

Editor's Notebook: Bernard Rimland, Ph.D.**Medical marijuana: a valuable treatment for autism?**

I am certainly not an advocate for drugs—either legal or illicit. I have never smoked and I don't care at all for alcohol. And I agree with Oliver Wendell Holmes when he said, "I firmly believe that if the whole *materia medica* could be sunk to the bottom of the sea it would all the better for mankind and all the worse for the fishes."

Having said that:

In ARRI 16-2 we published a letter from a mother in Florida whose very large autistic son changed from a sweet, loving boy to a teenager who flew into unpredictable rages which "were usually associated with self injury, aggression and property damage." She went on, "At times I had to lock myself in the bathroom; otherwise he would attack me. We gave him many medications, but nothing worked."

A friend suggested a solution: a brownie with marijuana baked into it. "Soon after he ate the brownie," she said, "my son's anxiety disappeared, and his sweet, loving behavior returned. He shows no signs of being under the influence of a drug. He now receives one marijuana brownie and several doses of Marinol, which contains the active ingredient in marijuana, each day. This has clearly saved my child's life and my family's life."

On page 7 of this issue of the ARRI you will find a letter from Ray Gallup, a well-known autism activist in New Jersey whose teenage son has become extremely assaultive, sending members of his family to the hospital and requiring police intervention on a number of occasions. Like Ray, thousands of parents are dealing with children who are so out-of-control, and so violent to themselves and others, that they can make their own lives and that of their families hellish.

In ARRI 16-1 we published an editorial on various means of dealing with such severely self-injurious and assaultive behavior, but marijuana use was not an approach that we mentioned. Many drugs are used to control these kinds of behaviors in autistic individuals, including risperidone (Risperdal), which has a large range of highly toxic effects (ARRI 16-4). It seems to me if one is going to need to use drugs, one ought to consider a relatively safe drug, like marijuana, if research bears out the good results that a number of parents have reported.

I use the term "relatively safe" because marijuana and Marinol, the prescription drug that contains the active marijuana ingredient tetrahydrocannabinol (THC), do cause adverse effects—but these effects, evidence suggests, are generally much less harmful than those caused by psychotropic drugs. Marijuana may cause subtle long-term memory and cognitive decrements, although evidence is equivocal (see related ar-

ticle on page 4). The drug can cause cardiovascular problems including abnormally high or low blood pressure, fainting, or abnormal heartbeat, can exacerbate depression or other mental changes in vulnerable individuals, and can cause nausea, vomiting, weakness, or sedation. The word is still out as to whether orally ingested marijuana is carcinogenic (although there is some evidence suggesting that it is *anti*-carcinogenic), and there is some concern that

I am not "pro-drug," but I am very much "pro-safe and effective treatment," especially in cases where an autistic individual's behaviors are devastating and do not respond to other interventions. And early evidence suggests that medical marijuana may be an effective treatment for autism, as well as being safer than the drugs that doctors routinely prescribe.

it can precipitate schizophrenic symptoms in some individuals. Also, the drug can cause dependency and possibly birth defects.

Clearly, medical marijuana is not a drug to be administered lightly. But compare its side effects to the known effects of Risperdal, which include massive weight gain, a dramatically increased risk of diabetes, and an elevated risk of deadly heart problems, as well as a host of other major and minor problems. Other psychotropic drugs are no safer, causing symptoms ranging from debilitating tardive dyskinesia to life-threatening malignant hyperthermia or sudden cardiac arrest. Of all drugs, the psychotropic drugs are among the least useful and most dangerous, and the benefit/risk profile of medical marijuana seems fairly benign in comparison.

Moreover, the reports we are seeing from parents indicate that medical marijuana often works when no other treatments, drug or non-drug, have helped. Among the comments received by a parent soliciting feedback from other parents who are using this treatment for autistic individuals:

- "I know it's not the end-all answer, but it's been the best answer for the longest time for us in [comparison] to ALL the other medications. I cannot tell you how many months we would go on a medication wondering if it was doing anything, anything at all. Here we can see the difference in 30 to 60 minutes."

- "My son (who is almost nine years old) has been on medications to address his severe autistic behaviors.... None of the medications has ever made a difference, except for making his behaviors worse.... A few months ago we tried the prescription drug Marinol and noticed a drop in the severe episodes, no fits and little to no aggression to-

ward his teacher and family members on a daily basis. A few weeks ago we started him on cannabis and stopped the Marinol. He has been in a much better mood and is much easier to keep on task in the classroom now.... He still has days when he gets angry and moody, but we can adjust the dose to help him through those days.... I feel much more comfortable administering cannabis than something like Risperdal."

According to information ARRI has received, medical marijuana is not legal in many states. Information on whether or not medical marijuana can be legally prescribed in your state is available on the Internet, at www.mpp.org. Additional information can be found at www.maps.org/mmj, www.NORML.org, and www.druglibrary.org.

It is important to keep in mind the distinction between legalizing marijuana for medical uses, which has been done in some states, and "recreational" drug use which is illegal throughout the U.S. Judging from the evidence in hand, I believe legalization of medical use is justified. Legalizing marijuana for non-medical use (as has been done for alcohol) is quite another issue.

Even if medical marijuana can be legally prescribed in your state, doctors are likely to be very reluctant to help you obtain the drug. You may be able to obtain information or help from local AIDS awareness and advocacy groups, which have been in the forefront of making medical marijuana available to the public.

If you decide to try this approach, the Autism Research Institute would very much like to learn about the results—positive or negative. We are also interested in hearing from physicians with expert knowledge about the benefits and adverse effects of either short-term or long-term use of medical marijuana.

Again, I stress that I am strongly opposed to drugs in general, and consider them a last resort to be employed only when safer and more efficacious treatments fail. But while I am not "pro-drug," I am very much "pro-safe and effective treatment," especially in cases where an autistic individual's behaviors are dangerous or destructive. Early evidence suggests that in such cases, medical marijuana may be a beneficial treatment, as well as being less harmful than the drugs that doctors routinely prescribe.

A two-page letter provided to ARI by a parent, providing additional information about medical marijuana and a list of more than 20 websites on the topic, is available upon request. Fax ARI (619-563-6840) or send a self-addressed, stamped envelope and specify that you would like Marinol information.