

Statement of Senator Dianne Feinstein

“Cannabidiol: Barriers to Scientific Research and Potential Medical Benefits”

June 24, 2015

As Delivered

Thank you very much, Mr. Chairman, and I basically agree with everything that you’ve said in your remarks.

And let me just begin with my position – I have not been a supporter of recreational marijuana use for a lot of reasons. But that’s not the purpose of this hearing, and I won’t go into it.

But I do believe that we have a responsibility to determine if cannabidiol and other marijuana-derived medicines – medicines – could have a positive long-term medical benefit.

And we should also explore the ways to allow compassionate access while simultaneously pursuing a medically-sound path forward.

I’ve heard remarkable stories from parents in California and across the country, like Tom Minahan, who you’ll hear later today, that cannabidiol has reduced seizures in children with intractable epilepsy and helped improve their quality of life.

And I think we all applaud that and want to see that continued.

I’ve heard from other constituents, like Catherine Jacobson, who after researching cannabidiol as a treatment, went to a medical marijuana dispensary to obtain it for her 6 year old son who has epilepsy.

Instead she was given plant material, not cannabidiol in any form that her son could ingest.

She later enrolled her son in GW Pharmaceutical’s Expanded Access Program. And, though his seizures decreased, his doctor believed that despite cannabidiol’s benign side effect profile, the risks of using a schedule one drug weren’t worth the benefits, and removed him from the program.

Ms. Jacobson is still trying to find a safe and reliable form of cannabidiol to treat her son, but is worried about a lack of data, the high variability in oils, dosing, and cannabidiol’s potential interaction with other medications.

All of this points toward the need for research and regulation.

Ms. Jacobson strongly believes that in dealing with epilepsy – and this is her quote – “caution must be exercised when learning about the therapeutic effects and potential risks of a new treatment.”

Now, despite promising anecdotal evidence, we actually know very little about cannabidiol because there is limited research.

And as the Chairman mentioned, what we learned was a conflict between the Department of Justice and the Department of Health which prevented that research from being done because it was a schedule one drug.

And so the letter that we wrote essentially achieved a breakthrough in that restriction. And so now the federal research can go ahead.

The positive development will ensure that privately-funded marijuana research is now treated on par with other schedule one substances.

I was also encouraged to learn that the federal government is currently funding 12 studies on the potential therapeutic benefits of cannabidiol.

But as a whole, current restrictions – particularly those related to changes in approved quantity and research protocol, as well as those limiting the cultivation of research grade marijuana to one physical location – may well inhibit that research.

In my view, with additional research, we can better understand if the apparent immediate benefits of cannabidiol outweigh any potential long-term harms.

Unfortunately, the lack of research and burdensome regulations have forced parents to rely on each other, and even social media sites like Facebook, instead of doctors, to determine whether to use cannabidiol to treat their children and if so, what the proper dosage is.

This is an untenable situation. It is not how medicine should work.

Many give their children CBD because nothing else has worked.

But they worry because these products aren't regulated or factory sealed, and often aren't even labeled.

Parents could pay up to \$2,500 for a one-month supply.

On top of that enormous cost, they must pay an additional fee to an independent lab to confirm that they received the product that was advertised.

Sometimes the lab results confirm this, and sometimes they don't. There is no consistency.

This is not acceptable. We've got to do more to ensure parents have access to safe, effective medicines for their children. And that starts with better scientific and medical research.

So, I'm very hopeful that the letter that the Chairman and I have written really allows the kind of federal as well as private research that's necessary to really form the basis, so that science and medicine can enact the proper doses, the proper uses, whether it should be prescription or not – all of that to be determined.

So, I hope today's hearing, rather than bring about emotion, will really bring about fact and science and the best path that we can follow. I think every member of the Senate would want cannabidiol, assuming it meets the research criteria, to be available on the market in a precise and scientifically regulated manner.

So, I thank you, Mr. Chairman, and I look forward to the hearing.

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