Whereas, Tetrahydrocannabinol (THC) is the primary psychoactive substance found in marijuana products, while Cannabidiol (CBD) is a chemically distinct compound found in marijuana products with no known psychoactive effects;¹ and

Whereas, CBD is not addictive and has been shown to produce anxiolytic, antipsychotic, antidepressant, and neuroproductive effects;²,³,⁴ and

Whereas, In one study, patients ages 1-30 years old with treatment resistant epilepsy had a 36.5% reduction in monthly motor seizures over a 12-week treatment period with CBD;³,⁴ and

Whereas, CBD is effective in pain management with minimal side effects, particularly in cases of multiple sclerosis and intractable cancer pain, and has been approved as a pain medication in Canada for both conditions,⁴,⁵ as well as having documented positive impacts on many neural circuits linked to addiction and drug-seeking behaviors, making it a potentially effective treatment for substance abuse disorders without significant side effects;⁵,⁶ and

Whereas, In 2016 the U.S. Food and Drug Administration granted Orphan Drug status to GW Pharmaceuticals for Epidiolex® (cannabidiol) for the treatment of Tuberous Sclerosis Complex;⁶,⁷ and

Whereas, The DEA has established a new drug code for marijuana extracts that moves all extracts “containing one or more cannabinoids that has been derived from any plant of the genus Cannabis, other than the separated resin (whether crude or purified) obtained from the plant” to a Schedule 1 drug (including CBD) DEA Schedule I drugs are defined as those with no accepted medical benefits, a high potential for abuse, or those that are not considered safe for human consumption, and Schedule 1 substances cannot be prescribed and can only be administered under federally approved research programs; 8,9,10 and

Whereas, Moving CBD to a Schedule 1 drug removes its availability to patients benefiting from these effects in states without medical marijuana and significantly slows medical research in CBD trials;11 and

Whereas, The Justice Department has installed new research proposals for medical marijuana and has asked Congress to block statutory medical marijuana protections with new appropriations language, while pursuing criminal prosecution for individuals using marijuana;12 and

Whereas, The non-psychoactive2, non-addictive3 properties of CBD address the stated concerns of the Justice Department regarding psychoactive drug use and abuse potential;12 therefore be it

RESOLVED, That our American Medical Association support the reclassification of Cannabidiol (CBD) as a non-scheduled drug. (New HOD Policy)

Fiscal Note: not yet determined

Received: 04/26/18

RELEVANT AMA POLICY:

Cannabis Legalization for Medicinal Use D-95.969
Our AMA: (1) believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis products for medical use; (2) believes that cannabis for medicinal use should not be legalized through the state legislative, ballot initiative, or referendum process; (3) will develop model legislation requiring the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. This product has not been approved by the Food and Drug Administration for preventing or treating any disease process."; (4) supports legislation ensuring or providing immunity against federal prosecution for physicians who certify that a patient has an approved medical condition or recommend cannabis in accordance with their state's laws; and (5) believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.
CSAPH Rep. 05, I-17

See also: Cannabis and Cannabinoid Research H-95.952