ASA Weighs in as World Health Org Considers CBD

ASA urged the FDA to use its traditional rule-making process to remove CBD from the drug schedules that currently prohibit access to the safe, non-psychoactive drug. Descheduling CBD would allow consumers to obtain those cannabis-based products without a prescription anywhere in the U.S. The DEA classifies CBD as a Schedule I substance, so any research on CBD faces the same onerous bureaucratic hurdles as studying whole-plant cannabis. CBD is not listed in the 1961 UN Single Convention on Narcotic Drugs or its 1972 amendment, but language about resin and extracts has been interpreted as including CBD and other cannabis components.

As federal and international health officials consider new drug rules, Americans for Safe Access is urging them to remove all restrictions on cannabidiol (CBD). ASA submitted the formal comments on the medical efficacy of CBD in response to a public request from the Food and Drug Administration (FDA). The FDA asked for input on CBD and 16 other substances prior to a November meeting of the World Health Organization’s (WHO) Expert Committee on Drug Dependence (ECDD). The committee meets in Geneva, Switzerland from Nov. 6 to 10 to prepare recommendations for the United Nations Secretary-General.

ASA’s comments were submitted, most stating CBD is medically useful.

“CBD is only one of many beneficial compounds of the cannabis plant,” said ASA Executive Director Steph Sherer. “But engaging policy makers about it on an international scale is a significant step in removing barriers to accessing this important medicine.”

The annual meeting of the WHO is slated for November in Geneva, Switzerland. AHF will be represented at the meeting by AHS’s Chief Science Officer, Dr. David Sisley. The meeting will discuss with the attending physicians, advocates and regulators how to better use PFC resources as tools for enacting legislation. PFC’s webinar will be on November 7, 2017. Details are at www.safeaccessnow.org/events.

This month, Dr. Marcu will also be conducting grand rounds at Temple University Hospital, discussing with the attending physicians, residents and medical students what professionals need to know about cannabis, including the extensive educational resources available for doctors and patients through the Cannabis Care Certification. The university has also asked Dr. Marcu to do an onstage interview of a local cannabis business entrepreneur, LindiSkin, a skincare company specializing in the needs of people living with cancer.

New Bipartisan Bill to Aid Research

A new bipartisan bill in the Senate would remove barriers to research on medical cannabis. Sponsored by Senators Orrin Hatch (R-UT) and Brian Schatz (D-HI) the Marijuana Effective Drug Study Act of 2017, or MEDS Act, is cosponsored by Cory Gardner (R-CO), Chris Coons (D-DE) and Thom Tillis (R-NC). Schatz introduced a similar bill last year.

“Regulatory acrobatics can take researchers over a year if not more to complete, and the longer researchers have to wait, the longer patients have to suffer,” Hatch said in introducing the bill. “We need to remove the administrative barriers preventing legitimate research into medical marijuana.”

If enacted, the MEDS Act would accelerate the research registration process for new cannabis studies, increase the availability of cannabis research materials and require the government to issue best-practice recommendations for cannabis cultivation and manufacturing, among other provisions.

American Legion Urges VA Study Support

A stalled clinical research study on treating post-traumatic stress disorder (PTSD) in U.S. military veterans got support from the American Legion last month. The organization’s national commander, Denise Rohan, urged the head of the Veterans Administration (VA), Dr. David Shulkin, to support the federally approved study.

Rohan’s letter asks for direct involvement by VA Secretary Shulkin so that “this critical research is fully enabled.”

The Legion’s spokesman noted the VA in Phoenix has prevented Dr. Sisley from communicating with either VA staff or veterans receiving care. The researchers are seeking an additional 54 participants for the PTSD study, which they estimate will require screening between 6,000 and 8,000 veterans.

The Legion’s letter reminds Shulkin that the VA has a research mandate, and notes that many of its members have shared “very compelling” stories of how cannabis has “materially improved their health and well-being.”

ASA’s Patient Focused Certification program has upcomings trainings in three states, as well as new webinars and facebook live events. In Maryland, trainings are scheduled for next Tuesday and Wednesday, Oct. 17-18, in Fulton. Nov. 6-7 there are trainings in Philadelphia. Details are at www.safeaccessnow.org/events.

