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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

January 25, 2017

Senator Laura Ebke
District #32 State Capitol
PO Box 94604
Lincoln, NE 68509-4604

RE: LB 167

Dear Senator Ebke and Members of the Judiciary Committee:

The Department of Health and Human Services provides this letter in opposition to LB 167, which proposes to make cannabidiol, a component of marijuana, a Schedule V controlled substance when it is contained in a drug approved by the U.S. Food and Drug Administration (FDA).

There are a number of safety concerns related to including cannabidiol containing drugs as a Schedule V controlled substance. Every drug or chemical substance may cause interactions with other drugs and also has side effects, some may be detrimental or even life-threatening. The interaction between cannabidiol and the prescription drugs that a patient may be taking is an example of a safety concern that would arise from this change.

There are questions about how cannabidiol is best administered and in what form in relation to treatment of various disease processes. There are questions about the desirability and efficacy of this drug when the patient is addicted to legal or recreational drugs or alcohol. There are questions about the safety of the use of cannabidiol during pregnancy, in pediatrics, in adolescent populations, and in the older adult. There are questions about the safety of cannabidiol to cardiac health, to the liver, to the eyes, to reproductive health, and to oral health. These questions are real and there is not enough information to answer them with any certainty at this point in time.

Furthermore, while trying to establish a correct safe dosage, safe lengths of treatment, and best routes of administration, researchers and practitioners in states that have legalized medical marijuana have been frustrated in their research because of the ever changing chemical composition and potency of the marijuana plant through genetic manipulation.

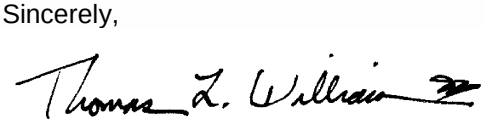
Descriptions about the relationship between marijuana, including cannabidiol, and various psychopathologies are abundant in medical literature. Anxiety, dysphoria, negative emotional responses, depression and suicidal ideation are a few, but cause and effect has not been conclusive.

The FDA has not approved any product containing or derived from botanical marijuana for any indication. This means that the FDA has not found any such product to be safe or effective for the treatment of any disease or condition. Study of marijuana, including cannabidiol, in clinical trial settings is needed to assess the safety and effectiveness of marijuana and its components for medical use.

Making cannabidiol a Schedule V controlled substance will allow health care practitioners to prescribe this drug for use by patients. Keeping the drug in Schedule I will restrict the drug to being used for research purposes because there is no accepted medical use for the drug, there is a lack of accepted safety with its use, and there is a high potential for abuse of the drug. In 2015, Senator Crawford introduced LB 390, which created the Medical Cannabidoil Pilot Study with the University of Nebraska Medical Center. This study is being conducted to collect data on the results of cannabidoil use for patients who suffer from severe and untreatable epileptic seizures. Please await these study results. Until more information is available regarding the safety and efficacy of cannabidiol, the Department of Health and Human Services is opposed to legislation that would make the drug available to the public.

Thank you for the opportunity to share these concerns.

Sincerely,



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