NCIA PUBLIC COMMENT ON PROPOSED RULE TO RECLASSIFY MARIJUANA TO SCHEDULE III

JULY 2024

National Cannabis Industry Association
TheCannabisIndustry.org

ADVOCACY. EDUCATION. COMMUNITY.

July 22, 2024

Drug Enforcement Administration
Attn: DEA Federal Register Representative/DPW
8701 Morrissette Drive
Springfield, Virginia 22152

RE: Request for Public Comment on the Proposed Rule Rescheduling Marijuana, Docket No. DEA-1362 (A.G. Order No. 5931-2024)

Dear Administrator Milgram,

The National Cannabis Industry Association (NCIA) thanks the Department of Justice (DOJ) and Drug Enforcement Administration (DEA) for the opportunity to provide feedback on the proposed rescheduling of marijuana. We are pleased to submit the following comment in response to the proposed rule from the DEA (89 FR 44597) in support of the reclassification of marijuana from Schedule I to Schedule III under the Controlled Substances Act (CSA).

Introduction and About Us

Founded in 2010, NCIA is the largest and longest-running trade association speaking for the legal cannabis industry. Our organization represents more than 500 state-legal cannabis and cannabis-related businesses across the nation. Our members are primarily small, independent businesses and all are dedicated to replacing the failed policies of marijuana prohibition with sensible regulations that protect public health and foster economic development. To ensure that their voices are being heard during this process and to best answer the questions you have posed, we have included an addendum to this document with their feedback and personal stories.

Marijuana's current status as a Schedule I controlled substance has hindered critical research and criminalized millions of Americans. For these and many other reasons, NCIA strongly supports the rescheduling of marijuana to Schedule III or lower. For the avoidance of any doubt, NCIA continues to believe that marijuana and marijuana products are objectively safer for consumption than numerous other legal products currently available to consumers and regulated under federal statutes. Thus, marijuana should not be scheduled under the Controlled Substances Act (CSA) at all; marijuana products should be regulated under uniform product safety standards that apply equally to all licensed marijuana businesses and protect consumers across the country, developed under new federal law that

recognizes that cannabinoid products cannot be governed under the same regulatory pathways that currently apply to pharmaceutical drugs, food, dietary supplements, alcohol, or tobacco.[1]

Recognizing, however, that the Department is currently only considering the rescheduling of marijuana, our comments address the specific topics and questions contained in the NPRM.

Rescheduling and Existing State Programs

In light of existing science, marijuana should absolutely be rescheduled to Schedule III or lower. Such a move should be accompanied by timely guidance from DOJ and applicable departments to other federal agencies, state governments, regulators, and businesses. It is incumbent upon the DOJ to recognize the irreconcilable tension between existing science and the current Schedule I designation and ensure that any guidance does not upend the successful regulatory systems now in place in 38 states or result in the inappropriate application of federal laws (including but not limited to the CSA or the Food, Drug, and Cosmetic Act [FDCA]).

Indeed, for nearly three decades, states have recognized the safety and medical utility of this plant in addressing numerous qualifying health conditions under state medical marijuana laws and have accordingly abandoned prohibition in order to ensure patient access to medical marijuana. Over the last several years, numerous states have regulated the commercial production, distribution and sale of medical marijuana as well as marijuana for adult use. Today, approximately three-in-four Americans live in a state that has a regulated medical marijuana market and more than half reside in a state where marijuana is legally available to adults.

It is imperative that any change to federal marijuana policy does not disrupt these state programs and instead begins the process of harmonizing outdated federal law with the laws enacted in the vast majority of U.S. states. Failure to do so would have a profoundly negative impact on small marijuana businesses; many of which are women, veteran, and/or minority owned. Further, any disruption to these state markets would also undoubtedly trickle down to thousands of non-plant-touching ancillary businesses that serve state-licensed marijuana operators, cause a cascading loss of jobs and revenue across the country, and force consumers back into the unregulated, illicit market. To be clear, continuing the status quo (leaving marijuana in Schedule I) is not the solution; clear federal guidance and deference to these established and highly-regulated state programs is.

