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To whom it may concern:

We are contacting you to request that marijuana NOT be rescheduled to a lesser class of drug under the Controlled Substances Act class schedules.

For many years significant pressure from the marijuana industry has existed to reschedule marijuana to a lesser CSA schedule so that their drug may be perceived to be safer and thus become more accessible to the public. In our professional opinion, marijuana has actually become a far more potent and toxic, dangerous drug. No other drug with such a spectrum of problems would ever be rescheduled to a lower schedule.

Consistently, our professional review of the scientific literature on marijuana does not support rescheduling. IASIC has reviewed the scientific and medical research on marijuana in the following areas and has listed these resources in our library: [see www.iasic1.org/library](http://www.iasic1.org/library)

Cannabis Use Disorder and Addiction

Allergies

Amotivational Syndrome

Anesthesia

Anxiety

Cancer

Cannabis Hyperemesis Syndrome

Cardiovascular Health

Cannabidiol

Contaminants

Depression

Drug Interactions

Emergency Room Visits

Effects on the Environment

Required Labeling

Life Expectancy

Marijuana Use and Dispensaries in Youth

Medical Organization Position Statements

Memory

Motor Vehicle Accidents

Neonatal Exposure

Neurocognitive Effects

Pain and Opioid Use

Pancreatitis

Pediatric Exposures

Psychosis

PTSD

Public Health

Pulmonary Health

Schizophrenia

Seizures

Suicide

Vaping

Withdrawal

Our recent and ongoing review of the literature on the medicinal applications of marijuana strongly suggests that the **medicinal applications have been highly overstated**. If anything, the alleged medicinal applications that have been advanced by the marijuana industry are **failing** to be borne out. The major active ingredient of marijuana - Delta-9-THC- is currently available as a pure medicine by prescription as Marinol, and there is no advantage to a smoked or vaped form of the drug that would be more potent and toxic. Dispensary marijuana has hundreds of potentially physiologically active molecules and the FDA does not approve any drug as a medicine with more than one molecule. Dispensary marijuana has not been proven effective in any single medical condition.

If the decision to reschedule marijuana is to be based upon the following criteria, it **would fail** on all accounts and thus by definition **marijuana cannot be considered a “medicine” by virtue of failure to meet any of the standards required for a substance to be considered a medicine.**

1. **The drug’s actual or relative potential for abuse;**
2. **The scientific evidence of the drug’s pharmacologic effect, if known;**
3. **The state of current knowledge regarding the drug;**
4. **The drug’s history and current pattern of abuse;**
5. **The scope, duration, and significance of abuse;**
6. **The risk, if any, to public health;**
7. **The drug’s psychic or physiological dependence liability; and**
8. **Whether the drug is an immediate precursor of a controlled substance. § 811(c).**

There needs to exist detailed federal intervention for requiring clear definition and limitation of use, clear science-proven medical uses, and tightly limited THC concentrations that are **clearly** demonstrated to not be toxic. Of note, the currently available oils and vapes contain 70-90% THC, which is frankly toxic. While certainly not to be considered “safe,” a 10% concentration has lower incidence of psychosis, but even that concentration has not been tested across all proposed medical lines of therapy.

Rescheduling decreases the perception of harm in the public's view at a time when the drug is being engineered to be more potent and more addictive and consequently a greater risk to patients’ physical and mental health. As physicians, we would like to highlight the **increasing marijuana-induced psychosis, the burden of marijuana-induced vomiting, suicidality, cardio and cerebrovascular injury and automobile fatalities** which are more frequently appearing in the nation's emergency departments.

Specific Elements that compel marijuana continuing to remain in schedule I are:

- High Abuse Potential
- No compelling evidence of medicinal benefits of the crude drug over available medications
- Presence of significant harmful toxic properties
- No clearly agreed upon beneficial therapeutic dosing

As we saw with individual states' legalization and commercialization of marijuana, a decrease in perception of harm from federal rescheduling would hurt public health as the drug will falsely be seen as more benign. Again, State changes have all been driven by the marijuana industry and not the medical community.

Clear, detailed, and thorough labeling of contents, toxins, demonstrated maximum concentration, precautions, and warnings **must be required** for any preparations to be sold in the United States. Marijuana should not be treated any differently than any other pharmaceutical product. Labelling requirements and prescribing requirements should

be as detailed and specific as with **any other prescription medication.**

In summary, the leadership of the International Academy on the Science and Impact of Cannabis (IASIC) opposes the rescheduling of marijuana and urges continued scheduling as a dangerous addictive, and harmful drug of abuse.

Sincerely,



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