October 30, 2018

Division of Dockets Management
Food and Drug Administration
630 Fishers Ln, Rm 1061
Rockville MD 20582

Re: Docket No. FDA-2018-N-3685, 83 Fed. Reg. 50938 (October 10, 2018); International Drug Scheduling; Convention on Psychotropic Substances; Single Convention on Narcotic Drugs; ADB-FUBINACA; ADB-CHIMINACA; Cyclopropyl Fentanyl; Methoxyacetyl Fentanyl; para-Fluoro Butyrfentanyl; Tramadol; Pregabalin; Cannabis Plant and Resin; and Eight Additional Substances; Request for Comments

To Whom It May Concern:

The U.S. Hemp Roundtable appreciates the opportunity to provide comments to the Food and Drug Administration (“FDA”) concerning the abuse potential, actual abuse, medical usefulness, trafficking, and impact of scheduling changes on availability for the medical use of certain drug substances including cannabis and cannabis-related substances, which will be used by FDA to prepare a response to the World Health Organization (“WHO”) as WHO considers whether to recommend international restrictions for these substances. The comments herein are specific to Cannabidiol (“CBD”) derived from hemp and are intended to emphasize many of the points outlined in our previous comments to FDA on this matter, which are attached for your reference.

The U.S. Hemp Roundtable is the hemp industry’s national business association that represents over fifty firms from across the country – at each link of the hemp supply and sales chain – and includes the membership of all of the industry’s major national grassroots organizations. As stated in our previous comments, we again strongly urge FDA to recommend against the scheduling of hemp-derived CBD as an internationally controlled substance. CBD, whether derived from hemp or marijuana, is safe, has several health benefits, and does not meet the criteria to be a controlled substance. As discussed further below, WHO’s Expert Committee on Drug Dependence (“ECDD”) recommended against the international scheduling of pure CBD preparations at its June 2018 meeting.1 In addition,


Paid for by U.S. Hemp Roundtable, Inc., 250 West Main Street, Suite 2800, Lexington, KY 40507
www.hempsupporter.com
FDA’s recent scheduling recommendation to the Drug Enforcement Administration (“DEA”) regarding Epidiolex further confirms the low abuse and dependence potential, safety, and health benefits of CBD, which we believe is applicable to hemp-derived CBD. We also request that FDA recommend against the scheduling of other low THC cannabis extracts. There is emerging scientific evidence suggesting that cannabinoids other than CBD provide health benefits, and formulations with low or zero THC lack psychoactive properties and have low abuse and dependence potential, similar to CBD.

**Hemp-Derived CBD is Permissible Dietary Ingredient and Not Controlled Substance**

As noted in our previous comments, hemp-derived CBD is a permissible dietary ingredient under the Federal Food, Drug, and Cosmetic Act (“FD&CA”) because it falls under subsection (E) as a dietary substance for use by man to supplement the diet by increasing the total dietary intake, and/or subsection (F) as an extract of the botanical plant *Cannabis sativa L.* Further, one of the many health benefits of CBD is its ability to supplement the body’s endocannabinoid system.

Although FDA has taken the position that dietary supplements and food are precluded from containing CBD due to the clinical investigations and subsequent approval of Epidiolex, the Roundtable disagrees with the agency’s position. Under Sections 201(ff)(3)(B)(i) and (ii) of the FD&CA, if a substance is an active ingredient in a drug product that has been approved by FDA, or has been authorized for investigation as a new drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public, then the substance is not permitted for use in dietary supplements – unless the article was previously marketed as a dietary supplement or as a food. However, we contend that CBD does not fall under this preclusion because the clinical trials on CBD were extremely limited in scope and funding, and publication of these trials was also limited. In addition, we believe there is evidence that CBD was marketed as a food prior to the drug approval and the institution of substantial clinical investigations involving Epidiolex. For these reasons, it is our position that CBD is a permissible dietary ingredient under the FD&CA.