Currently Accepted Medical Use and Abuse Potential

At the outset, we urge the DOJ and DEA to acknowledge that 24 states are already successfully regulating the production and sale of cannabis to adults over 21 and that 38 have regulated cannabis for medical use.

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[1] "Adapting a Regulatory Framework for the Emerging Cannabis Industry." National Cannabis Industry Association, Oct. 2019, thecannabisindustry.org/adapting-a-regulatory-framework-for-the-emerging-cannabis-industry/. Accessed 15 July 2024.

When considering the rescheduling of a substance, the applicable agencies must consider whether or not the substance has a currently accepted medical use (CAMU) and consider the eight factors set forth in 21 U.S.C. 811(c). To that end, NCIA fully agrees with HHS' findings that marijuana does indeed have a currently accepted medical use (CAMU). This is further reinforced by research presented by the Office of the Assistant Secretary for Health ("OASH") research showing that more than 30,000 HCPs are authorized to recommend the use of marijuana for more than six million registered patients.[2] In other words, there is widespread clinical experience associated with various medical conditions recognized by a substantial number of jurisdictions across the United States. Additionally, numerous health-focused international, national, state, and issue-specific organizations have expressed their support for patient access to medical marijuana.[3] As the DOJ and DEA consider whether individuals are consuming marijuana on their own initiative rather than on the basis of medical advice from a practitioner licensed by law to administer such substances, it is critical that the aforementioned data not be ignored.

Furthermore, it should be noted that in those state jurisdictions which have regulated marijuana for adult use *after* establishing a program for regulated access to medical marijuana, a substantial number of medical marijuana patients simply migrated to the adult use market for the sake of convenience, but nonetheless continued using marijuana to address the same underlying qualifying health conditions that lead them to become medical marijuana patients in the first place.[4]

To argue that marijuana does not have a CAMU would contradict facts, science, and logic. That is, to deny the currently accepted medical use of cannabis is not merely in conflict with the laws of those 38 states, but also injects the DOJ and DEA's opinions on the practice of medicine into the trusted relationship between millions of Americans and their physicians, without any relevant expertise or statutory authority for doing so. *See* Gonzalez v. Oregon, 546 U.S. 243, 269–70 (2006).

As DOJ notes in the NPRM, the term "abuse" is not defined in the CSA and relevant agencies have typically considered four additional factors in determining a drug's potential for abuse. Again, NCIA agrees with HHS' conclusion that "the vast majority of individuals who use marijuana are doing so in a manner that does not lead to dangerous outcomes to themselves or others" and emphasizes that HHS found that "for overdose deaths, marijuana is always in the lowest ranking among comparator drugs".

Public Health and Safety

Additionally, when considering marijuana's potential for abuse, the DOJ and DEA should consider the positive impacts state-regulated marijuana programs and businesses have had on the health and safety of individuals and their communities.

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[2] *Basis for the Recommendation to Reschedule Marijuana …*, Department of Health and Human Services, 29 Aug. 2023, www.hhs.gov/sites/default/files/scheduling-recommendation.pdf.

[3] Health Organizations Endorsements. National Organization for the Reform of Marijuana Laws (NORML), norml.org/marijuana/library/health-organizations-endorsements/. Accessed 15 July 2024.

[4] Boehnke, Kevin F, et al. "Trends in U.S. Medical Cannabis Registrations, Authorizing Clinicians, and Reasons for Use from 2020 to 2022." Annals of Internal Medicine, vol. 177, no. 4, 1 Apr. 2024, pp. 458–466, https://doi.org/10.7326/m23-2811. Accessed 16 July 2024.

