

# Cannabinoids and Health

Module 2

Lecture 2: Legal History

# Recreational & Medical History

- Historically, cannabis and other drugs (opium poppy; coca) have been used as medications and intoxicants
  - Early on, the distinction between medical and quasi-medical use was unclear
  - People in India had little access to physician care, and home remedies and tonics were common
- As science progressed, these distinctions became more clear
- Progress on cannabis was limited due to the lack of technology needed to turn cannabis into Western medicine
- Recently, science has progressed to a point where traditional medical formulations of cannabis have been developed

# Cannabis and Politics: 1800s

- Britain set the stage for cannabis attitudes and policies
  - Hemp important for sales, textiles etc.
  - Was not until 1830's with William B. O'Shaughnessy that THC in cannabis recognized as medically useful
- Based on relationship with India, British commissions examined the effects of opium and, with it, cannabis
- Indian Hemp Drugs Commission (IHDC)
  - Concluded moderate cannabis use is okay
  - Concluded government should take no action that could either promote use or encourage smuggling (i.e., recommended taxation, control)

# Scientific Developments in the 1800s

- Technology began to allow scientists to isolate and synthesize active ingredients (e.g., morphine, aspirin)
  - Unrefined herbal medicines/plants were overlooked in favor of these manufactured medications
  - In particular, researchers struggled to isolate the active ingredient in cannabis
  - Further, patient responses were highly variable
- Medicinal cannabis peaked in late 19<sup>th</sup> century
  - And modern medicine began to ignore cannabis
  - Because of this trend, cannabis was more easily included in later drug control efforts (e.g., because there was no resistance from the medical community)

# Ascendancy of Pharmaceuticals

- The Pharmaceutical Society in Britain supported the Pharmacy Act of 1868
  - Limited the sale and study of cannabis to pharmacists and
- Similarly, the Pharmacy Ordinance of 1872 limited the sale of cannabis in Germany to pharmacies
- As pharmacists and related professions gained prominence, the concept of “medical use” narrowed
  - Increasing acceptance that psychoactive drugs should be used only for medical purposes
  - A foundational principle of international drug control laws

# International Control (1900-1925)

- Increasing international cooperation on various matters, including drug control (particularly opium)
  - The US took a position of narrowing the definition of “legitimate use” of opium (i.e., not medical/scientific)
- In 1925, Egyptian delegate convinced other countries that hashish was “at least as harmful as opium”
  - “principle cause of most of the cases of insanity”
  - Note that this notion persists even today – google Alex Berensen
  - For the first time, cannabis came under international control
  - Treaties controlled cannabis import/export trade
  - Cannabis extracts/tinctures were also included

# International Control (1926-1961)

- Drugs continued to be smuggled through countries not involved in the treaties
  - Countries began to seek a single, consolidated treaty
- Concern over cannabis increased
  - WHO: medical cannabis had become obsolete and was rarely used by medical professionals
  - Most nations believed opium (and other psychoactive plants) should be restricted
  - By the late 1950s, medical use of cannabis was rare in most countries

# UN Convention on Narcotics (1961)

- Two competing principles
  - “drug abuse is a scourge... must limit exclusively to medical and scientific purposes the production... use of drugs”
  - “the use of psychoactive substances for medical and scientific purposes is indispensable and their availability for such purposes should not be unduly restricted.”
- Psychoactive substances were placed into schedules
  - Schedule IV + I: most restrictive (dangerous; of limited value)
  - Nations were empowered, but not required, to prohibit
- Explicitly listed cannabis and resin as Schedule IV + I
  - Tinctures listed only as Schedule I (less restrictive)
  - Many countries then moved to enact legislation



# UN Convention on Psychotropic Substances (1971)

- Set a new Schedule system (Schedule I now most strict)
  - Required parties to prohibit all use except for science
  - Very limited medical use, only by authorized persons in medical/scientific facilities under control of the government
- THC and its isomers were listed as Schedule I; CBD not listed
  - Dronabinol was moved to Schedule II in 1991

