

Clif Notes

CONCERNS ABOUT HEMP-CBD

While it's encouraging to see that cannabidiol (CBD), a non-psychoactive component of cannabis, is getting increased recognition and acceptance for its spectrum of medical uses, we have to remember that CBD is still a Schedule I controlled substance under both Hawaii state law and current federal controlled substance regulation.

BY
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The reason CBD is a Schedule I controlled substance is because it, along with its psychoactive cousin delta-9-THC (THC), and nearly all the other naturally occurring cannabinoids, falls within a broader class of compounds known as tetrahydrocannabinols, which are still listed in state and federal Schedule I.

Those in favor of hemp like to point to the supposed "gray area" that was created when the Supreme Court (*HIA v. DEA*—2004) rejected a claim by the Drug Enforcement Administration (DEA) that they have the authority to regulate naturally occurring amounts of THC that are present in hemp-derived products such as hemp soap. As a result of this court decision, hemp producers now believe they can extract whichever cannabinoids they want from hemp and market them as so-called "dietary supplements." The reason these products are sold as dietary supplements is because if they were sold for medical use they would have to go through the very costly and time consuming FDA drug approval process.

But, let's be honest with ourselves. What is hemp-CBD being used for? Is it being used to shine shoes or wax surfboards? Obviously not. Hemp-CBD is mainly used by patients who want



to take advantage of its anti-seizure, anti-inflammatory, and anti-cancer properties.

So, aside from the obvious safety concerns surrounding the importation of hemp extracts that are not manufactured or approved for medical use, we also need to recognize the role that imported hemp-CBD can play in undermining the accepted medical use of marijuana in Hawaii. Obviously, there is a great deal of frustration regarding lack of access to standardized preparations of marijuana in Hawaii that have been formulated for specific medical conditions, a situation that can be capitalized upon by those willing to import and compound non-psychoactive cannabinoids such as CBD without state registration.

The solution for this demand is not to take advantage of the current confusion surrounding the legal status of CBD, and divert patients to products that are squelching their motivation to stand up for the accepted medical use of marijuana in Hawaii. Such



an approach only gives Big Pharma a greater opportunity to prepare for and take advantage of the eventual removal of marijuana from federal Schedule I, which will open the floodgates for the distribution of FDA approved cannabis products that will only provide financial benefit to large pharmaceutical corporations.

If patients want to retain a say in deciding which types of cannabis products for medical use are available in Hawaii, and maintain the right to produce cannabinoids in Hawaii for exclusive intra-state distribution, they need to stand up for their right to engage in the medical use of marijuana now, before it's too late.

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