



Response to *Critical Review: Cannabidiol*

Authored by Americans for Safe Access and International Medical Cannabis Patients Coalition

4 June 2018

40th Meeting of ECDD

Thank you for allowing us to address World Health Organization's Expert Committee on Drug Dependence (ECDD). We are encouraged to see the agenda of the 40th meeting of ECDD dedicated to carrying out pre-reviews of cannabis and cannabis-related substances. Americans for Safe Access (ASA), the leading medical cannabis patient advocacy organization in the United States, represents over 100,000 individuals that are using medical cannabis and the International Medical Cannabis Patient Coalition (IMCPC) represents patients from thirty four countries.

We were engaged in United Nations General Assembly Special Session on Drugs in 2016 (UNGASS) meetings where the member states reiterated their "strong commitment to improving access to controlled substances for medical and scientific purpose by appropriately addressing existing barriers." We are grateful to have the opportunity to share our experiences and offer the assistance of our international coalition to ECDD. Below you will find our review, suggestions and response to the critical review document entitled *Critical Review Cannabidiol*.

We strongly agree with the author's overall conclusion that CBD has demonstrated medical benefits and "is generally well tolerated with a good safety profile" and that "there is no evidence of recreational use of CBD or any public health-related problems associated with the use of pure CBD."

We strongly agree with the author's conclusions under *Ease of Convertibility into Controlled Substances* that there is little or no sustainable evidence of conversion of CBD into THC from any clinical studies on cannabis medicines containing CBD.

We strongly agree with the author's conclusions under *General Pharmacology*.

We agree with the author's conclusions under *Toxicology*. The potential toxic effects of CBD have been extensively reviewed with a recent update of the literature. In general, CBD has been found to have relatively low toxicity, although not all potential effects have been explored.

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We agree with the author's conclusions under *Adverse Reactions in Humans*. CBD does not produce the effects that are typically seen with cannabinoids such as THC. It also failed to produce significant effects in a human study of abuse potential discussed below. Across a number of controlled and open label trials of the potential therapeutic effects of CBD it is generally well tolerated, with a good safety profile.

We agree with the author's conclusions under *Dependence Potential*. Controlled, human studies regarding the potential physical dependence effects (e.g. withdrawal and tolerance) of cannabidiol have not been reported.

We agree with the author's conclusions under *Abuse Potential*. While the number of studies is limited, the evidence from well controlled human experimental research indicates that CBD is not associated with abuse potential.

We strongly agree with the author's conclusions under *Therapeutic Applications and Extent of Therapeutic Use and Epidemiology of Medical Use*. The clinical use of CBD is most advanced in the treatment of epilepsy. Another possible therapeutic application which has been investigated is the use of CBD to treat drug addiction. A recent systematic review concluded that there were a limited number of preclinical studies which suggest that CBD may have therapeutic properties on opioid, cocaine, and psychostimulant addiction, and some preliminary data suggest that it may be beneficial in cannabis and tobacco addiction in humans:

Russo, E. B. (2011). Taming THC: potential cannabis synergy and phytocannabinoid-terpenoid entourage effects. Br J Pharmacol, 163(7), 1344-1364. doi:10.1111/j.1476-5381.2011.01238.x

Basic and clinical research provides clear evidence that cannabidiol can provide a benefit in mental health disorders and inhibit the side effects of THC:

Leweke, F. M., et al. (2012). Cannabidiol enhances anandamide signaling and alleviates psychotic symptoms of schizophrenia. Transl Psychiatry, 2, e94. doi:10.1038/tp.2012.15

McGuire, P., et. al. (2018). Cannabidiol (CBD) as an Adjunctive Therapy in Schizophrenia: A Multicenter Randomized Controlled Trial. Am J Psychiatry, 175(3), 225-231. doi:10.1176/appi.ajp.2017.17030325

Regarding the authors conclusions on section 16 *Illicit Manufacture and Traffic and Related Information*, we suggest the committee consider discussing the enforcement activity currently underway in the United States. This information is widely available on the internet from various media outlets and ranges from the Food and Drug Administration (FDA) involvement to police raiding stores and operators to confiscate CBD products.

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Additional Resources:

ECDD40 Procedural, methodological and terminological bias. For Alternative Approaches to Addiction, Think & do tank. www.faaat.net/cannabis

International Medical Cannabis Patient Coalition (IMCPC)'s UNGASS 2016 Declaration delivered to the UN Commission on Narcotic Drugs in Vienna March 2015: <http://bit.ly/1TV0gNi>

Cannabis and Cannabis Resin - Critical Review Preparation Document 2016 prepared by the Americans for Safe Access at their National Unity Conference
https://www.safeaccessnow.org/critical_review

Testimony from WHO ECDD November 2015 Meetings:

Global Patient Populations Need International Medical Cannabis Policies to Evolve:
<http://bit.ly/1TV0G6l>

[pdf, 272kb Steph Sherer, Executive Director, Americans for Safe Access]

Cannabis, an irreplaceable botanical medicine of long standing human use <http://bit.ly/1TV0vbf>
[pdf, 50kb Michael Krawitz, Executive Director, Veterans For Medical Cannabis Access:
<http://bit.ly/1TV0vbf>]

The WHO cannabis background document: <http://bit.ly/1TV0nID>

Acknowledgments

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