MPP Suggestions for Public Comments on DEA's Proposed Rescheduling of Botanical Cannabis

The DEA, Health and Human Services (HHS), and FDA are proposing rescheduling cannabis to Schedule III. At long last, this would acknowledge what most Americans already know — cannabis has medical value and it has a lower potential for abuse than Schedule II drugs like fentanyl, morphine, and oxycodone. The DEA is accepting public comment until July 22, 2024, via the Federal eRulemaking Portal.

Opponents are mobilizing to challenge rescheduling. The 90% of Americans who acknowledge reality need to make their voices heard. Comments should focus on cannabis' currently accepted medical use and its lower abuse potential, including its level of physical or psychological dependence. If you are a healthcare practitioner, researcher, caregiver, patient, or someone else with professional expertise or lived experience with medical cannabis, please share your knowledge. See below for more areas of research that the DEA is looking at.

Note: Comments are posted publicly on the DEA's website unless clearly marked as confidential or as containing personally identifying information. Comments with confidential information must be submitted in duplicate with one public version and be labeled in the manner described in the DEA notice.

Sample Comment

> I am writing in support of rescheduling botanical marijuana to Schedule III or lower (Docket No. DEA–1362). Cannabis has currently accepted medical use and has a far lower potential for abuse than Schedule II drugs, including fentanyl, oxycodone, and morphine. It also has a lower abuse potential and a lower level of physical or psychological dependence than alcohol, which is not scheduled.
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> Forty-one states have medical cannabis or lower-THC medical cannabis laws, pursuant to which tens of thousands of prescribers have certified millions of patients for medical cannabis. Although federal policies and the massive amount of funding necessary for large-scale clinical trials have created obstacles to clinical trials, numerous studies provide credible evidence for the medical value of cannabis.
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> In 2017, the National Academies of Sciences, Engineering, and Medicine issued a report after a review of thousands of abstracts on medical cannabis research. It found, "[T]he use of cannabis for the treatment of pain is supported by well-controlled clinical trials..." and "There is substantial evidence that cannabis is an effective treatment for chronic pain in adults."
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> Botanical cannabis does not cause respiratory depression, which causes thousands of fatal overdoses each year from other drugs, including opioids, alcohol, and some over-the-counter medications. More than 14,000 Americans fatally overdosed on prescription

opiates each year from 2017-2022 according to NIDA. The CDC reports that each year 178,000 Americans die from excessive alcohol use, including over 2,600 deaths from alcohol poisoning. In contrast, suspected fatal overdoses on cannabis are vanishingly rare.

While some people develop a dependence on cannabis, it is relatively mild compared to Schedule II drugs and alcohol. Withdrawal from alcohol and opiates can be fatal. The National Academies report noted cannabis withdrawal can include, "restlessness, irritability, mild agitation, insomnia, sleep disturbance, nausea, and cramping — uncomfortable sensations, to be sure, but far milder than symptoms associated with alcohol withdrawal."

Humanity has been aware of cannabis' medical benefits for thousands of years. Since 1970, U.S. federal law has ignored this reality, ignoring the lived experience of people with cancer and AIDS who found relief from wasting and nausea, those suffering from chronic pain, and many others. The American Nurses Association has supported allowing medical cannabis since 1996. Numerous health organizations have joined the ANA, including the American Academy of HIV Medicine, the American Public Health Association, the Leukemia & Lymphoma Society, the National Multiple Sclerosis Society, the U.S. Pain Foundation, and the Epilepsy Foundation. A 2022 survey authored by Centers for Disease Control and Prevention researchers found that 69% of practicing physicians believe cannabis has medical value.

Botanical cannabis has currently accepted medical use and far less potential for abuse than Schedule II drugs. It should be rescheduled to III or lower. It would be even more appropriate to deschedule cannabis, since it also has far lower potential for abuse than alcohol.

Suggested Additional Input Depending on Your Background or Expertise

The DEA notice explains, "DEA believes that additional information arising from this rulemaking will further inform the findings regarding the appropriate schedule for marijuana. DEA believes that factual evidence (including scientific data) and expert opinions, including additional data regarding different forms, formulations, and delivery methods for marijuana, as well as evidence regarding the effects of marijuana at various dosages or concentrations, may be relevant."

The eight factors HHS and DEA were required to consider are:

1. The drug's 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; and
8. Whether the substance is an immediate precursor of a substance already controlled.

- If you have found relief from medical cannabis, or a loved one has, consider sharing your personal experience. If cannabis has been less risky than other medications you tried or were

prescribed, consider sharing that information.
- If you are a medical professional, please include that in your comment and share information from your experience supporting that cannabis has currently accepted medical use and a low to moderate potential for abuse, along with background on any of the points listed above.
- If you are an attorney or someone with expertise in international law, you may also want to comment on rescheduling being permissible under the Single Convention on Narcotic Drugs.

Thank you for making your voice heard!