

United States Senate

WASHINGTON, DC 20510

December 11, 2019

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable James W. Carroll
Director
Office of National Drug Control Policy
750 Seventeenth Street, N.W.
Washington, D.C. 20503

The Honorable Uttam Dhillon
Acting Administrator
U.S. Drug Enforcement Administration
8701 Morrisette Drive
Springfield, Virginia 22152

Dear Secretary Azar, Director Carroll, and Acting Administrator Dhillon:

We write to inquire about your respective agencies' ongoing efforts with regard to scientific research on the potential health and therapeutic benefits of marijuana when used for medical purposes ("medical marijuana"). In light of the Drug Enforcement Administration's (DEA) most recent announcement that it will issue additional marijuana manufacturing licenses for research purposes — an announcement that comes three years after a similar yet unfulfilled DEA commitment — we are also requesting written guidance on how the DEA will make these licenses available to qualified researchers in a timely manner.¹

Several of us wrote to your respective agencies in December 2015 and June 2016 to request detailed information regarding medical marijuana research and highlight the federal government's unique responsibility to coordinate these efforts.² Since we last wrote, an additional eight states have legalized marijuana for medicinal purposes, bringing the national total to thirty-three states plus the District of Columbia.³ More than fifty-nine percent of Americans now believe marijuana use should be legal, and this number continues to grow.⁴ To

¹ United States Drug Enforcement Administration, "DEA announces steps necessary to improve access to marijuana research," August 26, 2019, <https://www.dea.gov/press-releases/2019/08/26/dea-announces-steps-necessary-improve-access-marijuana-research>.

² Letter from Senator Elizabeth Warren et al. to Drug Enforcement Administration, Department of Health and Human Services and Office of National Drug Control Policy, December 21, 2015, https://www.warren.senate.gov/files/documents/2015-12-21_Letter_to_HHS_ONDCP_DEA.pdf; Letter from Senator Elizabeth Warren et al. to Drug Enforcement Administration and Department of Justice, June 23, 2016, https://www.warren.senate.gov/files/documents/2016-6-23_Letter_to_DOJ_and_DEA_on_rescheduling.pdf.

³ Pew Research Center, "6 facts about marijuana," A.W. Geiger and John Gramlich, November 22, 2019, <https://www.pewresearch.org/fact-tank/2019/06/26/facts-about-marijuana/>.

⁴ *Ibid.*

date, eleven states allow for the legal recreational adult-use of marijuana, and more than a dozen states have passed laws specifically allowing for access to cannabidiol.⁵

While millions of Americans are now lawfully able to use marijuana for recreational and medicinal purposes, there remains limited research on its therapeutic benefits. With an ever-growing number of Americans consulting their doctors about marijuana treatment options for conditions such as chronic pain, post-traumatic stress disorder, and terminal illnesses, it is imperative that your agencies make a concerted effort to improve our understanding of cannabis, its potential health benefits, and its health risks.

Several barriers, many of which have existed for decades, continue to limit this critical research. Under the Controlled Substances Act of 1970, marijuana remains a Schedule I substance, alongside dangerous and lethal substances such as heroin and methamphetamine; meanwhile, substances such as cocaine and Oxycontin are Schedule II substances. Marijuana's Schedule I classification as a drug with "no currently accepted medical use and a high potential for abuse," is, in itself, a significant barrier to conducting research.⁶ Hampering these research opportunities and discouraging qualified, independent researchers attempting to conduct studies on the benefits of medical marijuana is detrimental to states that wish to thoughtfully implement their own marijuana laws. This research is crucial to developing a thorough understanding of medical marijuana and would be invaluable to doctors, patients, and lawmakers across the nation.

We appreciate the DEA's recent actions to begin to close this gap in knowledge and lack of access for qualified researchers and welcome its August 2019 announcement pledging to issue additional marijuana manufacturing licenses for research purposes. To better understand both the DEA's decision-making, as well as its work in conjunction with the U.S. Department of Health and Human Services (HHS) and Office of National Drug Control Policy (ONDCP) to expand medical marijuana research, we request answers to the following questions:

1. The DEA is responsible for issuing permits for the bulk manufacturing of marijuana for research and scientific purposes. The DEA recently issued notice of pending applications in order to increase the variety of marijuana available for these purposes.
 - a. As of today, how many pending applications are currently awaiting DEA consideration?
 - b. How many of these applications does the DEA expect to approve?
 - c. How many of these applications have been withdrawn?
 - d. What is the timeline for DEA to act on these applications?

2. In the past, ONDCP and DEA have suggested that the current supply of marijuana for research purposes was not a significant barrier.⁷ Please provide detailed information on the current supply of marijuana, including a breakdown of all strains, amounts available in each strain, amount of each strain researchers have requested, and the amount of each

⁵ *Ibid.*

⁶ Drug Enforcement Administration, "Drug Scheduling," <https://www.dea.gov/drug-scheduling>.

⁷ Letter from Senator Elizabeth Warren et al. to Drug Enforcement Administration, Department of Health and Human Services, and Office of National Drug Control Policy, December 21, 2015, https://www.warren.senate.gov/files/documents/2015-12-21_Letter_to_HHS_ONDCP_DEA.pdf

strain that is in surplus. How many new strains of marijuana does the DEA hope to gain access to the supply of through its August notice?

3. Marijuana is currently classified as a Schedule I drug, which, according to DEA and HHS, means it has “no currently accepted medical use and a high potential for abuse.” Under the authorities outlined under the Controlled Substances Act, does DEA or HHS have plans to review the scheduling of marijuana?
4. Please describe the application process for qualified researchers who wish to conduct research using marijuana. How do your agencies plan to work together to encourage qualified research applicants to grow marijuana for research purposes?
5. Many states that allow for the medicinal use of marijuana, including Massachusetts, permit physicians to prescribe it for the treatment of chronic pain. Do your agencies have any plans to support research on the use of marijuana for the treatment of chronic pain, particularly as a treatment alternative to opioids?

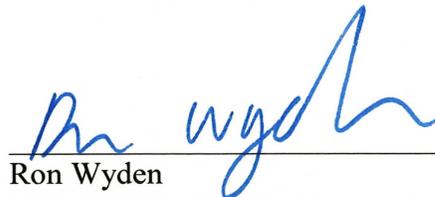
With millions of American adults having access to recreational marijuana and a growing number seeking the drug for medicinal purposes, the federal government is not providing the necessary leadership and tools in this developing field. Evidence-based public policy is crucial to ensuring our marijuana laws best serve patients and health care providers. Federal agencies have a unique opportunity to collaborate with one another to expand our nation’s understanding of marijuana’s potential to create safe and effective therapies. We respectfully request that you provide responses to these questions no later than January 10, 2019.

We appreciate your attention to this matter.

Sincerely,



Elizabeth Warren
United States Senator



Ron Wyden
United States Senator



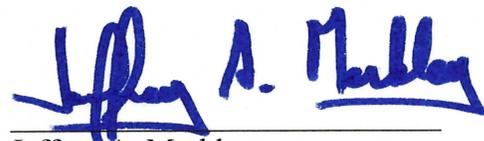
Kamala D. Harris
United States Senator



Kirsten Gillibrand
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