



February 27, 2019

The Honorable William P. Barr, JD
Attorney General
Office of the Attorney General
U.S. Department of Justice
Robert F. Kennedy Building
950 Pennsylvania Avenue, NW
Washington DC 20530-2001

Dear Attorney General Barr:

I am writing on behalf of the American Psychological Association (APA) to request that you take immediate action to facilitate critically needed cannabis research by evaluating the more than two dozen cannabis grower applications that have languished for over two years at the Department of Justice. APA is the largest scientific and professional organization representing psychology in the United States, with a mission to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.

The scientific community is eager to advance cannabis research on both the harmful and therapeutic effects of cannabis and its derivatives. Without access to an expanded range of cannabis products engineered under FDA-approved Good Manufacturing Practices, scientific research cannot hope to keep pace with the ever-expanding recreational and medicinal cannabis marketplace.

In August of 2016, to meet increased demand for research grade cannabis, the Drug Enforcement Administration (DEA) created an opportunity for those interested in cultivating cannabis to do so through a [formal application procedure](#). We are aware that DEA has received 26 such applications but has not yet acted upon any of them. Bipartisan letters from both the House ([April 30, 2018](#), and [September 28, 2018](#)) and Senate ([July 25, 2018](#)) sent to the previous Attorney General requesting information about the processing of the applications have gone unanswered.

Cannabis and its constituent compounds are of significant interest to [psychological scientists](#), both to those interested in use, abuse and dependence, as well as to those interested in the therapeutic potential of cannabis derivatives to treat a variety of health conditions. Many prominent psychologists participated in a [2016 Summit](#) convened by the National Institutes of Health (NIH), which focused on the neurological and psychiatric efforts of cannabis, other cannabinoids, and the endocannabinoid system. Both the adverse and the potential therapeutic effects of the cannabinoid system were discussed. The goal of the summit was to ensure that evidence-based information is available to inform practice and policy, particularly important at this time given the rapidly shifting landscape regarding the recreational and

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD



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“medicinal” use of marijuana.

More recently, the National Academies of Science released a report entitled “[The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research.](#)” The Committee on the Health Effects of Marijuana formulated four recommendations that outline priorities to inform a research agenda. The recommendations prioritize research approaches and objectives to: 1) address current research gaps, highlighting the need for a national cannabis research agenda that includes clinical and observational research, health policy and health economics research, and public health and public safety research; 2) identify actionable strategies to improve research quality and promote the development of research standards and benchmarks; 3) highlight the potential for improvements in data collection efforts and the enhancement of surveillance capacity; and 4) propose strategies for addressing the current barriers to the advancement of the cannabis research agenda.

Further, the National Institute on Drug Abuse (NIDA) recently released a report from its [Cannabis Policy Research Workgroup](#) providing recommendations to guide NIDA’s cannabis policy research agenda. The need for an expansion of cannabinoid research on many fronts is clear, but research with botanical cannabis and its derivatives is costly, cumbersome and limited by a sole source supply from NIDA’s [Drug Supply Program](#). While NIDA provides a staple catalog of cannabis products and derivatives for research, it cannot keep pace (nor should it be expected to) with the range of products available to consumers in the 10 states that have approved recreational cannabis use or the 34 states distributing cannabis products through medical dispensaries.

On July 7, 2016, NIDA published a [Request for Information](#) in order to gather information on several related topics from the research community, including: the specific marijuana varieties, strains, or constituent chemotypes that are of research interest; the marijuana constituents, products and/or preparations that are of research interest; and the particular research questions that could or would be addressed with such products.

The most consistent recommendation was to provide marijuana strains and products that reflect the diversity of products available in state dispensaries. That would include cannabis strains and hybrids with higher tetrahydrocannabinol (THC) content, more reflective of what is found in state programs (up to ~30% THC), as well as increasing the number and variety of cannabis chemotypes to include not only a range of THC concentrations, but also other cannabinoids: cannabidiol, cannabigerol, cannabinol, cannabichromene, tetrahydrocannabivarin, terpenes (e.g., linalool, terpinolene, nerolidiol, myrcene) and flavonoids with varying ratios of each to better isolate and characterize their constituent pharmacological effects.

There is also increasing demand to improve the quality of placebo cannabis because the current process for its manufacturing removes not only THC but many other compounds, including other cannabinoids as well as volatile compounds (terpenes) that contribute to the color and olfactory characteristics. A more effective placebo would better mimic the taste, smell and look of active cannabis.

In addition to botanical cannabis, scientists need an expanded range of formulations for varying routes of administration to reflect what is available in state dispensaries, including for oral, sublingual, respiratory, rectal and dermal delivery of purified and whole plant extracts along with matching placebo formulations (e.g., edibles, hash oil, budder, wax and shatter).

Psychologists are interested in studying a wide range of scientific questions that require a broader supply of cannabis products, including how the route of administration and potency influences abuse-liability, risk for cannabis use disorder, cognitive impairments, risk for psychosis, and motor vehicle impairment, as well as the potential therapeutic indications for cannabis derivatives.

There is no longer any doubt that at least some of the chemical constituents of cannabis have therapeutic benefit, and cannabinoids have been approved by the FDA for the treatment of various medical conditions. Synthetic tetrahydrocannabinol (THC, dronabinol) and a structurally similar analogue (nabilone) have been approved for use in treating anorexia associated with weight loss for patients with AIDS, and nausea and vomiting associated with cancer chemotherapy for patients who have failed to respond adequately to conventional antiemetic treatments. More recently, the FDA approved the first plant-derived (i.e., natural product, not synthesized) formulation of cannabidiol for the treatment of seizures associated with two rare and severe forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome, for patients two years of age and older.

Again, we urge you to take immediate action on the existing pool of cannabis grower applications so that our nation's scientific community can continue to expand the study of both the harmful and potential therapeutic effects of cannabis and its derivatives.

If you have any questions or need additional information, please contact Dr. Geoff Mumford, APA's Associate Executive Director for Science Government Relations, at gmumford@apa.org or 202.336.6067.

Sincerely,



Arthur C. Evans, Jr., PhD
Chief Executive Officer

cc. James W. Carroll, Jr., Director, White House Office on National Drug Control Policy
Rep. Jerrold Nadler, Chair, House Judiciary Committee
Sen. Lindsey Graham, Chair, Senate Judiciary Committee
Rep. Doug Collins
Sen. Dianne Feinstein