With regard to the status of hemp-derived CBD under the Controlled Substances Act (“CSA”), hemp-derived CBD sourced from either the excluded portions of the *Cannabis Sativa L.* plant, or from industrial hemp cultivated under the 2014 Farm Bill and below 0.3% THC, is not a controlled substance and not subject

---

2 “Dietary supplement” means as a product intended to supplement the diet that contains one or more of the following dietary ingredients: (A) a vitamin; (B) a mineral; (C) an herb or other botanical; (D) an amino acid; (E) a dietary substance for use by man to supplement the diet by increasing the total dietary intake; or (F) a concentrate, metabolite, constituent, extract, or combination of any ingredient described in clause (A) through (E). 21 U.S.C. § 321(ff)(1).


4 FDA, Warning Letters and Test Results for Cannabidiol-Related Products (last updated Nov. 2, 2017), available at https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm484109.htm; see also s, FDA and Marijuana: Questions and Answers (last updated June 25, 2018), https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421168.htm#dietary_supplements.

5 21 USC §§ 321(ff)(3)(B)(i) and (ii).

6 The definition of “marihuana” includes “all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin. Such term does not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination. (emphasis added) 21 U.S.C. § 802(16).
to the CSA. This interpretation of the CSA is also supported by the United States Court of Appeals for the Ninth Circuit. And as FDA is likely aware, the U.S. Congress is currently considering legislation that would amend the CSA and permanently remove all parts of the hemp plant from the definition of “marihuana.”

FDA Agrees that CBD Should Not be a Controlled Substance

Regardless of the source material, i.e., whether CBD is derived from an exempted plant part or industrial hemp, CBD does not meet the qualifications for scheduling under the CSA. In its scheduling recommendation to DEA regarding Epidiolex, FDA concluded that CBD and its salts “do not have a significant potential for abuse and could be removed from control under the CSA.” After a thorough scientific review and analysis, FDA found that:

- “There is little indication that CBD has abuse potential or presents a significant risk to the public health.”
- “No evidence for a classic drug withdrawal syndrome for CBD, and no evidence that CBD causes physical or psychic dependence.”
- “CBD does not appear to have abuse potential under the CSA.”
- “There is no signal for the development of substance use disorder in individuals consuming CBD-containing products.”
- “It is unlikely that CBD would act as an immediate precursor to THC for abuse purposes.”

Of note, after being advised by the DEA that federally de-scheduling CBD altogether would violate international treaty obligations, FDA recommended that CBD be placed in the least restrictive category, Schedule V. However, FDA further stated that CBD could be de-scheduled in the future if its treaty obligations no longer require control of CBD. A recent report from WHO’s ECDD reaches many of the same conclusions and also recommends against international scheduling of CBD.

WHO Critical Review Report of CBD Recommends Against Scheduling

Following the 40th meeting of WHO’s ECDD in June 2018, the committee recommended that preparations considered to be pure CBD not be placed under international drug control, as the substance was not found to have psychoactive properties and presents no potential for abuse or dependence. Specifically, the committee’s critical review report concluded that CBD does not demonstrate any abuse or dependence.

---

7 Section 7606 of the Agricultural Act of 2014 defines “industrial hemp” as the plant Cannabis sativa L. and any part of such plant, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis. 7 U.S.C. § 5940(b)(2).
8 Hemp Industries Assn. v. Drug Enforcement Admin., 333 F.3d 1082, 1085 (9th Cir. 2003); Hemp Industries Assn. v. Drug Enforcement Admin., 357 F.3d 1012 (9th Cir. 2004).
potential, and that emerging evidence suggests that CBD may be useful for a number of other conditions.\(^{12}\) The report also found that CBD is well tolerated and safe, with no evidence of recreational use or any public health-related problems associated with the use of pure CBD.\(^{13}\)

While the report references “pure CBD” formulations such as Epidiolex, its conclusions are equally applicable to hemp-derived CBD. Most hemp-derived CBD products contain zero, or only a negligible amount of THC, the psychoactive component of cannabis, and therefore hemp-derived CBD products do not produce a “high” or the intoxicating effects associated with THC. Likewise, it does not have the potential for abuse or dependence, and there is no potential for diversion.