For decades, voters and legislatures across the country have addressed the public health and safety risks that marijuana prohibition has created through the legalization and implementation of rules and regulations that protect consumers and the communities they live in. Data show that states with marijuana programs see a significant reduction in both violent and property crime rates, with larger effects in Mexican border states.[5] [6] Research has also shown states' legalization and regulation has resulted in less illicit drug smuggling and fewer illegal crossings over our southern border, promoting our nation's security.[7]

Moving marijuana to Schedule III (or lower) would also promote public safety. Numerous marijuana businesses proactively and positively engage with their communities and law enforcement and have prioritized philanthropy. NCIA surveyed some of our members on this topic; below are just a few examples of their experiences:

"We employ off-duty police officers inside the stores for increased onsite security. We have a robust security camera system and frequently provide footage to local police for investigations unrelated to my businesses, such as identifying the path or travel timeline of a stolen vehicle, or pedestrians suspected of involvement in a crime. We crime-watch for our neighbors and report trespassing and vandalism. We run donation drives and donate goods and funds to local organizations, such as the YWCA, the Jackson Resource Center, Black Wall Street Chamber of Commerce, Senior Centers, and others."

"We as a vaporizer manufacturer support and promote responsible [state-regulated] use and stand firmly against underage use in high schools and in the community. For our facility; we employ local Colorado workers and provide them 401k services, health benefits, and PTO to provide a comfortable work environment with opportunities for growth in all areas. In our community we have donated for holiday drives every year and maintain a very close relationship with our community policing officers to act as a participating member of our community in Globeville, Denver, Colorado."

"I have been running my own location since 2019, my shop opened in a part of town where people said wasn't such a nice area. As soon as we opened we were told by the city that we needed 24hr security in which we obliged. Our security made their presence known and soon enough we had neighbors stating they don't see the vagrants anymore and that the block has been cleaner than usual. Our guards had taken it on themselves to do neighborhood clean up to the next level- they not only cleaned our parking lot and our connected neighborhood side trail, they cleaned the front of each surrounding business, they also talked to the vagrants and found out there was 3 illegal shops within the area that we ended getting shut down. We've been told that the neighborhood has changed for the better since we moved in."

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[5] Callahan, et al. The Effects of Marijuana Prohibition on Crime, Appalachian State University Department of Economics, Oct. 2021, econ.appstate.edu/RePEc/pdf/wp2112.pdf.

[6] Wu, Guangzhen, et al. "The spillover effect of recreational marijuana legalization on crime: Evidence from neighboring states of Colorado and Washington State." *Journal of Drug Issues*, vol. 50, no. 4, 26 May 2020, pp. 392–409, https://doi.org/10.1177/0022042620921359.

[7] Bier, David J. *How Legalizing Marijuana Is Securing the Border: The Border Wall, Drug Smuggling, and Lessons for Immigration Policy*, CATO Institute, 19 Dec. 2018, www.cato.org/policy-analysis/how-legalizing-marijuana-securing-border-border-wall-drug-smuggling-lessons.

"At A Therapeutic Alternative we have established a security and trash pick up program for our neighborhood. Being in downtown Sacramento, we have seen a major rise in homelessness in our local community. With this has come many homeless people that suffer from mental illness and because of this have created many unsafe situations in our neighborhood. We provide security cameras, security lighting, security alarms and security guards. We have sent letters to all of our neighbors providing the cell phone number for our security guard so that they can call and request assistance if needed. We have provided security guard assistance and security camera footage many times over the years. Furthermore, we participate in the Yellow Brick Road project in which our security guards watch the children walking to and from school and ensure that they are safe on the Yellow Brick Road path before and after school each day."

These anecdotal examples are backed up by data, too: a study published in 2017 found that the legalization of recreational marijuana caused a significant reduction of rapes and thefts on the Washington side of the border in 2013-2014 relative to the Oregon side and relative to the pre-legalization years 2010-2012. It also found evidence that marijuana legalization resulted in the reduced consumption of other drugs and both ordinary and binge alcohol.[8]

Legalizing and regulating marijuana can (and has) had clear, positive impacts on public health. Marijuana has helped millions of patients find relief from a myriad of debilitating diseases and conditions, increasing their quality of life and providing an alternative to dangerous opioids. In fact, data show that states with medical and/or adult-use marijuana programs have seen a decline in both opioid-related deaths and overdoses.[9] As previously stated, we have included numerous testimonials from our members at the end of this document but are highlighting certain representative stories here:

