RESOLUTION BY THE COALITION TO DE-SCHEDULE CANNABIS

Cannabis is a natural non-toxic plant that is biologically synergistic with human health and wellness:

Whereas, Cannabis has been used as a food source and a traditional herbal medicine for thousands of years throughout the world; and,

Whereas, Cannabis in its natural form has a remarkably wide margin of safety and there have been no recorded overdose deaths by cannabis throughout centuries of human use; and,

Whereas, a 1988 government-funded study at the St. Louis University School of Medicine determined that the mammalian brain has receptor sites that respond to compounds found in cannabis. These receptors, named cannabinoid receptors turned out to be the most abundant type of neurotransmitter receptor in the brain and cannabinoids help regulate homeostasis in the body via this receptor system known as the endocannabinoid system; and,

Whereas, Cannabis in its fresh and natural form is not psychoactive, but rather a nutritious food source; and,

Whereas, Cannabis has a low risk of addiction with minor withdrawal symptomology and, in fact, can be utilized in opioid harm reduction; and,

Whereas, Cannabis was inappropriately omitted from the U.S. Pharmacopoeia in 1941 based on the reefer madness campaign that led to the passage of the Marihuana Tax Act of 1937 (Bonnie and Whitebread, 1974) that demonized the plant as a dangerous new drug; and,

Whereas, implementing the 1961 Single Convention Treaty, the United States Government arbitrarily placed cannabis into Schedule 1 (the prohibition category) of the 1970 Controlled Substances Act (CSA) perpetuating old myths and political ideology; and,

Whereas, in 1972 the "Shafer Commission" (The National Commission on Marihuana and Drug Abuse) found that marihuana (cannabis) did not meet the criteria for Schedule I placement; and,

Whereas, in a petition to Drug Enforcement Administration (DEA) to remove cannabis from Schedule I, the DEA's own Administrative Law Judge, Francis Young ruled that

cannabis did not belong in Schedule I, but the Director of the DEA rejected Judge Young's ruling¹ (Washington, DC U.S. Department of Justice, 1988); and,

Whereas, the primary psychoactive substance in Cannabis is THC and the pharmaceutical product, dronabinol (synthetic THC in sesame oil) was down-regulated from Schedule II to Schedule III of the controlled substances due to its safety and lack of diversion, and per the DEA's own rules, a plant should not be more restricted than its primary psychoactive constituent; and,

Whereas, the American Herbal Pharmacopoeia published a monograph, *Cannabis Inflorescence*, which provides cultivation and quality control standards for this herbal plant (AHP, 2013); and

Whereas, the public has been allowed to grow and use herbal plants without a prescription; and,

Whereas, as of Oct. 2020, 11 states (AK, CA, CO, IL, MA, ME, MI, NV, OR, VT, and WA) and Washington, DC allow use of cannabis by adults, and most states allow medical use of cannabis with their unique regulations, causing much confusion between state and federal laws; and,

Whereas, the prohibition of cannabis has resulted in cruel punishment to countless individuals for simply growing the plant or possessing its harvested flowers; and,

Whereas, due to the cannabis prohibition numerous non-violent individuals have been imprisoned, resulting not only in destroying their lives, but adding pain and suffering to their loved ones in their absence; and,

Whereas, the prohibition of this plant has diverted our law enforcement and their resources away from violent criminals and true criminal activities; and,

Whereas, the cannabis plant is highly beneficial to our environment when allowed to grow naturally (Clark & Pate, 1997); and

Whereas, cannabis may be an essential nutrient for those suffering from health problems caused by an endocannabinoid deficiency (Russo, 2016); and,

Whereas, 2017 NAS report finds conclusive and substantial evidence of therapeutic value for several health problems including nausea and vomiting, chronic pain, and MS related spasticity; and,

¹ Young ruled that, "Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care." Young continued with: "It would be unreasonable, arbitrary and capricious for DEA to continue to stand between those sufferers and the benefits of this substance in light of the evidence in this record."