**CBD is Safe, Beneficial to Health, and Important for the Economy**

As described above and detailed in the attached comments, studies have consistently demonstrated that hemp-derived CBD is safe with little or no side effects, even at high dosages.\(^{14}\) In addition, a growing body of scientific research demonstrates CBD’s potential benefits for a wide range of health conditions, including mild, self-treating conditions in otherwise healthy people.\(^{15}\) Given CBD’s potential to improve public health, international scheduling would serve as an impediment to further scientific research into the benefits for both healthy and non-healthy populations.

Finally, removing CBD from international scheduling would also encourage the international trade, manufacture, and availability of hemp-derived CBD products in the U.S. For U.S. growers of hemp, improperly scheduling CBD would create unnecessary obstacles and would also slow the development and marketing of hemp-derived CBD products in the U.S., which we believe to be a significant contributor to the economy.

\*  \*  \*

In closing, given that both FDA and WHO have recognized the safety, health benefits, and lack of abuse potential regarding CBD, we once again urge FDA to recommend against the scheduling of CBD, including hemp-derived CBD, in its evaluation to WHO. In addition, FDA should also recommend against the scheduling of other low THC cannabis extracts given their promising health benefits and low abuse and dependence potential.

Thank you for the opportunity to comment on this matter, and we would be happy to answer any questions or discuss our comments with the agency in more detail.

---

\(^{12}\) WHO CBD Critical Review at 5.
\(^{13}\) Id.
Respectfully submitted,

Directors of the U.S. Hemp Roundtable:
Brian Furnish, President, Ananda Hemp, Cynthiana, KY  
George Blankenbaker, Vice President, Real Hemp, Indianapolis, IN  
Steve Bevan, Secretary, GenCanna Global, Winchester, KY  
Josh Hendrix, Treasurer, CV Sciences, San Diego, CA  
Brandon Beatty, Bluebird Botanicals, Broomfield, CO  
Brent Brunner, Koi CBD, Norwalk, CA  
Graham Carlson, CW Hemp, Boulder, CO  
Christian Cypher, Alliance One International, Raleigh, NC  
Mike DeGiglio, Village Farms, Fort Davis, TX  
Gabriel Ettenson, Elixinol, Broomfield, CO  
Ola Lessard, Barlean’s, Ferndale, WA  
Tracy Miedema, Presence Marketing, Seattle, WA  
Jason Mitchell, MetaCan, Roswell, GA  
Vince Sanders, American Shaman, Mission, KS  
Satinder Singh, Isodiol, San Diego, CA  
Scott Sozio, Van Dyke Holdings, Orlando, FL  
Dylan Summers, Lazarus Naturals, Portland, OR  
Steven Thompson, Zilis, Plano, TX  
Jeff Williams, Williams Ranch Company, Fort Stockton, TX  

Counsel to the U.S. Hemp Roundtable:  
Jonathan Miller, General Counsel, Frost Brown Todd, Lexington, KY  
Rend Al-Mondhiry, Senior Counsel, Amin Talati Upadhye, Washington, DC  

Enclosure
April 23, 2018

Division of Dockets Management
Food and Drug Administration
5630 Fishers Ln, Rm 1061
Rockville MD 20582

Re: Docket No. FDA-2018-N-1072-0001, 83 Fed. Reg. 15155 (April 9, 2018); International Drug Scheduling; Convention on Psychotropic Substances; Single Convention on Narcotic Drugs; Cannabis Plant and Resin; Extracts and Tinctures of Cannabis; Delta-9-Tetrahydrocannabinol; Stereoisomers of Tetrahydrocannabinol; Cannabidiol; Request for Comments

To Whom It May Concern:

The U.S. Hemp Roundtable appreciates the opportunity to provide comments to the Food and Drug Administration (“FDA”) on the use of cannabis and cannabis-related substances, which will be used by the FDA to prepare a scientific and medical evaluation in response to the World Health Organization’s (“WHO”) request for comments for its upcoming 40th Expert Committee on Drug Dependence (“ECDD”). Specifically, the FDA is requesting comments concerning the abuse potential, actual abuse, medical usefulness, trafficking, and impact of scheduling changes on availability for medical use of the following substances: Cannabis plant and resin; Extracts and tinctures of cannabis; Delta-9-Tetrahydrocannabinol (“THC”); Stereoisomers of THC; Cannabidiol (“CBD”). WHO intends to use this information to consider whether to recommend certain international restrictions for these substances.