"I work directly with thousands of patients that have benefited greatly from cannabis dispensaries providing them with safe, lab tested cannabis medicines. These patients suffer from a number of qualifying conditions, referred by their doctors in connection with symptoms related to their illnesses including but not limited to: pain, inflammation, insomnia, depression, anxiety and nausea. These are the top reasons that our patients are using cannabis. There are many illnesses and disorders that patients are using cannabis for including but not limited to: PTSD, migraines, endometriosis, multiple sclerosis, Lupus, autoimmune disorders, gastrointestinal disorders, fibromyalgia, autism, epilepsy, muscle spasms, anxiety, neuropathy, insomnia, chronic pain, arthritis, glaucoma, Lyme disease, ADD/ADHD, depression, AIDS/HIV, Alzheimer's disease,Parkinson's disease, and various cancers."[10]

"Due to a critical injury, my son was prescribed massive amounts of opiates for years. He successfully used cannabis as a substitute to greatly reduce the legal medication. At the time, there was no local legal dispensary in Fresno County. The fears of using untested cannabis were great. The ability to obtain safe cannabis products locally has been a great stress-reducer. He now uses medical cannabis from state-licensed dispensaries, and his opiate consumption has been reduced by 95%."

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[8] Dragone, Davide, et al. "Crime and the Legalization of Recreational Marijuana." SSRN Electronic Journal, 2017, https://doi.org/10.2139/ssrn.2911460.
[9] Samples, Hillary, et al. "Association between legal access to medical cannabis and frequency of non-medical prescription opioid use among U.S. adults." *International Journal of Mental Health and Addiction*, 30 Oct. 2023, https://doi.org/10.1007/s11469-023-01191-y.
[10] Boehnke, Kevin F., et al. "Qualifying Conditions of Medical Cannabis License Holders in the United States." Health Affairs, vol. 38, no. 2, Feb. 2019, pp. 295–302, https://doi.org/10.1377/hlthaff.2018.05266.

“I experienced cannabis' profound impact through innumerable interactions with medical cannabis patients. My first job in the cannabis industry was preparing products and consulting patients at a medical cannabis dispensary in Ann Arbor, Michigan at the age of 19. Patients suffering from debilitating conditions ranging from cancer, epilepsy, chronic pain, MS, and so much more were finding relief which had eluded them in conventional prescription options. As my career has progressed since then, I have observed countless more instances of cannabis improving quality of life and serving as a godsend for patients in need.”

Even these few examples are clear indications that state-legal marijuana programs have positive outcomes on public health and safety and support the decision to reclassify marijuana to Schedule III or lower. Public health benefits are realized by states with modern cannabis programs because they include strict regulations to ensure marijuana is not sold to minors or diverted into the criminal market. All cannabis legally sold through these programs is tested for quality and potency and properly labeled to inform consumers of dosage.

To be clear, our organization and the industry that we represent holds the health and safety of marijuana consumers and non-consumers alike in the highest regard. That is why we believe that instituting federal regulations that would treat marijuana similarly to alcohol, or at the very least, moving it to Schedule III while continuing to allow states to regulate access to adult consumers would build upon the public health successes already being realized by these states.

By rescheduling cannabis to Schedule III or lower, the DEA will be taking a significant pro-health step to help narrow the cost-advantage of the illicit market and shift Americans towards the tested, regulated market — and that is a significant benefit for public health, unto itself.

Potency, Testing, and Diversion

In response to the NPRM’s request for information regarding potency, we emphasize that state-regulated programs have all already mandated that marijuana and marijuana products are properly tested by licensed third parties for purity, potency, and labeled accordingly. If marijuana should be moved to Schedule III, states should be able to continue to regulate the composition and potency of cannabis and cannabis products sold within their borders.

When establishing testing standards under the Food, Drug, and Cosmetics Act (FDCA), the FDA should study state-level potency and chemical residual standards for best practices, or consider using voluntary consensus standards created from international Standards Developing Organizations, such as AOAC International.[11] The FDA should work with states to incorporate their standards into federal testing requirements to avoid unnecessary or duplicative testing.

[11] In 2020, AOAC’s Expert Review Panel approved an analytical method for detecting and measuring cannabinoids in cannabis. Two standard methods that exist today are AOAC 2018.11: Quantitation of Cannabinoids in Cannabis Dried Plant Materials, Concentrates, and Oils, and AOAC 2018.10: Cannabinoid in Dried Flowers and Oil.