Whereas, there are more than 22 suicides per day among our Veterans, and Veterans overwhelmingly support the use of cannabis to treat their PTS symptoms, TBI symptoms, and/or chronic pain; and,

Whereas, there are over 100 opioid overdoses everyday, and in a state comparison study, there is an almost 25% lower incidence in overdoses in states that allow for medical cannabis; and,

Whereas, this resolution is not addressing pharmaceutical alterations of concentrates, or extractions of specific cannabinoids, or the synthesis of any of the active constituents of cannabis;

Therefore be it resolved that the signers of this resolution:

- 1. Demand the end of the cannabis prohibition.
- 2. Encourage all to use this resolution to petition their state legislators and the federal government to end the cannabis prohibition.
- 3. Demand that the federal government de-schedules Cannabis to end the prohibition of this highly beneficial plant.
- 4. Support pesticide- and herbicide-free cultivation of this plant by commercial growers as well as home growers.
- 5. Demand the immediate release of those non-violent prisoners convicted of marijuana growing, possessing, or consuming charges.
- 6. Demand that the Veterans Administration covers the cost of cannabis when used by Veterans for therapeutic purposes.
- 7. Strongly encourage Medicare and Medicaid programs to cover the cost of cannabis when it is part of their treatment plan.
- 8. Strongly encourage the inclusion of ECS content in the curricula of all healthcare education institutions and require practicing healthcare professionals take a continuing education course on the ECS.

References:

American Herbal Pharmacopoeia. (2013). *Cannabis Inflorsence*. Scotts Valley, CA: American Herbal Pharmacopoeia.

Bonnie RJ & Whitebread, II, CH (1974). *The Marihuana Conviction: A History of the Marihuana Prohibition in the United States*. Charlottesville: University Press of Virginia. Clarke RC & Pate DW. (1997). Economic and environmental potential of cannabis (pp. 192-211), in *Cannabis in Medical Practice; A Legal, Historical and Pharmacological Overview of the Therapeutic Use of Marijuana*, edited by ML Mathre. Jefferson, NC: McFarland & Company, Inc.

Hanus. Lumir. O. (2007). Discovery and Isolation of Anandamide and Other Endocannabinoids. *Chemisty and Biochemistry. Vol. 4.* Pages 1828-1841.

National Academies of Sciences, Engineering, and Medicine. (2017). The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington, DC: The National Academies Press. Doi: 10.17226/24625 National Commission on Marihuana and Drug Abuse. (1972). *Marihuana: A Signal of Misunderstanding*. Washington, DC: National Academy Press.

Russo EB. (2016). Clinical endocannabinoid deficiency reconsidered: Current research supports the theory in migraine, fibromyalgia, irritable bowel, and other treatment-resistant syndromes. *Cannabis and Cannabinoid Research*. 1(1):154-165. DOI:10.1089/can.2016.0009.

Washington, DC, U.S. Department of Justice, Drug Enforcement Administration. (September 6, 1988). In the matter of marijuana rescheduling petition, Dkt. No. 86-22, opinion, recommended ruling, findings of fact, conclusion of law, and decision of administrative law judge.

Founding Signatories

Patients Out of Time, President Mary Lynn Mathre • Oaksterdam University, Executive Chancellor, Dale Sky Jones • The Silver Tour, Founder/CEO, Robert Platshorn • Coalition for Medical Marijuana New Jersey, Executive Director Ken Wolski • Cannabis Libris (M Revak & Co.) Owner/Operator, Michael Green • Takoma Wellness Center, President, Stephanie Kahn • Clover Leaf University, President and Founder, Chloe Villano • WAMM Phytotherapies, Valerie Corral • CannaKeys, Co-founder / CEO, Douglas Reil • Cannabis Patient Network, Founder, Mark Pedersen • Healer, Co-founder, Dustin Sulak • Operation EVAC, Ryan Miller • Veterans for Medical Cannabis Access, Executive Director, Michael Krawitz • Patients Without Time Maui, President, Brian Murphy • Harmony Psychiatric, Bryan Krumm • Is My Medicine Legal YET? (IMMLY), Cofounder, Gary Storck • Cannabis Nurses Network, Founding Member, CEO, Heather Manus • Society of Cannabis Clinicians, President, Stephen Robinson • Holistic Caring, Founder & CEO, Elisabeth Mack • DrugSense - Medioa Awareness Project (MAP) Inc, Executive Director, Mark Greer • Coalition for Medical Marijuana New Jersey, Board Member Lawrence Vargo • Coalition for Medical Marijuana New Jersey, Board Member Nick Mellis • Hoosier Veterans for Medical Cannabis, Inc., Organizers, Jeff STAKER • Virginians Against Drug Violence, Director (Founding), Lennice Werth • Mark Pedersen • Aunt Zelda's, Founder, Mara Gordon • Nurses For Safe Access, CEO, Linda Conforti • Veterans Cannabis Group, Aaron Augustis • California NORML, Director, Dale Gieringer • United Patients Group, Founder, John Malanca • Virginia Hemp Coalition, President, Jason Amatucci