THE CHALLENGES POSED BY CBD PRODUCTS MANUFACTURED FOR WIDESPREAD PUBLIC CONSUMPTION



CND Side Event March 3, 2020

Presenter

John Redman
Chief Executive Officer
Community Alliances
for Drug Free Youth

501(c)3 founded in late 1970's as a grassroots parentled anti-drug movement

Substance abuse prevention organization that works at the state, national and international levels to encourage multi-stakeholder collaborations that drive policies and actions that:

- Target illicit drug usage and related problems
- Promote research-based prevention strategies and programs
- Create initiatives that support community-based drug awareness and education



"We have a profound responsibility to support sound drug policy that will explicitly protect our youth"



ECDD / WHO: recommendation for discussion today

In section 5.5 (Cannabidiol Preparations) of Annex 1 of ECDD's 41st Report, ECDD recommended the following:

Recommendation 5.5:

The Committee recommended that a footnote be added to Schedule I of the 1961 Single Convention on Narcotic Drugs to read: "Preparations containing predominantly cannabidiol and **not more than 0.2 percent of** *delta-9-tetrahydrocannabinol* are not under international control".

ECDD rationale:

"The cannabidiol preparation approved for the treatment of childhood-onset epilepsy, Epidiolex, contains **not more than 0.15% \Delta 9-THC by weight** and has no effects indicative of potential for abuse or dependence. In keeping with the recommendation that preparations considered pure cannabidiol not be controlled and recognising that trace levels of $\Delta 9$ -THC may be found in such preparations, such as the concentration of 0.15% in Epidiolex, while acknowledging that chemical analysis of $\Delta 9$ -THC to an accuracy of 0.15% may be difficult for some Member States."

The problems for discussion here today

The recommendation is based on misuse of Epidiolex® data and it raises significant public health issues.

The problems:

- The THC content of the Epidiolex bottle is 0.01% w/v, which is **20 times less** than the maximum THC level recommended by ECDD to be allowed in CBD preparations. There is therefore **no safety data to support** this recommendation.
- "0.2% THC" entails a significant amount of THC this raises significant public health issues.
- The ECDD recommendation also implies that there are no public health issues with CBD itself **CBD is not risk free**. In fact, data suggests there are significant liver toxicity and drug to drug interaction issues.
- There are already significant problems with the CBD products being sold in key markets such as the US and Europe undisclosed levels of THC, pesticides and heavy metals, significant variance from label claims putting consumers at risk. Removing all CBD products from scheduling = 'Wild West' with no regulations = consumer harm.

Who is going to speak and why

Dr Jennifer Triemstra, Cannabinoid Educator, Greenwich Biosciences

- World leaders in cannabinoids, including CBD, and gold standard
- Background on cannabis, what 0.2% THC means in reality, public health risks with CBD

Jaclyn Bowen, Executive Director, Clean Label Project

- Extensive independent testing of CBD products
- Significant issues with CBD products already being sold to consumers what future may look like if all removed from scheduling

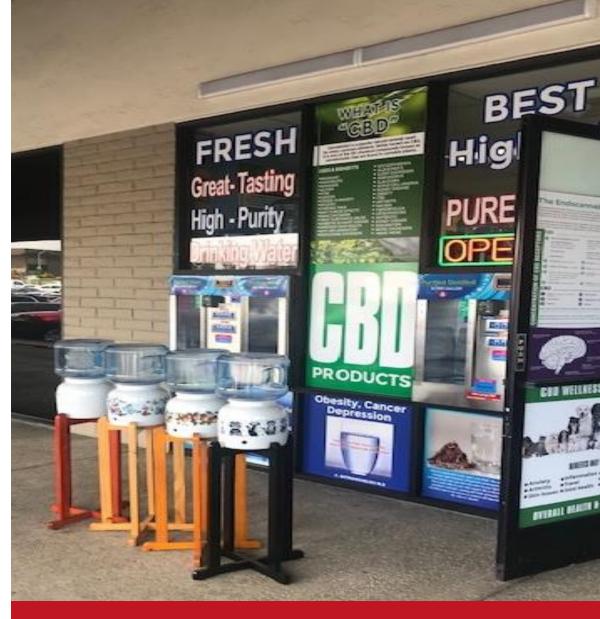
John Redman, Chief Executive, CADFY

- Extensive insights on THC
- Risks of allowing for 0.2% THC and call to action for you all

CADFY's concerns:

