Opening Statement of Republican Leader Rep. Greg Walden
Subcommittee on Health
"Cannabis Policies for the New Decade."
January 15, 2020

As Prepared for Delivery

At today's hearing, we will have the opportunity to review initiatives aimed at improving federally-sanctioned research on cannabis. Republican Leader, Burgess, Reps. Griffith, Rodgers and I sent a letter requesting this hearing last month, and I'd like to thank the Majority for responding and getting a hearing on the books in such a timely fashion.

Federally sanctioned research on cannabis is challenging. It is a Schedule I controlled substance under the Controlled Substances Act (CSA). This means that researchers seeking to investigate cannabis must work with the Food and Drug Administration (FDA), the National Institute on Drug Abuse (NIDA), and the Drug Enforcement Administration (DEA) to meet the federal requirements specified in the CSA to conduct research. In addition, international obligations set forth

in three United Nations (U.N.) drug control treaties impose requirements on the substance, impacting the supply of research-grade cannabis.

Currently, researchers can only use cannabis products sourced through the NIDA's Drug Supply Program single DEA licensee: the University of Mississippi. Unfortunately, that cannabis is distinct from what is commercially available from state-legal dispensaries, such as in my home state of Oregon, meaning that we have little to no data on the health impacts of products in states that have legalized cannabis for medical or recreational use.

In Oregon, you can purchase a range of THC infused products, like these cookies we have a photo of here.

Now everyone on the dais has a cookie in front of them that looks a lot like this photo. Don't worry, yours are just from Safeway. But how would you know if you, or a child, stumbled upon it.

That serious concern aside, in Oregon, the cookies in this photo are limited to 5mg of THC per serving. 50mg per package. Washington state has limits of 10mg and 100mg.

The difference is largely arbitrary. We lack data. We do know there have elevated numbers of cannabis-related poison center calls, emergency room visits, and impaired driving incidents.[1] We need research that reflects the reality of what's on the market.

Additionally, products containing CBD derived from the hemp plant, have become commonplace across the country in pharmacies, health food stores, and even fast food chains since hemp was removed from the CSA in the 2018 Farm Bill. These products often contain claims that they can effectively treat depression, inflammation, and even cancer or Alzheimer's. However, none of these claims have been evaluated or approved by the FDA, meaning patients may be relying on the unsubstantiated claims of CBD products and forgoing other, proven, medical treatments. While there is potential for CBD to provide real patient benefit, the research and science lags far behind the market and the agencies are struggling to catch up.

[1] https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/MARIJUANA/Documents/fact-sheet-marijuana-consequences.pdf

Nationwide, exposure in youth is increasing. From 2006 to 2013, children's exposure to marijuana products rose 147.5 percent nationwide. In states that have legalized medical marijuana, exposure has risen 610 percent.[2] And while alcohol use is going down in teens, last month NIDA reported record numbers of eighth through 12th grade students regularly vaping marijuana.[3]

We need more research and better data. Americans are consuming more cannabis and policy decisions on this substance have been made in a virtual information vacuum. States that have legalized marijuana have done so with far less information than they have on legal substances that are easily abused, such as alcohol or tobacco. Rescheduling cannabis may help improve the research landscape and allow for more medical treatments. However, administrative rescheduling necessitates robust data on potential medical uses; and the current research restrictions on fully studying cannabis have effectively created a Catch-22 in the rescheduling debate. Evaluations by the FDA and the National

[2] https://journals.sagepub.com/doi/abs/10.1177/0009922815589912
[3] https://www.nih.gov/news-events/news-releases/vaping-marijuana-rise-among-teens

Academies have both concluded that lack of research was a significant factor in denying previous rescheduling petitions.[4]

I would like to note that two of the six bills we are reviewing today completely de-schedule cannabis, removing it from the Controlled Substances Act, even though we do not have the necessary data to justify doing so. De-scheduling cannabis is a step too far and is something I cannot support, as de-scheduling removes it from the Controlled Substances Act and cuts the DEA completely out of the picture.

Any discussion of de-scheduling MUST be preceded by a fuller understanding of the potential risks associated with cannabis use – which we currently do not have. Research is the critical first step. Making it easier to conduct research on cannabis is common ground that we can pursue together in improving the state-federal marijuana policy gap, and I'm looking forward to hearing from our distinguished federal witnesses on potential solutions to help improve the research landscape.

[4] https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state