We also urge a practical approach to testing and maintain that any potency thresholds established for individual dosage or package units should take into account the reality of existing state regulated markets and the resilient illicit market. Potency limits should be considered in light of the reality that such limitations will not be followed by the illicit market and may inadvertently promote purchasing of potentially unsafe unregulated products.

The NPRM states that the term “legitimate drug channel” only applies to the very few DEA registrants that are approved to produce marijuana and derived formulations for use in DEA-authorized nonclinical and clinical research. This definition is short-sighted and would be injurious to public health. State-legal marijuana and marijuana products are strictly regulated and tested in order to protect the health and safety of consumers and their communities. Whether through regulation or guidance, we again emphasize that the DOJ should make clear that it will not disrupt existing state medical cannabis markets which are relied upon by millions of Americans in consultation with their physicians.

In response to the DOJ’s inquiry regarding diversion, NCIA does not believe that moving marijuana to Schedule III would increase diversion from the state-regulated cannabis industry. In fact, limiting certain draconian elements of the incorrect Schedule I classification would have the effect of strengthening these regulated markets while weakening the longstanding unregulated, illicit market for cannabis. That is significant because states with modern cannabis policies have clear and stringent laws preventing diversion (especially to minors) and have instituted purchasing limits to ensure that these state-legal products are not resold in the illicit market.[12]

A delicate balance must be struck and maintained so that anti-diversion efforts do not essentially re-criminalize cannabis possession and non-commercial transfers by unlicensed actors. Diversion provisions should, at their core, incentivize and facilitate the transition from unregulated market activity to lawful commercial cannabis activity – not gratuitously assign criminal records or facilitate unequal enforcement. Regulation successfully ensures that cannabis is not diverted from legal operations into the criminal market or to minors.

State Regulations Curb Youth Marijuana Use

A study published by the American Medical Association in April 2024, found that teens were less likely to use marijuana in states with legal retail markets.[13] The study found that legal marijuana “was associated with 28% higher odds of zero cannabis use” among teens.

[12] Compliance checks done in 2021 by the Washington State Liquor and Cannabis Board showed a 96 percent compliance rate for cannabis sales, while alcohol and tobacco each had a rate of 75 percent. “June 2021 Underage Sales Compliance Rates Show Improvements Needed,” *Bulletin*, Washington State Liquor and Cannabis Board, Aug 5, 2021, available at: https://content.govdelivery.com/accounts/WALCB/bulletins/2eb8e1c

[13] Coley RL, Carey N, Kruzik C, Hawkins SS, Baum CF. Recreational Cannabis Legalization, Retail Sales, and Adolescent Substance Use Through 2021. *JAMA Pediatr.* 2024;178(6):622–625. doi:10.1001/jamapediatrics.2024.0555

A 2023 study published by the Centers for Disease Control & Prevention found that in the decade during which nearly half of U.S. states legalized the regulated sales of cannabis to adults (2011-21), the percentage of teens reporting past-30 day marijuana use fell by 43%.[14]

The National Institutes of Health-sponsored Monitoring the Future survey of American teens showed that annual marijuana use by 12th graders has declined by an estimated 25% since the late 1990s, when states first began to pass medical marijuana access laws.[15] Among 10th graders, use fell by 50% during that period.

Economic Impact

In addition to acknowledging that marijuana does have a CAMU, expanding research opportunities, and further weakening the position of unregulated cannabis markets, moving marijuana to Schedule III would provide clear, profound, and increased economic benefits to the tens of thousands of businesses operating legally under state laws and to the communities which rely upon the tax revenue and jobs those businesses provide.

Through the first quarter of 2024, states reported a combined total of more than $20 billion in tax revenue from legal, adult-use cannabis sales.[16] In addition to revenue generated for statewide budgets, cities, and towns have also generated hundreds of thousands of dollars in new revenue from local adult-use cannabis taxes. In many states with legal adult-use cannabis sales, tax revenues are allocated for social services and programs. This includes funding education, school construction, early literacy, public libraries, bullying prevention, behavioral health, alcohol and drug treatment, veterans' services, conservation, job training, conviction expungement expenses, and reinvestment in communities that have been disproportionately affected by cannabis criminalization and prohibition, among many others.

