Public comments to the FDA for the scheduling of marijuana

April 23, 2018

My name is David Nathan, and I am a New Jersey-based psychiatrist, educator and father of two teenage children. I am a Distinguished Fellow of the American Psychiatric Association and Clinical Associate Professor of Psychiatry at Rutgers Robert Wood Johnson Medical School. I have spoken and written extensively on the subject of marijuana policy.

Today I am writing on behalf of Doctors for Cannabis Regulation (DFCR), which is the first and only national physicians' association dedicated to the legalization and regulation of marijuana. I am the founder and board president of DFCR, which represents prominent physicians around the country, including former US Surgeon General Joycelyn Elders and integrative medicine pioneer Andrew Weil.

Although medical marijuana is already legal in 30 states, the Food and Drug Administration (FDA) has the ability to end the medically and logically indefensible classification of marijuana and 'deschedule' this oft-maligned and misunderstood plant. It can lead the world by example and recommend that the World Health Organization do the same.

Rather than placing marijuana in a less restrictive category under the current FDA scheduling regime, DFCR believes a better solution is to deschedule it entirely.

"Schedule I" is the most restrictive designation for controlled substances. It is reserved for the most dangerous, most addictive drugs with no medical value. Heroin and PCP are Schedule I drugs, and despite an overwhelming body of scientific evidence supporting its medical value and safety, so is marijuana.

Marijuana's classification as a Schedule I drug is the result of politics and ignorance rather than science. When the US Supreme Court declared the "reefer madness" era law against marijuana to be unconstitutional in 1969, the Federal Government was faced with a choice between legalization or another means of continuing the drug's prohibition. President Nixon appointed the Shafer Commission to study the health effects of marijuana and recommend a course of action. To the surprise of many, this blue-ribbon commission concluded that cannabis should *not* be included in the prohibitive Schedule I category, but rather should be regulated like alcohol, which is not scheduled at all. The commission's findings were ultimately rejected by the Federal Government, which was eager to include marijuana in its nascent "War on Drugs."

Marijuana should never have been included in the Controlled Substances Act, and today the science is clearer than ever that cannabis – like alcohol and tobacco – is best controlled when it is regulated rather than criminally prohibited.

Why? Because criminal enforcement of the prohibition of marijuana has led to worsening poverty of the impoverished, and poverty limits access to health care. Marijuana prohibition is also a contributor to wide racial imbalances in arrests, our crisis of mass incarceration, and worsening of the opioid epidemic with illegal sales of marijuana often associated with those of other drugs. And marijuana prohibition has failed in its most basic intent to prevent underage use. All of these issues are described in detail with references from the scientific literature in DFCR's Declaration of Principles.

According to the Controlled Substances Act, a Schedule I drug must meet all of three specific criteria. It must have "a high potential for abuse," "no currently accepted medical use," and "a lack of accepted safety." Marijuana does not meet *any* of these three criteria, so its inclusion in Schedule 1 is utterly indefensible.

Cannabis clearly does not share the high abuse potential associated with other Schedule I substances like heroin, or even other legal recreational substances. According to a comprehensive review by the National Academy of Sciences, cannabis's dependence liability is similar to that of caffeine (9 percent), and it is far lower than the dependence associated with other substances like alcohol (15 percent) and tobacco (32 percent).

The science is also clear that cannabis possesses an acceptable and well-understood safety profile. Unlike most drugs and even some foods (such as bananas, coffee and kombucha), cannabis possesses no known risk of lethal overdose. According to a World Health Organization review, the acute toxicity of cannabis is vanishingly low: "There are no confirmed cases of human deaths from cannabis poisoning in the world medical literature." Further, there exist numerous FDA-approved trials assessing the safety and efficacy of cannabis in various patient populations. A recent scientific review of these trials concludes: "Based on evidence currently available the Schedule I classification is not tenable. It is not accurate that cannabis has no medical value, or that information on safety is lacking."

Finally, it is simultaneously absurd and tragic to conclude that cannabis "has no currently accepted medical use in treatment in the United States." In reality, most states – including my home state of New Jersey – recognize the therapeutic use of cannabis by statute. Some of these laws have been in existence for nearly two decades, and societal support has only increased. It is now estimated that over 1.2 million Americans are using cannabis as a legal medicine under state law.

Rather than continuing to keep cannabis misplaced in Schedule I, a better option would be to deschedule it – removing it from the Controlled Substances Act completely – and regulate its commercial production and retail sale in a manner similar to alcohol or tobacco. DFCR requests the FDA to respect scientific evidence and "deschedule" rather than reschedule marijuana.

We further request that the U.S. Federal Government urge the World Health Organization to remove cannabis and its derivatives from the Single Convention on Narcotic Drugs.

DFCR thanks the FDA for considering this most important public health and social justice issue. We would be happy to discuss this question further.

Respectfully submitted,

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