

Does Cannabis Cure Cancer?



The CULTURE interview with Dr. Donald Abrams

Chief of Oncology and Hematology for San Francisco General Hospital Dr. Donald Abrams has emerged as a leading advocate for medical marijuana in mainstream health circles. A cancer and integrative medicine specialist, Dr. Abrams regularly treats chemotherapy patients' symptoms with the drug. He also performs revolutionary research on cannabis, leading to a number of landmark papers on the safety and efficacy of the ancient herbal remedy. In an exclusive CULTURE interview, the expert in alternative medicine and cancer discusses some of the thorniest issues in medical cannabis and offers some prescriptions.

Many members of the media are wondering if cannabis cures cancer. Is it that simple?

The key word is "cure," and as an oncologist, "cure" means five years of disease-free survival, so I don't think we've come to five years beyond when people started first claiming this. I think "cure" is not a good word and I think it's irresponsible and unfortunate that people are doing that.

It does a disservice to the potential benefit of cannabis to claim that it's a cure like shark's fin or laetrile [**Editor's note: laetrile, or amygdalin, is a toxic extract from almonds or apricots kernel that was believed to be a cancer cure, but has since been determined to be an ineffectual—even dangerous—treatment**], all of those things in the past that have been bogus. I spend half of my days advising patients who come to me with this list of bogus interventions.

Cannabis, I think, is very, very useful for cancer patients treated with chemotherapy. They have nausea, loss of appetite, often they have pain from their cancer. They have insomnia and they have depression. I can sit there and write them a prescription to cover each one of those symptoms, or I can recommend they try one medicine, and that's cannabis.

Do these people that have used cannabis—inhaled or ingested—get cured of cancer? Not in my experience over 30 years treating patients with cancer and cannabis. Not everybody gets cured. Some people get cured, but I would tend to think it's the chemotherapy, the radiation and the surgery.

But, those patients have not been using these highly concentrated forms of cannabis that are being touted now as being the cure; so-called "hemp oil," "cannabis oil," "Phoenix Tears," "Rick Simpson Oil." So is that

different? Does that have different potential? I don't know. It needs to be studied.

There are eight studies in the National Cancer Institute database on the anti-tumor effect of cannabinoids but they're at the cellular level, right?

So CBD in a test tube causes this gene expression related to some cancer. Can we then translate that to, "CBD is going to cure these cancers?" As an AIDS doctor for many years, I knew that in the test tube gasoline and soap suds worked against the virus, but I wouldn't say that they were effective treatments in people. We need to translate this into people. We're working on trying to develop some clinical trials.

We've heard there might be institutional barriers to doing so.

Unfortunately, we live in this society where prohibition impacts our ability to answer questions . . . In California, [to conduct human trials with cannabis] I need to get eight different approvals from eight different bodies ranging from our clinical research center, to the medical advisory board, to the DEA; probably ONDCP [Office of National Drug Control Policy] is somehow involved . . . There aren't that many people that are motivated into becoming involved in doing research on the plant.

Is Western medicine fundamentally incompatible with whole plant botanical therapies?

Dr. Abrams: Sure . . . People say to me, "Donald, this plant has 400 different chemical compounds in it. We're in the age of nanotechnology and gene therapy. What are you doing?"

Well, I did a two-year fellowship in integrative medicine with [holistic health and alternative medicine expert] Andrew Weil's program and University of Arizona, and I became very much a believer in plants as medicine. A great fraction of my chemotherapy drugs are derived from plants. Plants are potent.

What needs to happen nationally? Rescheduling? De-scheduling?

I think that more states need to follow the lead of Colorado and Washington. I mean, we incarcerate too many people. It's racism, it's all that all over again. But I'm just a single oncologist, so I try to stay out of politics.

Are general practitioners experts on cannabinoid therapies?

Absolutely not . . . I think that's really sad.

Is "Big Pharma" conspiring, as some say, to keep marijuana prohibited?

What about tobacco and alcohol? I don't know that it's just pharmaceuticals. My understanding is Big Pharma has [its] own preparations or brands—but maybe that's the tobacco industry.

When you debated Drug Czar employee and Harvard Medical School professor Bertha Madras, she said medical marijuana is "sending the wrong message to kids." You didn't get to respond.

There's not a lot that she said that I agree with. If a kid's parents are sick and using something as a medicine, I don't know how that sends the wrong message, especially if they see benefits in their parent's use of the medicine.

I deal with it all the time. I have cancer patients who have young children who say, "This is what we're going to do." One guy sent me an email thanking me for, you know, writing him a letter so he could access cannabis.

It took him five cycles of chemo to first use cannabis, because of the stigma, but he wrote that after using it he was then for the first time able to be relieved of nausea and to play with his kids and go to their sporting events and become part of his family again. So what message is that? That "your daddy is getting better?"

No. I don't agree [with Dr. Madras]."