.D., former Managing Editor of the *New England Journal of Medicine* wrote about the usefulness of marijuana relative to Marinol in the journal's January 1997 editorial:

"Paradoxically, dronabinol [Marinol], a drug that contains one of the active ingredients in marijuana (tetrahydrocannabinol), has been available by prescription for more than a decade. But it is difficult to titrate the therapeutic dose of this drug, and it is not widely prescribed."

By contrast, smoking marijuana produces a rapid increase in the blood level of the active ingredients and is thus more likely to be therapeutic. Needless to say, new drugs such as those that inhibit the nausea associated with chemotherapy may well be more beneficial than smoking marijuana, but their comparative efficacy has never been studied."

(1/30/97) Jerome Kassirer

Dr. Marcus Connant, University of California, San Francisco, has treated more than 5,000 HIV-positive patients.

"The problem with Marinol is that it doesn't always work as well as smoked marijuana. Either you take too little, or 45 minutes later you fall asleep. Even though insurance will pay for Marinol, which costs about \$200 a month [in 1997] some patients spend their own money, and risk breaking the law, for the more effective marijuana. That's fairly good evidence that smoothing the drug is superior to taking it orally."