AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

U.S. House of Representatives Energy and Commerce Subcommittee on Health

Hearing on "Cannabis Policies for the New Decade"

Testimony from Americans for Safe Access

January 15, 2020

Americans for Safe Access (ASA) would like to thank Chairman Pallone, Ranking Member Walden, Chairwoman Eshoo, Ranking Member Burgess, and members of the Subcommittee for holding this hearing. As the nation's largest member-based organization of patients, medical professionals, scientists, and concerned citizens working to promote safe and legal access to cannabis for therapeutic use and research, ASA is grateful for the opportunity to submit testimony regarding cannabis policy in the United States. As we enter a new decade and examine the impact of past and current policies, hearings such as this play a vital role in determining the appropriate approach to cannabis policy moving forward. While the ravages of the War on Drugs extend far beyond its effects on members of the medical cannabis community, this testimony will focus on the impact of federal law on medical cannabis patients.

California enacted the nation's first medical cannabis law in 1996. Currently, 47 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and Guam have passed laws that allow residents with a recommendation from a healthcare provider to obtain medical benefit from cannabis, and it is estimated that more than three million people now use cannabis for medical purposes.[1] At their most basic, these laws merely provide compliant patients with an affirmative defense should they be arrested for possessing cannabis oil. At their best, these laws approach the subject in a holistic and comprehensive manner to provide important civil protections, safeguard patient rights, and create robust medical cannabis programs with regulated sales channels through which patients can obtain a diverse set of products that are subject to stringent safety and quality standards and laboratory testing. Even in those states that do best at providing patients with access to medical cannabis, the conflict between state and federal law makes the status quo untenable. A comprehensive medical

[1] Americans for Safe Access. *2019 State of the States Report: An Analysis of Medical Cannabis Access in the United States*. (2019). Available from http://www.safeaccessnow.org/sos.

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cannabis program with strong patient protections, such as provisions against housing and employment discrimination, is urgently needed at the federal level.

Cannabis has been used medicinally for millennia, and it was listed in the *United States Pharmacopoeia* from the mid-1850s through the early 1940s.[2] Nevertheless, for the past 50 years, cannabis has been classified as a Schedule I substance under the Controlled Substances Act (CSA), which is predicated in part on a determination by the federal government that cannabis does not have accepted medical value. In spite of the fact that there exists conclusive or substantial evidence that cannabis and constituents thereof are effective means by which to treat chronic pain, nausea and vomiting, and persistent muscle spasms,[3] the federal government has spent five decades criminalizing those who rely on cannabis to treat debilitating conditions.

The harm resulting from this approach is staggering. Being perpetually criminalized and stigmatized by the federal government takes a physical, mental, and economic toll on the 3,000,000+ people who participate in medical cannabis programs. Those who live in federally subsidized housing risk losing their homes. Those who travel must decide whether to risk their freedom or their health. Health insurance can't be used to pay for medical cannabis or the costs of program participation (e.g., registration fees), meaning only those in medical cannabis jurisdictions who can afford to pay these expenses out of pocket on an ongoing basis are able to obtain relief. Every day, the government robs medical cannabis patients of their peace of mind. Additionally, millions of people who could improve their health and quality of life through the medicinal use of cannabis – including our nation's veterans – are denied access and are suffering needlessly.

Last year, the World Health Organization's Expert Committee on Drug Dependence recommended to the United Nations that international drug control conventions be amended to remove cannabis and cannabis resin from the category of strictest control (Schedule IV).[4] More than 30 countries have already legalized medical cannabis at the federal/national level, including both of the countries with which we share

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[2] The National Academies of Sciences, Engineering, and Medicine. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. (2017).
[3] Ibid.
[4] Adhanom Ghebreyesus, Tedros. Letter to António Guterres. 24 January 2019. TS. Available from https://www.who.int/medicines/access/controlled-substances/UNSG_letter_ECDD41_recommendations_cannabis_24Jan19.pdf?ua=1. Accessed on 14 January 2020.

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national borders.[5] In addition to complicating or frustrating seriously ill people's efforts to effectively treat their conditions, the government's practice of ignoring the reality that cannabis is effective in treating an array of chronic and debilitating conditions erodes people's trust in the federal government.

Descheduling cannabis would reduce stigma around a relatively safe and effective treatment option and set the stage for the nationwide availability of medical cannabis and preparations therefrom. Patients suffering from multiple sclerosis, epilepsy, chronic pain, and other severe, chronic, or debilitating conditions would be able to try medical cannabis originating from a licit source under an authorized healthcare provider's supervision. This would be vastly preferable to the current situation, which forces many patients to resort to using cannabis of unknown composition and quality that is sourced from illegal channels. Such cannabis is not subject to laboratory testing to determine its chemical profile and to ensure that it is not contaminated or adulterated, meaning that a lack of access to licit medical cannabis puts patients' well-being at greater risk.

Furthermore, descheduling cannabis would immediately make it easier for researchers to conduct important experiments with the same cannabis and cannabis products that patients and consumers currently obtain from dispensaries. Instead of having to rely on the University of Mississippi to provide plant material that bears very little resemblance to what is found in dispensaries, scientists would be able to work with a much wider range of products with varying chemical profiles, which could aid in the development of targeted therapies. Given that studies conducted using cannabis supplied by the University of Mississippi may not reveal the plant's full therapeutic potential, millions of people throughout the United States stand to gain from such research.

Medical cannabis patients must be able to travel between states without fear of arrest or anguish and must not otherwise be deprived of their rights. Veterans must be able to seek medical cannabis recommendations/prescriptions from VA healthcare providers. All authorized healthcare providers must be free to recommend/prescribe cannabis for any illness for which it may provide relief. Insurance companies must be able to cover medical cannabis without violating federal law. Researchers must be able to obtain the same products patients and consumers currently use in order to produce useful data.

[5] Hawryluk, Markian. "America's marijuana growers are the best in the world, but federal laws are keeping them out of global markets." *The Washington Post*, 27 December 2019. Accessed on 14 January 2020.

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The needless suffering inflicted on the millions of people who cannot access cannabis and those who have gone to or fear ending up in jail because of it is immeasurable. It is time to abandon this cruel, misguided experiment in prohibition and deschedule cannabis.

Americans for Safe Access is grateful to have been able to submit testimony on this important topic and would like to thank the members of the subcommittee again for giving us the opportunity to do so.

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ASA is the largest national nonprofit organization of patients, medical cannabis providers, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research with over 100,000 advocates in all 50 states.