# UN Convention Against Illicit Traffic in Narcotic Drugs (1988)

- Addressed a number of issues related to trafficking
  - Laundering, asset seizure, etc.
- Required nations to make cultivation of cannabis and poppy a criminal offense
- Nations permitted to provide alternatives to punishment if offender is a drug abuser

# Cannabis Regulation in the US

- Entering the 1900s, cannabis was primarily used for medical purposes
  - Cannabis was regulated by consumer safety laws
  - Pure Food & Drug Act of 1906: required labeling the quantity of cannabis present in any product sold as food or medicine
- As immigration from Mexico increased in 1920—30s, US Gov't encouraged states to adapt “Marihuana Tax Act”
  - Criminalized unregistered and untaxed production/use
  - Non-medical use was a violation of the law

# Cannabis Regulation in the US

- Comprehensive Drug Abuse Prevention & Control Act of 1970; included the Controlled Substance Act
  - Consolidated federal drug laws to be consistent with international conventions (U.N Single Convention of 1961)
  - Made Cannabis a Schedule I Drug.
- These laws led to unusual classifications of cannabis and related compounds
  - Cannabis has no recognized evidence of medical use
  - However, isolated cannabinoids (e.g., Marinol) are scheduled apart from cannabis and available with a prescription

# Decriminalization of Cannabis

- Decriminalization: reduction of statutory penalties for use-related acts, including possession.
  - In 1972, President Nixon appointed the National Commission on Marihuana and Drug Abuse, but rejected its recommendation to decriminalizing possession.
  - About a dozen states decriminalized possession of small amounts in the 1970s (starting with Oregon in 1973).
  - Today, 21 states and D.C. have decriminalized in this way.
- Medical Cannabis Laws were first passed in 1996 (CA) and have since spread.
- Recreational Cannabis Laws first passed in 2012.

# Scheduling of Cannabis

**Table 3.1 Scheduling of cannabis and cannabinoids under UK, US, and international treaty law**

Material	Single Convention	Psychotropic Convention	UK Misuse of Drugs Regulations	UK Misuse of Drugs Act	US Controlled Substances Act
Cannabis/resin	Schedule I and IV	-	Schedule I	Schedule 2, Part II, Class B	Schedule I
Cannabis extracts/ tincture	Schedule I	-	Schedule I	Schedule 2, Part II, Class B	Schedule I
MHRA-approved extracts	Schedule I	-	Schedule 4.1	Schedule 2, Part II, Class B	Schedule I
Pure THC	-	Schedule I	Schedule 2	Schedule 2, Part II, Class B	Schedule I
Dronabinol/ $\Delta^9$ -THC	-	Schedule II	Schedule 2	Schedule 2, Part II, Class B	Schedule III
Pure CBD	-	Not scheduled	Not scheduled	Not scheduled	Schedule I
Other non-THC pure cannabinoids	-	Not scheduled	Not scheduled	Not scheduled	Schedule I

# Summary

- How “medicine” is perceived and defined by a given culture has had a lot to do with how cannabis was viewed and regulated throughout history
- Cannabis was accepted as “medicine” before modern medicine
- Since the early 1900’s regulatory bodies and medical establishment and pharmaceutical companies have maintained very strict definition of “medicine” that does not include cannabis
- Legalization efforts largely driven by individual experiences with cannabis and word of mouth and state’s need to show compassion

# Discussion Prompt

- Cannabis products in state-regulated markets do not fit the FDA heuristic for approved medications. Historically, what happened when cannabis was viewed as something not consistent with a “modern” perspective on medicine? How has that viewpoint influenced the unfolding of legalization at the state level in the last 10-20 years?
- How do you think we should define cannabis products? As medicine? Alternative medicine? Supplement? Nutraceutical?
- Should the production of cannabis “medicine” be restricted to FDA approved products and companies?