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The issue is Dignity

Ricky Williams Protests Drug Testing By Quitting Football; Calls Marijuana "10 Times Better For Me Than Paxil"

By Fred Gardner

In the autumn of 1995 the 49ers fullback, William Floyd, had a knee destroyed by tacklers. Management had been overworking him mercilessly. On the play before his injury Floyd had carried four defenders for about two yards. The TV replay of his leg going one way above the knee and another way below the knee ended what was left of my mild football addiction.

So it was only peripherally that I followed the career of a running back named Ricky Williams, who in '95 was a freshman at the University of Texas. He had speed, power, and dreadlocks (before they were widely fashionable). He broke conference records that had endured since the days of Doak Walker. The New Orleans Saints drafted him in 1999; Mike Ditka gave up eight players to get him.

Williams's first agent had experience in the world of rap music, not football, and the contract he negotiated with the Saints owners' was not as lucrative as it could have been.

Williams injured a shoulder in his second NFL season and missed six games, but still gained 1,000 yards. As he was recovering, he was induced by Glaxo SmithKline to be the celebrity patient in a campaign to sell Paxil to the12 million Americans who allegedly suffer from "Social Anxiety Disorder."

Glaxo had to sell the concept that shyness is actually a medical condition — "a chemical imbalance in the brain"— that can be corrected by a pill. Williams, who is sincere and enthusiastic, gave interviews in which he thanked a therapist for telling him that his reluctance to be accosted by strangers at airports was an illness that could be overcome by medication.

Williams was traded to the Miami Dolphins in 2002. That season he led the league in yards gained rushing (1853) and number of carries (383). In 2003 his yardage dropped slightly but again he had the most carries (393).

Williams won't be playing in 2004. In late July he made two related statements: that he was retiring from football, and that he found marijuana to be "10 times better for me than Paxil" as a confidence builder. (Glaxo promptly purged him from the Paxil website.)

Retiring isn't an easy step. Williams's love for football is expressed in the pages of a journal he's been posting sporadically at runrickyrun.com. He has a clear, colloquial writing style —straight ahead, like his running style. If we're lucky, he'll soon explain his decision to leave the game, and keep us informed of his whereabouts.

Williams was facing a four-game suspension after testing positive for marijuana on two occasions, and he knew he had tested positive a third time.

"I didn't quit football because I failed a drug test. I failed a drug test because I was ready to quit football."

"I didn't quit football because I failed a drug test. I failed a drug test because I was ready to quit football," Williams told a writer he trusts, Dan Le Batard of the Miami Herald, on July 28.

"Williams said there were 'a hundred reasons' for his retirement and that his desire to continue smoking marijuana without inhibition was merely one of them," Le Batard reported. "He said he was not addicted to the drug, but merely that he didn't believe in government and NFL laws banning it. He said he had already decided to quit football even before testing positive a second time for marijuana use last season and incurring a $650,000 fine. He appealed that fine, flying to New York to argue his case before an arbiter with his attorney, but received word last week that his appeal had been denied.

"While the appeal was pending, Williams said he continued smoking marijuana while on tour with rocker Lenny Kravitz in Europe and failed a third test upon his return. He said he had been

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Danger! Danger! Danger!

Cannabinoid "Antagonist" Will be Sold as Diet Drug

By Fred Gardner

Sanofi, a multinational pharmacuetical company based in France, is planning to market a weight-loss drug called Rimonabant that works by blocking part of the cannabinoid receptor system.

Scientists employed by Sanofi reported at the 2004 meeting of the International Cannabinoid Research Society that Rimonabant has proven safe and effective in clinical trials involving 13,000 patients.

Sanofi expects FDA approval within the year. The fact that Rimonabant blocks the "euphoric" effects of marijuana is a big plus in the eyes of U.S. government regulators.

The marketing is already done, in a sense, because everybody knows that marijuana induces the munchies, and it seems logical that blocking the cannabinoid receptors would reverse the effect.

But the advent of Rimonabant troubles California doctors who have made a specialty of monitoring their patients' cannabis use, as well as some scientists who are studying the basic nature of the cannabinoid system. Jeffrey Hergenrather, MD, of Sebastopol —one of the few clinicians to attend this year's ICRS meeting— says, "We are only now becoming aware of the modulating effects the cannabinoids have on the body and mind. The consequences of interfering with the cannabinoid receptor system have not been evaluated in normal human physiology."

Some Definitions

Cannabinoid receptors are proteins on the surface of certain cells to which certain compounds bind, setting off molecular cascades within the cells that produce effects in the body such as reduced inflammation, increased appetite, etc. Two kinds of cannabinoid receptors have been discovered —CB_1, which is highly concentrated in the brain and central nervous system, and CB_2, found mainly in tissues associated with the immune system.

Sanofi researchers Murielle Rinaldi-Carmona, Francis Barth, and Gerard Le Fur were honored at the 2004 ICRS meeting for developing a drug that blocks cannabinoid receptors.

There are three different kinds of cannabinoids, or chemical "agonists" that activate the cannabinoid receptors. They are, in order of evolutionary appearance: compounds made in the body for purposes of neurotransmission, compounds unique to the cannabis plant (the most famous being delta-9 THC), and compounds made in the lab —synthetics.

Cannabinoids made in the body are called "endocannabinoids" (the prefix is a contraction of "endogenous," just as the body's endogenous morphine-like chemicals are called "endorphins").

The first endocannabinoid to be identified —by Raphael Mechoulam and William Devane in 1992— was named "anandamide" after the Sanskrit word for "bliss."

It has since been learned that endocannabinoids help regulate the cardiovascular, digestive, endocrine, excretory, immunological, nervous, reproductive, and respiratory systems.

Rimonabant is SR-141716 redefined as a "therapeutic drug"

Rimonabant is an "antagonist" drug that engages the CB_1 receptors so they can't be activated. Originally called SR-141716, it was developed by Sanofi in the early '90s as a research tool. If a given effect is blocked by SR-141716, that effect is said to be mediated by CB_1 receptors. Rimonabant is SR-141716 redefined as a "therapeutic drug" that counteracts unwanted effects —like overeating— mediated by the cannabinoid receptor system.

In a talk at the ICRS meeting entitled "Clinical Results with Rimonabant in Obesity," Sanofi researcher Gerard Le Fur reported that the drug had done well in phase-three clinical trials involving 13,000 patients. The trials were conducted at numerous sites in the U.S. Obese patients were treated with Rimonabant for 52 weeks. "Over 72% of patients at 1 year showed a weight loss

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