The legal cannabis industry also supports nearly half a million full-time jobs, many of them union jobs, with competitive pay and health benefits.[17] A report from earlier this year found there are now 440,445 full-time equivalent jobs supported by legal cannabis in the U.S., representing a 5.4% increase over 2023. Moving marijuana to Schedule III would strengthen these businesses which are cornerstones of their communities, promoting job growth in legal regulated markets while weakening the unregulated market.

If reclassified to Schedule III, cannabis businesses would no longer be subject to Section 280E of the Internal Revenue Code, which prohibits businesses engaged in the "trafficking" of Schedule I or

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[14] Hoots, Brooke E., et al. "Alcohol and other substance use before and during the COVID-19 pandemic among high school students — youth risk behavior survey, United States, 2021." *MMWR Supplements*, vol. 72, no. 1, 28 Apr. 2023, pp. 84–92, https://doi.org/10.15585/mmwr.su7201a10.

[15] Miech, R. A., Johnston, L. D., Patrick, M. E., O'Malley, P. M., & Bachman, J. G. (2023). Monitoring the Future national survey results on drug use, 1975–2023: Secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan.

[16] Marijuana Policy Project. "Cannabis Tax Revenue in States That Regulate Cannabis for Adult Use." MPP, 5 Apr. 2022, www.mpp.org/issues/legalization/cannabis-tax-revenue-states-regulate-cannabis-adult-use/.

[17] Barcott, Bruce, and Beau Whitney. Jobs Report 2024: Positive Growth Returns. Vangst, 2024.

Schedule II controlled substances from deducting normal business expenses, such as payroll, rent, and the cost of compliance with state laws from gross income.[18] This is particularly draconian in a marketplace beset by an unregulated industry, one which not only does not declare its income from trafficking Schedule I substances (thus avoiding the 280E penalty) but frequently does not report or pay any taxes at all.

Preventing state-licensed businesses from claiming ordinary deductions has created a clear economic disadvantage to legal operators, benefiting the illicit market. This disadvantage results in higher costs relative to businesses not subject to 280E, and has resulted in lower growth, business failure, and/or rapid employee turnover while increasing cost for the millions of Americans seeking medical cannabis on the recommendation of their treating physicians. The elimination of 280E for businesses engaged in state-legal cannabis activities would generate additional taxable revenue through expanded business operations (growth in existing state-legal companies), promote new business formation, as well as curtail noncompliance. All of these factors would drive significant growth in jobs and state and federal income taxes and strengthen public health.

Classifying Marijuana Products Under the Food, Drug, and Cosmetic Act

The NPRM states marijuana would remain subject to applicable provisions of the Food, Drug, and Cosmetic Act (FDCA). While we understand that DOJ and DEA have no authority to effect amendments to the FDCA or FDA regulations through this NPRM, we think it's important to note that botanical cannabis products (and the naturally occurring phytocannabinoids and other constituent components in them) should not be deemed to be, nor regulated as, unapproved pharmaceutical drugs under the FDCA – *notwithstanding* either the explicit health claims made about medical cannabis by state programs (by virtue of statutory qualifying conditions and third-parties such as physicians making recommendations) or any potential implied health claims inferred by cannabis consumers. Botanical cannabis products require their own regulatory pathway, as it would be impossible for botanical cannabis to satisfy the requirements for FDA approval of either a “single molecule” pharmaceutical drug (e.g., Epidiolex) or even a “botanical drug” under the FDCA. Enforcing these requirements for FDA approval could lead to prohibition of cannabis-infused topicals and edibles produced and sold intrastate (if they incorporate non-cannabis ingredients shipped in interstate commerce), and the eventual exclusion of such state-approved botanical cannabis products from all interstate commerce (once cannabis is descheduled to allow such commerce). Adopting a carve-out from the FDCA definition of “drug” for all such botanical cannabis products would protect the state-sanctioned industry from the misapplication of federal laws while still facilitating cannabis research under Schedule III. Absent the addition of explicit FDCA safe harbors for botanical cannabis goods sold by existing state-licensed cannabis businesses, rescheduling alone could inadvertently facilitate the pharmaceutical industry’s eventual monopoly over the interstate and international cannabis markets.[19]