The U.S. Hemp Roundtable is the hemp industry’s national business association that represents over thirty firms from across the country – at each link of the hemp supply and sales chain – and includes the ex officio membership of the industry’s major grassroots organizations. Although our comments include some discussion of the safety and efficacy of CBD generally, our comments are intended to focus primarily on hemp-derived CBD and its legality.

We write to strongly urge FDA to recommend against the scheduling of hemp-derived CBD as an internationally controlled substance. As explained below, CBD
derived from hemp is not a controlled substance and has many medicinal and non-medicinal uses. We further urge FDA to include in its evaluation the evidence demonstrating the low abuse and dependence potential, safety, and health benefits of hemp-derived CBD – all of which were recognized by WHO in its recent report on CBD and have been confirmed by the totality of scientific evidence on CBD.\footnote{CANNABIDIOL (CBD) Pre-Review Report, Agenda Item 5.2, Expert Committee on Drug Dependence Thirty-ninth Meeting Geneva, 6-10 November 2017 (“WHO CBD Report”), available at: \url{http://www.who.int/medicines/access/controlled-substances/5.2_CBD.pdf}.}

**Hemp-Derived CBD is Not Controlled as a Schedule I Substance Under the CSA**

Although the Drug Enforcement Agency ("DEA") has listed both “Tetrahydrocannabinol” ("THC") and “Marihuana” as Schedule I controlled substances under the Controlled Substances Act ("CSA"), hemp-derived CBD does not fall under the CSA.

The CSA expressly excludes various portions of the *Cannabis sativa* L. plant and defines "marihuana" as follows:

> [A]ll parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin. Such term does not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination.\footnote{21 U.S.C. § 802(16).}

(emphasis added)

This interpretation of the CSA is also supported by two cases decided by the United States Court of Appeals for the Ninth Circuit.\footnote{Hemp Industries Assn. v. Drug Enforcement Admin., 333 F.3d 1082, 1085 (9th Cir. 2003); Hemp Industries Assn. v. Drug Enforcement Admin., 357 F.3d 1012 (9th Cir. 2004).} Thus, while CBD found in marijuana is currently considered a Schedule I controlled substance, CBD derived from source material other than marijuana would not fall under the CSA. Therefore, CBD derived from industrial hemp and CBD found anywhere else in nature (i.e., flax seeds)\footnote{https://www.ncbi.nlm.nih.gov/pubmed/22706678.} are not subject to the CSA.

In addition, Section 7606 of the Agricultural Act of 2014\footnote{https://hempsupporter.com/wp-content/uploads/2018/02/2014-Famr-Bill-7606.pdf.} defines “‘industrial hemp’” as the plant *Cannabis sativa* L. and any part of such plant, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis. Section 7606 also permits the growth, cultivation, and marketing of industrial hemp by states with an Industrial Hemp Research Pilot Program or via an institution of higher education. Furthermore, industrial hemp that is grown and distributed pursuant to Section 7606 is specifically exempted from the CSA. This law permits the use of any part of such plant, and therefore hemp-derived CBD falls under this definition so long as it meets the 0.3 concentration limit for THC.

