AMERICANS FOR SAFE ACCESS

RESCHEDULING CANNABIS

Why Schedule I?

Between 1840 and 1900, European and American journals of medicine published more than 100 articles on the therapeutic use of cannabis. In fact, cannabis was part of the American pharmacopoeia until 1942. After 30 years of attempts to limit, regulate, or ban the use of cannabis, the federal government decided to place the debate on hold while research was conducted. During the drafting of the Controlled Substances Act, the Assistant Secretary of Health recommended that cannabis be placed in Schedule I, the most restrictive of the schedules, pending the release of findings of the commissioned Shafer Report. When the Shafer Report, entitled *Marijuana, a Signal of Misunderstanding*, was presented to Congress, its findings were clear:

- The risks of using cannabis were minimal;
- Ingestion of cannabis did not jeopardize health;
- The use of cannabis did not lead to experimentation with other drugs;
- People who utilized cannabis did not participate in other criminal activity; and finally
- The report specifically recommended the decriminalization of marijuana for personal use.

Rather than follow any of the recommendations of the Shafer Report or even commission further research, President Nixon left cannabis in Schedule I with drugs such as heroin and LSD. Since the Shafer Report, other federally funded reports have been issued by the Institute Of Medicine in 1982 and 1999, both concluding that there is sound medical and scientific basis for using cannabis as treatment for a variety of serious or chronic medical conditions. They emphasize the need for continued research with a focus on well-designed clinical trials aimed at developing rapid-onset, reliable, and safe delivery systems.

The Rescheduling Process

Cannabis may be reclassified in one of two ways: by an act of Congress or via administrative channels. The Drug Enforcement Administration (DEA) could remove cannabis from the list of Schedule I drugs through the rulemaking process. However, the Controlled Substances Act also provides for a rulemaking process by which the general public could petition the United States Attorney General to reclassify cannabis in accordance with the relevant scientific data.

What has ASA done?

The petition to reschedule cannabis was filed in October 2002 by the Coalition for Rescheduling Cannabis (CRC). The CRC is an association of public-interest groups, individuals who use medical cannabis, and advocates who support removing cannabis from Schedule I, all led by ASA's legal department. The CRC petition strategically incorporates lessons from past procedural and political missteps and is supported by an ever-growing body of research showing, unequivocally, that cannabis has medical value. The DEA formally accepted the petition for filing on April 3, 2003, and per the provisions of the CSA referred the petition to the Department of Health and Human Services (HHS) for a full scientific and medical evaluation. July of this year marks the seventh anniversary of the pending full evaluation. It is time for HHS to quit stalling and move forward with the petition, and recommend that the DEA reschedule cannabis.

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Examples of Federal Recognition of Medical Value

- In 1978, the FDA as the result of a lawsuit established the Investigational New Drug (IND) Compassionate Access Program to supply individuals who suffered from severe or chronic illness with a monthly supply of cannabis.
- Synthetic forms of THC, the most powerful psychoactive chemical component of cannabis, are classified as Schedule III. Schedule III is reserved for drugs that exhibit medical value and have a mild potential for abuse.
- In March, the National Cancer Institute, one of 11 federal agencies under the National Institutes of Health, changed its website to include Cannabis as a Complementary Alternative Medicine, with possible benefits for people living with cancer. Specifically, the website read:

  "The potential benefits of medicinal Cannabis for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. In the practice of integrative oncology, the health care provider may recommend medicinal Cannabis not only for symptom management but also for its possible direct antitumor effect."
- In *Gonzalez v. Raich,* Justice Stevens of the US Supreme Court stated "We do note, however, the presence of another avenue of relief. As the Solicitor General confirmed during oral argument, the statute authorizes procedures for the reclassification of Schedule I drugs. But perhaps even more important than these legal avenues is the democratic process, in which the voices of voters allied with these respondents may one day be heard in the halls of Congress."
- The American Medical Association "urges that marijuana's status as a federal Schedule I substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines."
- The American College of Physicians "urges an evidence-based review of marijuana's status as a Schedule I controlled substance to determine whether it should be reclassified to a different schedule."
- The American Public Health Association "adopted a resolution […] which urged federal and state drugs laws to exclude Marijuana as a narcotic drug," and "conclude[d] that cannabis was wrongfully placed in Schedule I of Controlled Substances, depriving patients of its therapeutic potential."

What needs to be done now?

Please join ASA in supporting the CRC's petition to reschedule cannabis. Rescheduling cannabis is a conservative fix to the mess of conflicting state and federal laws that currently exist in the US. Rescheduling cannabis will provide patients with safe, reliable access to the medicine they desperately need, and will encourage the large-scale, peer-reviewed studies necessary to bring medical cannabis therapeutics to the next level.

1. In 1992, in response to an overwhelming number of applications from people suffering the effects of AIDS, President H.W. Bush closed the program to all new applicants, citing concerns that the program undermined the "war on drugs."
2. Other Schedule III drugs include ketamine, buprenorphine, hydrocodone and codeine.
3. 545 US 1 (14-15) (2005)
4. American Medical Association. Policy H-95.952.
5. American College of Physicians. Supporting Research into the Therapeutic Role of Marijuana. Philadelphia: American College of Physicians; 2008: Position Paper.
6. American Public Health Association. Resolution No. 7014 Marijuana and the Law. APHA Public Policy Statements. 1948-Present, cumulative.