Despite scientific evidence that THC (tetrahydrocannabinol) is a public health threat, especially among children and adolescents:

- Availability and consumption of products containing THC is steadily rising
- Illicit, recreational and therapeutic usage
- At higher concentrations and doses shown to induce dependence and addiction
- Without the public's awareness of health concerns or amounts contained in products consumed
- Rampant promotional activities for both regulated and unregulated products, some targeted at vulnerable populations
- Regulation is lax, at best



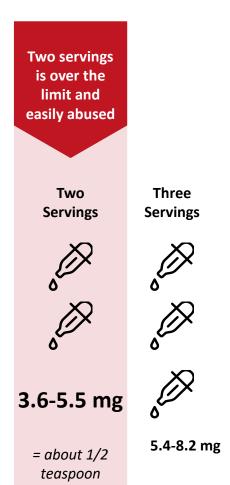
We're treating THC as a Commodity

One dropper, two dropper, three...

Oregon – **5mg THC produces psychoactivity**; THC-edible \leq 5mg THC/serving







8

One

Serving

1.8-2.7 mg

3/26/2020

Available at a store near you...



CERTIFICATE OF ANALYSIS

Product Name: Charlotte's Web Hemp Extract Oil Maximum Strength Mint Chocolate 30mL

Product Batch: A00700 Product Code: 910.069 July 2020 Best By:

THC 2.8 mg/ml

	Result
Parameter	
Cannabinoids Testing performed by Eurofins Food Chemistry Testing - Bo	2.8 mg/mL
Testing performed by Euronia	
THC	None Detected
THC-A	64.3 mg/mL
THC-V	0.44 mg/mL
CBD	0.31 mg/mL
CBD-A	0.32 mg/mL
CBD-V	None Detected
CBG	0.23 mg/mL
CBG-A	2.3 mg/mL
CBN	84 mg
CBC	1.4 mg
Total THC per Bottle	1,4 mg
Total THC per Serving	with the second

Manufactured By: Charlotte's Web Inc.

Manufacture Date: 16JAN19, 18JAN19 - 20JAN19

Batch Size: 297,540 mL Units Manufactured: 9,773





CN: Cannabinoid Profile & Potency [WI-10-17 & WI-10-17-01]

be reproduced except in their entirety.

The client sample was analyzed for plant-based cannabinoids by Liquid Chromatography (LC). The collected day Test Date: 1/9/2019

			conceiled data was composed a
ID	W		to data was compared to data collected
D9-THC	Weight %	Com	
THCV	0.30 wt %	Conc.	
CBD	ND	2.89 mg/mL	
	5.58 wt %	ND	
CBDV	0.04 wt %	53.63 mg/mL	
CBG	0.05 wt %	0.34 mg/mL	
CBC		0.50 mg/mL	
CBN	0.15 wt %	1.47 /	
THCA	ND	1.47 mg/mL	
CBDA	ND	ND	
	ND	ND	
CBGA	ND	ND	
Total		ND	
Max THC	6.12 wt%	58.83 mg/mL	
Max CBD	0.30 wt%	2.89 mg/mL	0% Cannabinoids (wt%) 5
Dati am	5.58 wt%	2.69 mg/mL	5.

Ratio of Total CBD to THC 18.5:1

Max THC (and Max CBD) are calculated values for total cannabinoids after heating, assuming complete decarboxylation of the acid to the 1 form. It is calculated based on the weight loss of the acid group during decarboxylation: Max THC = (0.877 x THCA) + THC. ND = None detected above the limits of detection (LLD)

FULL SPECTRUM HEMP EXTRACT NATURAL 500mg CBD

FM-10-05, Rev. 1, DCN:14-0001

THC 2.89

mg/ml

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Conclusions and Request for Action

- ECDD/WHO recommendation is based on inaccurate use of data not therefore evidence based and entails significant risks to public health, notably:
 - Significant levels of THC 0.2% THC entails notable risks
 - Liver toxicity and drug to drug interactions with CBD
 - A Wild West CBD market with poor quality products and consumer risk particularly in developing markets
- Urge the ECDD/WHO to revisit the recommendations and ensure they are evidence based and full scope of risks to consumers considered
- Encourage Member States to scrutinise the recommendation/s and the data supporting them, and to think carefully before voting for them
- All speakers here today are ready and willing to share evidence-led points of view and discuss the
 recommendations, and wider public health issues, with you over the coming days here in Vienna and in
 the months to come