Each of the last two years, WHO committee members asked for a new evaluation of cannabis. In 2016, they set an 18-month window for gathering more information about not just cannabis but extracts and tinctures and its constituent chemicals CBD, delta-9 THC, and THC stereoisomers. A statement from the WHO Director-General recommending the

PFC Trainings and Education in Three States

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Dr. Sue Sisley, who has worked for nearly a decade to get the study going, has funding from the Colorado Department of Health and a research site near Phoenix, Arizona but has had difficulty recruiting veterans. Researchers report the Phoenix VA Health Care System has been blocking their access to the veterans who might be candidates for the study.

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PFC will be in Nashville, Tennessee October 25-27 educating advocates and regulators. Dr Marcu will show advocates how to better use PFC resources as tools for enacting legislation. PFC’s webinar (continues, page 2)

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If enacted, the MEDS Act would accelerate the research registration process for new cannabis studies, increase the availability of cannabis research materials and require the government to issue best-practice recommendations for cannabis cultivation and manufacturing, among other provisions.
Amy Mellen knew something about pain from the hormonal migraines she began experiencing in 1998. But a major car accident in 2006 ushered her into the world of severe chronic pain. After her vehicle flipped several times, she awoke in the hospital with an IV drip delivering the first of the opiate pain-killers that would come to define her life for the next eight years. Those IV narcotics were her introduction to real intoxication, since she’d never used drugs or been drunk. She left the hospital with a supply of pills that would be refilled through nine surgeries on the hand and arm she nearly lost in the accident. Then came the complications. The next 17 years would bring the total to 20 surgeries, but the turning point was another traffic incident.

Prescribed gabapentin for her pain, Amy blacked out while driving. Prior to that, she’d never had a speeding ticket, but she lost her drivers’ license as a result of that incident and realized she had to find an alternative and get off the pain meds.

In October of 2014, Amy tried smoking cannabis. After four months, she tried topical cannabis medicines. Two months of that and she began ingesting cannabis oil extracts. The oil made the difference. Soon, she was cutting back on the Baclofen, OxyContin, Effexor and Klonopin she had relied on since 2006, though she would go through detox 27 times.

“It literally changed my life,” Amy says. It not only helped control her pain, but within two months, she was shocked to discover it had reversed her Type 2 diabetes, further evidence of the role cannabinoids have regulating insulin.

Within a year, Amy had also lost over 100 pounds. Now, three years after starting cannabis therapy, she’s dropped over 200 from the 400 pounds she’d reached at her highest. That transformation has come with a sense of obligation to share her experience with others.

Amy is also lobbying for better medical cannabis policies. Originally and still a registered patient in Oregon, before her husband’s work took them to Maryland, she testified at the Oregon Health Association and before the state legislature. Once in Maryland, Amy became the second qualifying patient registered in the state and has been working to push forward implementation in the state, which has been painfully slow. Last year, Amy received an ASA scholarship to attend the National Unity Conference in Washington, D.C., where she networked with experts and other activists and, as she says, got her first dose of real advocacy, taking those new skills to Capitol Hill. From there she went to a conference in Baltimore, and then returned to Oregon as an invited participant in the Cannabis Science Conference in Portland.

“In 2011, I had a dream I’ve now had three times,” Amy says. “I was standing at a podium holding up a book about my life. I didn’t know then what it meant, but what I’m doing now is writing that story.”

### ACTION ALERT: Sign the Petition to End the Opioid Crisis

Opioids claim the lives of 91 individuals every day. With nearly 60,000 overdose deaths in 2016, 60% of which were related to prescription opioids, this is a major public health crisis in our country. Cannabis has a role in fighting that crisis, but we need President Trump to formally declare the opioid epidemic a national health emergency. Urge President Trump to make all resources available by signing ASA’s petition today! [https://safeaccess.us/TrumpEPNL](https://safeaccess.us/TrumpEPNL)

### JOIN TODAY!

![Image](https://via.placeholder.com/150)

Yes! Please accept my donation

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Phone ________________________________________________ Signature: ________________________________

Email ________________________________________________ Exp. Date:__________ CVV Security Code_______

Mail to: Americans for Safe Access, 1806 Vernon Street NW, Washington, D.C. 20009


If the WHO committee’s “pre-review” of the evidence warrants further investigation, a formal critical review process will begin that would be the basis for recommending a reclassification of cannabis. The WHO has never conducted a review of cannabis. Any recommendations for change would go to the United Nations for consideration.

You can follow ASA’s comments through the consideration process at [www.regulations.gov](http://www.regulations.gov)