



NORML®

*California Chapter of the National Organization for the Reform of Marijuana Laws
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The California Chapter of NORML (the National Organization for the Reform of Marijuana Laws), is a 501c(4) advocacy organization representing the interests of responsible adult cannabis consumers and their supporters. Founded in 1974, California NORML is the oldest cannabis policy reform organization operating in California.

We support the Department of Health's recommendation to move marijuana to Schedule III. We believe this move is long overdue, having co-sponsored a previous rescheduling petition by Gettman et al. in 2002 asking that marijuana be moved to Schedule 3, 4 or 5.

Since our founding, we have heard from innumerable patients, doctors, nurses and clinicians who report therapeutic benefits from the medicinal use of cannabis for otherwise intractable conditions including chronic pain, nausea, appetite loss, muscle spasticity, glaucoma, PTSD, depression, multiple sclerosis, sickle cell disease, fibromyalgia, rare autoimmune conditions, et al.

Based on this experience, we were proud to co-sponsor California's Compassionate Use Act of 1996, Prop 215, legalizing the medicinal use of marijuana, which was approved by 56% of the electorate. A campaign poll conducted at the time showed that fully 30% of Californians knew someone who used marijuana for medicine. In a subsequent survey of 2,480 Prop 215 patients, therapeutic benefits were reported in over 250 different ICD-9

indications.¹ In the wake of Prop 215, 38 states and 50 foreign countries have moved to legalize the medicinal use of cannabis.

After Prop 215 was approved, youth use of marijuana in California began a steady decline, belying predictions of critics to the contrary.² Arrests for DUI (which include marijuana) have likewise declined by nearly 50% to record low levels in California, suggesting no appreciable negative effect of marijuana on highway traffic safety.³

We believe the evidence more than proves that cannabis has “accepted medical use” under terms of the Controlled Substances Act. We further believe that Schedule 3 is an appropriate designation, given that is where marijuana’s primary active ingredient, delta-9 THC (dronabinol), is currently scheduled.

Excessive DEA and NIDA restrictions on Schedule 1 and 2 research have obstructed efforts to conduct useful studies on the hazards and benefits of cannabis. For many years, California NORML has sought to sponsor research on harmful emissions from cannabis vape pens, only to be denied permission by NIDA and DEA. We are sorry to note that the proposed rescheduling rules do not open the door for researchers to work with state-regulated cannabis products that are readily available to millions of adults.

We are also sorry to say that we do not think that rescheduling per se can fulfill the medicinal demand for marijuana, due to the notably burdensome, costly and time-consuming requirements for Schedule 3 FDA drug approval. To address this deficiency, we believe that consumers should have access to the medicinal cannabis products now available in well-regulated state markets like California’s. This requires de-scheduling marijuana from the Controlled Substances Act and federally allowing its production and sale for over-the-counter use like aspirin or alcohol under state regulation.

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¹ Dale Gieringer, “Medical Use of Cannabis: Experience in California,” in Franjo Grotenhermen and Ethan Russo, ed: *Cannabis and Cannabinoids: Pharmacology, Toxicology and Therapeutic Potential*, Hayworth Press, NY 2003

² Biennial California Student Surveys 1996 – 2008; California Healthy Kids Surveys 2015-23

³ California Attorney General Criminal Justice Statistical Report, various years.