**Hemp-Derived CBD Meets FDA’s Definition of “Dietary Ingredient”**
With regard to the FDA’s regulation of hemp-derived CBD, the Federal Food, Drug, and Cosmetic Act (“FD&CA”) defines a dietary supplement in Section 201(ff) as a product intended to supplement the diet that contains one or more of the following “dietary ingredients”:

(A) a vitamin;
(B) a mineral;
(C) an herb or other botanical;
(D) an amino acid;
(E) a dietary substance for use by man to supplement the diet by increasing the total dietary intake; or
(F) a concentrate, metabolite, constituent, extract, or combination of any ingredient described in clause (A) through (E). 6

Thus, we believe that hemp-derived CBD falls under subsection (E) as a dietary substance for use by man to supplement the diet by increasing the total dietary intake, and/or subsection (F) as an extract of the botanical plant Cannabis sativa L. As discussed below, one of the many health benefits of CBD is its ability to supplement the body’s the endocannabinoid system. 7

Although the FDA has taken the position that dietary supplements and food are precluded from containing CBD, 8 the Roundtable disagrees with the agency’s position. Section 201(ff)(3)(B)(ii) of the FD&CA excludes from the definition of dietary supplement “an article authorized for investigation as a new drug…for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public,” unless the article was previously marketed as a dietary supplement or as a food. 9 However, we contend that CBD does not fall under this preclusion because the clinical trials on CBD were extremely limited in scope and funding, and publication of these trials has also been limited. Further, to date, no drug with CBD as an active ingredient has been approved by FDA. Therefore, it is our position that CBD is a permissible dietary ingredient under the FD&CA.

CBD Does Not Meet the Qualifications for Scheduling Under the CSA

Regardless of the source material, i.e., whether CBD is derived from an exempted plant part or industrial hemp, it is important to note that CBD fails to meet the qualifications for scheduling under the CSA. In determining into which schedule a drug or other substance should be placed, or whether a substance should be decontrolled or rescheduled, the CSA requires that certain factors be considered, which are listed in Section 201 (c) of the CSA:

---

8 FDA, Warning Letters and Test Results for Cannabidiol-Related Products (last updated Nov. 2, 2017), available at https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm484109.htm; see also FDA, FDA and Marijuana: Questions and Answers (last updated Aug. 15, 2017), https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421168.htm#dietary_supplements.
(1) Its actual or relative potential for abuse.
(2) Scientific evidence of its pharmacological effect, if known.
(3) The state of current scientific knowledge regarding the drug or other substance.
(4) Its history and current pattern of abuse.
(5) The scope, duration, and significance of abuse.
(6) What, if any, risk there is to the public health.
(7) Its psychic or physiological dependence liability.
(8) Whether the substance is an immediate precursor of a substance already controlled under this subchapter. ¹⁰

As demonstrated by the evidence noted below, CBD – in particular, hemp-derived CBD – does not meet any of the required factors for scheduling under the CSA.

**Abuse Potential and Actual Abuse of CBD**

Because most hemp-derived CBD contains zero, or only a negligible amount of THC, the psychoactive component of cannabis, hemp-derived CBD products do not produce a “high” or the intoxicated effects associated with THC. Moreover, because CBD is non-psychoactive, it does not have the potential for abuse or dependency, and there is no potential for diversion.

A recent evaluation of CBD prepared by WHO’s ECDD following its 39th Meeting (“WHO CBD Report”) considered the pharmacology, toxicology, adverse reactions in humans, dependence potential, and abuse potential of CBD.¹¹ While there have been no controlled human studies investigating the potential physical dependence effect of CBD, an animal study found that no tolerance to CBD was observed at any dosage.¹² However, a review of acute and chronic studies in humans also found no tolerance to CBD.¹³ The WHO CBD Report also notes that “there are no cases of abuse or dependence related to the use of pure CBD.”¹⁴

Unlike THC, CBD shows a low affinity for the two primary cannabinoid receptors in the body, CB1 and CB2, which may explain why CBD does not exhibit the psychoactive effects associated with THC.¹⁵ Further, both

¹¹ WHO CBD Report.
¹⁴ Id. at 19.
animal and human studies confirm the low abuse potential of CBD. Even at high doses, CBD did not exhibit the same effects in the brain as drugs with high abuse potential such as cocaine, methamphetamine, and opioids. Additional animal studies found that CBD failed to exhibit the same effects in the brain as THC.

