

April 23, 2014

Chairman Ed Hernandez
Senate Health Committee
State Capitol Building, Room 2191
Sacramento, CA 95814

RE: SB 1262 (Correa) – Medical cannabis in pharmacies and high-CBD medicine

Dear Chairman Hernandez,

Members of the Senate Business, Professions, and Economic Development Committee asked important questions about medical cannabis during the hearing on SB 1262 this week. I am writing with additional information regarding two topics raised, in hopes that this will assist in the conversation about the bill on Wednesday, April 30.

Medical Cannabis in Pharmacies

Lawmakers often ask why medical cannabis cannot be provided in pharmacies like other medicines. The answer is that cannabis is classified as a Schedule 1 drug under federal law according to the Controlled Substances Act of 1970 (21 U.S.C. 801 *et seq.*). Schedule 1 contains drugs that are deemed to have a high potential for abuse and no accepted medical value. This classification is scientifically invalid, but efforts to reschedule cannabis under federal law have not yet succeeded.

Doctors are prohibited from writing prescriptions for drugs on Schedule 1, and pharmacies and pharmacists cannot lawfully provide them. Before medical cannabis can be available in pharmacies, federal law must be changed and approval granted by the Food and Drug Administration. This process could take many more years. It is unconscionable and inconsistent with the intent of California voters to require that medical cannabis patients wait years for relief from the symptoms of cancer, HIV/AIDS, Multiple Sclerosis, chronic pain, and other serious conditions.

THC v. CBD

Cannabinoids are a class of diverse chemical compounds in cannabis that act on cannabinoid receptors in our bodies to produce medicinal effects. There is an ongoing conversation about the two most researched cannabinoids: Tetrahydrocannabinol (THC) and Cannabidiol (CBD). Consider the facts when deciding whether or not to specify high-CBD medicine for minors:

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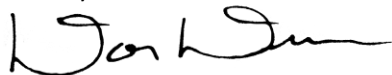
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1. THC and CBD work together. In a study published in *Medical Hypotheses* (Volume 66, Issue 2, Pages 234-246, 2006), the Authors show that CBD and THC are best used in combination. See <http://tinyurl.com/Russo-Study> for more information.
2. THC does not harm developing brains. A study purportedly linking cannabis use to lower IQ scores in children was subsequently repudiated by the same Journal in which it was published. *The Proceedings of the National Academy of Sciences* reported “that the causal effects estimated in [the previous study] are likely to be overestimates, and that the true effect could be zero... the methodology is flawed and the causal inference drawn from the results premature.” See <http://tinyurl.com/PNAS-Study> for more information.
3. Cannabis use is not linked to brain changes. National media outlets misrepresented the results of a study from the *Journal of Neuroscience*, claiming the study showed changes in the brains of casual cannabis users. The author responded, stating that “We never say that marijuana caused these changes. The media may have given that impression in headlines, but the study doesn’t show causation.” See the attached articles for a more detailed response to the media misinformation regarding the study in the *Journal of Neuroscience* (16 April 2014, 34(16): 5529-553).
4. There is no scientific consensus that CBD is better for children. Federal law has stymied clinical research on medical cannabis, but exciting new discoveries are now showing a remarkable synergy of therapeutic benefits for cannabinoids. It is premature to require only high-CBD medicines at this time.

ASA believes it is premature to specify any type of cannabis for any class of patients at this time. The decision about the type of cannabis used by minors should be left to parents and doctors until more scientific research is available.

I look forward to talking with you more before and at Tuesday’s hearing .

Thank you,



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Enc. Research gone awry, by William Dolphin
Cannabis, Breast Milk, and Development, by Jahan Marcu, Ph.D.

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