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[18] *IRC Section 280E: An Unjust Burden on State-Legal Cannabis Businesses*, National Cannabis Industry Association, May 2023, 790303.fs1.hubspotusercontent-na1.net/hubfs/790303/NCIA%20IRC%20Section%20280E%202023_final_web.pdf.

[19] Khoja, Khurshid. “Cannabis Cannibalism: How Federal Rescheduling Could Consume the State-Licensed Industry without Safe Harbors under the Federal Food, Drug and Cosmetic Act.” 2024.

Further, in the event of full descheduling, the FDCA's purview over the manufacturing of dietary supplements and food-and–beverage products would be similarly inappropriate without revisions and CFR's Good Manufacturing Practices ("GMP") provisions would likewise require harmonization with the best practices for the production of botanical cannabis products. For a fuller discussion, see NCIA's position paper on recommended pathways post-legalization.

Redefining THC Under DEA Regulations

NCIA strongly opposes the proposed revisions to the definition of "Tetrahydrocannabinols" under DEA regulations, which could classify previously unscheduled cannabinoids as tetrahydrocannabinols (including, but not limited to, therapeutically beneficial and non-intoxicating cannabinoids like CBD, THCV and THCA when synthetically produced). As such, we respectfully ask the DEA to revise the definition of "Tetrahydrocannabinol" under 21 CFR § 1308.11 offered in the NPRM to address any potential confusion over the definition, and its application to other non-scheduled cannabinoids without a formal scheduling action as required under the Controlled Substances Act at 21 USC §811(a).

Our concern is prompted by recent pronouncements of DEA officials asserting that THCA has always been deemed equivalent to THC, and thus a Schedule I controlled substance when not derived from hemp; this suggests that the DEA may well apply ambiguities in its proposed definition of tetrahydrocannabinols to designate heretofore lawful non-scheduled synthetically-derived non-intoxicating cannabinoids as Schedule I controlled substances. We refer the DEA to the comment submitted via regulations.gov by NCIA Policy Co-Chair and past Board Chair, Khurshid Khoja, for our suggested revisions to the proposed definition of tetrahydrocannabinols.[20]

DEA Should Achieve International Treaty Compliance through Joint Federal-State Efforts

In its NPRM on the Rescheduling of Marijuana (89 FR 44597), the DOJ and DEA request "comment on the practical consequences of rescheduling marijuana into schedule III under the relevant statutory frameworks," including the implementation of "*marijuana-specific controls that would be necessary to meet U.S. obligations under the Single Convention and the Convention on Psychotropic Substances in the event that marijuana is rescheduled to schedule III*," noting that the DEA "will seek to finalize any such regulations as soon as possible."[21] The DEA thus announces its intent to exercise its congressional mandate under the CSA to interpret the Single Convention and to determine what is "appropriate" to

[20] Comment in the Matter of Docket No. DEA-1362, the DEA's Proposed Rule Re Schedules of Controlled Substances: Rescheduling of Marijuana ("Proposed Rule") Submitted by Khurshid Khoja. 1 June 2024, www.regulations.gov/comment/DEA-2024-0059-11048. Accessed 16 July 2024.

[21] The relevant statutory frameworks are (i) Controlled Substances Act of 1970 (ii) the 1961 United Nations Single Convention on Narcotic Drugs, (iii) the 1971 Convention on Psychotropic Substances, and (iv) the Federal Food, Drug, and Cosmetic Act.

maintain compliance with our international treaty obligations, as required under CSA Section 21 USC 811(d)(1) and the implementing regulation at 21 CFR 1308.46.[22, 23]

In its Memorandum on *Questions Related to the Potential Rescheduling of Marijuana,* the Office of Legal Counsel (OLC) advises the Attorney General that if marijuana were to be rescheduled to Schedule III, the DEA could still satisfy US obligations under international drug conventions through a combination of scheduling actions and supplemental federal regulations promulgated pursuant to the CSA.[24]