In a randomized, double-blind, placebo-controlled trial of healthy volunteers, 600 mg of CBD did not produce subjective levels of intoxication or psychotic symptoms, in contrast to THC. Likewise, a study found that CBD acted like placebo on various performance and physical measures when compared to active smoked cannabis, the latter of which produced abuse-related subjective effects. Of note, research suggests that CBD may provide support for addiction disorders. Therefore, not only does CBD have a low potential for abuse and addiction, emerging research suggests that it may actually promote public health by countering some of the negative effects associated with addiction. The WHO CBD Report also found that “there is no evidence of recreational use of CBD or any public health-related problems associated with the use of pure CBD.” Also notable is the recent decision by the World Anti-Doping Agency (“WADA”) to remove CBD from its prohibited substances list, although THC will remain on the list. WADA considered the effects on athletes and benefits that athletes may obtain from the use of CBD and found that CBD has no addictive property that would be detrimental to the athletes, and therefore it did not meet the criteria for prohibited substances.

**Trafficking of CBD**

The WHO CBD Report notes that currently there are no published statistics or data available regarding the seizure of illicit CBD. Although the regulation of CBD around the globe varies, several countries permit CBD products for medicinal purposes and some exempt CBD derived from industrial hemp from scheduling if the content of THC is below 0.3 percent. Even in countries where CBD falls under a legal “gray” area, the trafficking of CBD is highly unlikely given that it lacks the characteristics of illicit substances that are often


21 WHO CBD Report at 5.


24 *Id.* at 20.

25 CHTA Report at 11-12.
subject to illegal trade and trafficking. Individuals that seek out CBD do so primarily for its health benefits and because it does not exhibit the psychoactive effects associated with THC.

**Health Benefits and Safety of CBD**

Current scientific research confirms that hemp-derived CBD is safe and has provided health benefits to thousands of consumers around the world with little or no side effects. We are also not aware of any serious adverse events associated with CBD domestically or globally. While most of the evidence regarding the safety and efficacy of CBD is focused on disease populations – which is typical of dietary supplement research – more importantly, the evidence clearly demonstrates the overall safety of CBD and its vast potential for healthy and non-healthy populations alike. As the FDA is aware, dietary ingredients can be legally marketed (and studied) as drugs, food, or dietary supplements; the key consideration is the intended use of the product as reflected in the labeling claims, rather than the use of disease endpoints in studies investigating these ingredients.

A growing body of scientific research demonstrates CBD’s potential benefits for a wide range of health conditions, including mild, self-treating conditions in otherwise healthy people. Research indicates that CBD provides neuroprotective benefits, can help support a healthy inflammation response, and supports and maintains the endocannabinoid, cognitive, nervous, digestive, and immune systems (among others), which demonstrate its many health benefits. In particular, CBD may also be effective for less serious issues such as nausea, occasional pain and discomfort, and mild anxiety and stress. Clinical evidence has found that CBD may be an effective and well-tolerated for more serious medical conditions as well. Moreover, CBD was found to be better tolerated, had milder side effects, and had comparable efficacy when compared to conventional medical treatment. Studies have also found that CBD may counteract some of the side-effects associated with THC.

---

26 21 C.F.R. §§ 201.128 and 801.4, define intended use to refer to the “objective intent” of the manufacturer, which includes “labeling claims, advertising matter, or oral or written statements.”
With regard to safety, the WHO CBD Report determined that “CBD is generally well tolerated with a good safety profile.”\textsuperscript{32} In an early pilot study in humans, 10 mg of oral CBD for 21 days showed no significant change in neurological, clinical, mental, blood and urine examinations.\textsuperscript{33} Another early study in humans examined the administration of 3mg/kg body weight on a weekly basis for 30 days and demonstrated similar results.\textsuperscript{34} Since then, additional studies of CBD in humans have confirmed its excellent safety profile in both healthy and diseased populations at a variety of doses. In 2011, a comprehensive review of the safety and side effects of CBD showed that even at very high doses, this substance shows no toxicity and is well tolerated without significant side effects. In a total of 132 reviewed publications, CBD did not induce catalepsy or affect factors such as heart rate, blood pressure, body temperature, gastrointestinal transit, nor did it alter psychomotor and cognitive functions.\textsuperscript{35} Even at dosages of up to 1,500 mg per day, CBD was found to be well tolerated in humans.\textsuperscript{36}

