The Governor's Office of Drug Policy opposes legalization of marijuana in any form, other than specific marijuana-based medications that have received FDA approval. As the state's lead on substance abuse policy and prevention, ODP evaluates credible scientific research to inform public policy decisions. In response to proposed legislation and ballot initiatives aimed at marijuana legalization, ODP finds it necessary, based on the current evidence, to advise against the legalization of marijuana as a public health and safety measure.

Regarding the medical use of marijuana, including cannabidiol, ODP's position is that components of the marijuana plant should be evaluated by the same rigorous, scientific FDA process through which every legal medication in the United States is tested.

Pharmaceutical grade CBD products have shown promise. Research on Epidiolex®, a highly purified CBD oil derived from the marijuana plant showed 43 percent of Dravet syndrome patients taking Epidiolex® experienced a 50 percent or greater reduction in convulsive seizures[1]. Another study conducted with Lennox Gastaut syndrome showed that 44.2 percent of patients taking Epidiolex had 50 percent or greater reduction in seizures[2].

Idaho's Expanded Access Program provides access to Epidiolex® to qualifying pediatric patients suffering from intractable seizures. Twenty-five of the 39 patients enrolled in the EAP have reported some form of subjective seizure improvement for either seizure frequency or seizure severity[3]. Overall, results from the study showed that Epidiolex® appears to be safe and well tolerated by most patients.

The FDA accepted the new drug application for Epidiolex® in October, 2017 with Priority Review. The Prescription Drug User Fee Act date (PDUFA) goal date for completion of the FDA review of Epidiolex® is June 27, 2018[4]. If Epidiolex® is approved, the Drug Enforcement Administration has 90 days post-approval to schedule Epidiolex®. If all goes smoothly, Epidiolex® will be accessible through legal channels in 2018. Therefore, CBD will be available as a clean, regulated product, prescribed by a doctor, and covered by insurance.

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[2] Thiele, E.A., Mazurkiewicz-Beldzinska, M., Benbadis, S., Marsh, E.D., Joshi, C., French, J.A., Roberts, C., Taylor, A., Sommerville, K. (2016). Proceedings from The National Epilepsy Society Annual Meeting: *Cannabidol (CBD) significantly reduces drop seizure frequency in Lennox-Gestaut Syndrome (LGS): Results of a multi-center, randomized, double-blind, placebo-controlled trial (GWPCARE4).* Houston, TX

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[4] GW Pharmaceuticals. (2018). *GW Pharmaceuticals Announces Acceptance of NDA Filing for Epidiolex®(Cannabidiol) in the treatment of Lennox-Gestaut syndrome and Dravet syndrome* [Press Release]. Retrieved from https://www.gwpharm.com/about-us/news/gw-pharmaceuticals-announces-acceptance-nda-filing-epidiolex%C2%AE-cannabidiol-treatment

Artisanal CBD products are not regulated by the Food and Drug Administration and research has shown that such products contain inconsistent levels of CBD and THC [5],[6].

Many major medical organizations also oppose the use of medical marijuana outside of the FDA process. The American Medical Association has stated, "(1) cannabis is a dangerous drug and as such is a public health concern; (2) sale and possession of cannabis should not be legalized[7]".

Likewise, the American Academy of Pediatrics opposes "medical marijuana" outside the regulatory process of the FDA due to potential harms to children and adolescents[8].

In a letter to Governor C.L. "Butch" Otter in 2015, the American Epilepsy Society wrote, "We are however opposed to the use of artisanal preparations of unregulated compounds of cannabis that contain unverified content and are produced by people with no experience in pharmaceutical production." The AES also noted, "Not a single pediatric neurologist in Colorado recommends the use of artisanal cannabis preparations."

Maintaining drug policy that promotes prevention is paramount to the Office of Drug Policy. Idaho ranked 40th among the states and District of Columbia for the number of individuals 12 to 17 reporting marijuana use in the past month[9]. The top 19 states all have either legal retail or medical marijuana.

[5] Vandrey, R., Raber, J.C., Raber, M.E., Douglass, B., Miller, C., Bonn-Miller, M.O. (2015). Cannabinoid dose and label accuracy in edible medical cannabis products. *Journal of the American Medical Association, 313 (*24). Pp 2491-2493.

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[7] American Medical Association House of Delegates (1-13), Council on Science and Public Health Report 2. "AMA Policy Statement on Cannabis, H-95.998." November 19, 2013. P. 6

[8] American Academy of Pediatrics, Committee on Substance Abuse, Committee on Adolescence. (2015) The impact of marijuana policies on youth: Clinical, research, and legal update. Retrieved from: http://pediatrics.aappublications.org/content/135/3/584

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