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Dear Mr. Simes,

I am a clinical neurologist, researcher, and editor with Franjo Grotenhermen of the book, Cannabis and Cannabinoids: Pharmacology, Toxicology and Therapeutic Potential. I am writing to support the application of the University of Massachusetts, Amherst to the DEA to establish an independent facility for cannabis cultivation.

I have been attempting to perform clinical studies with cannabis since 1996. In 1999, I had an Investigational New Drug application approved by the Food and Drug Administration to examine effects of cannabis in acute migraine, only to have NIDA refuse to supply the material upon additional review. Such review does not apply to any other Schedule I drug, and is, I believe, an unnecessary hindrance to further research. I personally know numerous scientists who were persuaded by my experience of the futility of making similar application to NIDA.

Additionally, the cannabis supplied by NIDA is fertilized material containing seeds and stems that is unsuitable to be smoked by patients for medical indications. Further detail and documentary photographs on this issue are contained in the following study, for which I was principal investigator:

Russo, E.B., M.L. Mathre, A. Byrne, R. Velin, P.J. Bach, J. Sanchez-Ramos, and K.A. Kirlin. 2002. Chronic cannabis use in the Compassionate Investigational New Drug Program: An examination of benefits and adverse effects of legal clinical cannabis. Journal of Cannabis Therapeutics 2(1):3-57.

The article is available online:

http://www.cannabis-med.org/jcant/russo_chronic_use.pdf

Each of the Compassionate Use IND patients indicated to me that they would prefer to have properly manicured seedless, unfertilized cannabis of a higher grade so that they might be able to smoke less material to obtain relief of their medical symptoms.

Thus, I believe that there exists a strong need for an alternative sources of clinical cannabis beyond NIDA. This would allow suitable scientific protocols to proceed with appropriate oversight, but without additional redundant and unnecessary interference. It would further allow scientific study of “real world” conditions with clinical cannabis that approximate those claimed by patients in the “legal states.”

I would thus urge you to approve the application of University of Massachusetts, Amherst to establish a new cannabis culture facility subject to meeting necessary DEA

security concerns. I would be happy to correspond with you further in this regard should you have additional questions.

Sincerely,

Ethan Russo, MD