A more recent scientific review, published in 2017, confirms the safety and relatively low toxicity of CBD for a number of conditions without serious side effects.\textsuperscript{37} In addition, a review of studies on CBD’s benefits for measures of behavioral health showed a positive effect and an absence of side effects.\textsuperscript{38} Studies also suggest that CBD can help support healthy withdrawal and in some cases speed the progression of withdrawal, without any side effects.\textsuperscript{39} The 2017 review also noted that of the available trials performed until September 2016, the side effects of CBD “were generally mild and infrequent,” with some subjects reporting side effects such as tiredness, diarrhea, and weight loss/weight gain.\textsuperscript{40} As demonstrated above, the scientific literature clearly demonstrates that CBD is a safe and medically useful option, especially for healthy populations.

\textsuperscript{32} WHO CBD Report at 5.
Impact of Scheduling Changes on Availability

As noted above, the regulation of CBD around the globe varies, and most countries permit CBD products for medicinal purposes. In fact, many are currently seeking to ease restrictions on CBD products, such as hemp-derived CBD, in recognition of its benefits and safety, especially given that THC is only present in trace amounts.\textsuperscript{41} As a result of this evidence regarding the benefits of CBD, seventeen states in the U.S. have enacted laws that legalized therapeutic uses of CBD.\textsuperscript{42} Some state legislatures in the U.S. have also enacted laws that allow residents to buy, sell and possess CBD, so long as the products meet labeling requirements and contain no more than 0.3 percent THC.\textsuperscript{43}

Thus, the classification of CBD as a controlled substance by WHO would create unnecessary obstacles to the international trade, manufacture, and availability of hemp-derived CBD products and disadvantage researchers and consumers alike. While statistics are not readily available, it is estimated that US sales of products containing CBD were over $100 Million in 2017, with a likely doubling of that in 2018. The economic impact of improperly scheduling CBD would be significant to US growers, processors and those developing and marketing hemp-derived CBD products.

\* \* \*

In closing, given that hemp-derived CBD is not a controlled substance under CSA and has tremendous potential to improve public health, the international scheduling of CBD would serve as an impediment to research and development purposes. Again, we urge FDA to recommend against the scheduling of CBD in its evaluation to WHO and recognize the safety and benefits of CBD both in the U.S. and internationally.

We thank FDA for the opportunity to comment on this matter and would be happy to answer any questions or discuss our comments with the agency in more detail.

Respectfully submitted,

Directors of the U.S. Hemp Roundtable:

Brian Furnish, President, Ananda Hemp, Cynthiana, KY
George Blankenbaker, Vice President, Real Hemp, Indianapolis, IN
Steve Bevan, Secretary, GenCanna Global, Winchester, KY
Josh Hendrix, Treasurer, CV Sciences, San Diego, CA
Brandon Beatty, Bluebird Botanicals, Broomfield, CO
Graham Carlson, CW Hemp, Boulder, CO
Christian Cypher, Alliance One International, Raleigh, NC
Gabriel Ettenson, Elixinol, Broomfield, CO
Vince Sanders, American Shaman, Mission, KS
Satinder Singh, Isodiol, San Diego, CA
Steven Thompson, Zilis, Plano, TX

\textsuperscript{41} WHO CBD report at 20-21.
\textsuperscript{42} National Organization for the Reform of Marijuana Laws, List of States with Medical CBD Laws, available at: \url{http://norml.org/laws}.
\textsuperscript{43} See, e.g., Indiana Senate Enrolled Act No. 52.
Jeff Williams, Williams Ranch Company, Fort Stockton, TX

Counsel to the U.S. Hemp Roundtable:

Jonathan Miller, General Counsel, Frost Brown Todd, Lexington, KY
Rend Al-Mondhiry, Senior Counsel, Amin Talati Upadhye, Washington, DC