However, nothing in the CSA or the Single Convention prohibits the DEA from satisfying US treaty obligations by collaborating with state cannabis regulators (acting voluntarily) on joint compliance efforts to satisfy international conventions. To that end, the OLC advised the DEA to adopt a flexible interpretation, reading Section 811(d)(1) of the CSA to give the DEA a "broad grant of discretion" to determine the "most appropriate" means of achieving compliance more generally: "the CSA provides DEA with the discretion to decide … the most appropriate way to strike a balance between the CSA's varied — and potentially conflicting — purposes of curtailing the improper use of drugs with abuse potential, *complying with the United States' international obligations, and ensuring that medically useful drugs remain available for legitimate purposes*."[25, 26]

Indeed, as the OLC notes, the CSA gives the DEA broad authority to undertake such efforts.[27] Federal recognition of these state markets in the US approach to treaty compliance would be entirely consistent with the purposes of the CSA and allow the DEA to shepherd state-regulated markets into "*[compliance] with the United States' international obligations*," while also "*ensuring that medically*

[22] "If control is required by United States obligations under international treaties, conventions, or protocols in effect on October 27, 1970, the Attorney General shall issue an order *controlling such drug under the schedule he deems most appropriate to carry out such obligations*."
[23] "Pursuant to section 201(d) of the Act (21 U.S.C. 811(d)), where control of a substance is required by U.S. obligations under international treaties, conventions, or protocols in effect on May 1, 1971, the Administrator shall issue and publish in the Federal Register an order *controlling such substance under the schedule he deems most appropriate to carry out obligations*."
[24] *Questions Related to the Potential Rescheduling of Marijuana,* 45 Op. O.L.C. ___ (Apr. 11, 2024).
[25] *Id.* at *29.
[26] "Thus, while we take no position on the full extent to which DEA may use the CSA's broad regulatory authority to impose additional controls to meet international obligations, we do not read the CSA as precluding DEA from ever satisfying the United States' Single Convention obligations by supplementing scheduling decisions with regulatory action. Rather, we believe that the CSA provides DEA with the discretion to decide, at least in some circumstances, that such a scheduling and regulatory approach is the most appropriate way to strike a balance between the CSA's varied — and potentially conflicting — purposes of curtailing the improper use of drugs with abuse potential, complying with the United States' international obligations, and ensuring that medically useful drugs remain available for legitimate purposes." *Id*. at *32.
[27] "The broad regulatory authority provided by the CSA further suggests that DEA need not rely on scheduling decisions alone to comply with the Single Convention. The CSA authorizes the Attorney General (and thus DEA) both to "promulgate rules and regulations . . . relating to the registration and control of the manufacture, distribution, and dispensing of controlled substances," id. § 821, and to "promulgate and enforce any rules, regulations, and procedures which he may deem necessary and appropriate for the efficient execution of his functions," id. § 871(b). Courts recognize that broad, discretionary language such as this conveys "extensive" regulatory authority, *Volpe*, 486 F.2d at 761; *see also, e.g., Friends of Animals v. Bernhardt*, 961 F.3d 1197, 1209 (D.C. Cir. 2020) — and, here, the language by its plain terms would seem to encompass regulatory actions that DEA may take to satisfy Single Convention obligations not met by a drug's schedule alone." *Id*. at *30.

useful drugs remain available for legitimate purposes" to medical marijuana patients who obtain their marijuana through state-regulated medical and adult use marijuana markets.

Both as a practical and legal matter, national compliance with many if not most of the United States' international treaty obligations would be best achieved in concert with state compliance.[28] That is also true of US obligations under UN drug conventions, as the INCB has previously and repeatedly reminded the US. In fact, these obligations are (and always have been) primarily enforced within the territory of the United States by state and local law enforcement, pursuant to state laws and regulations, and regardless of whether a state has a legally-sanctioned marijuana market or not. The DEA must recognize this reality and the role that state marijuana regulation has already played in enhancing international treaty compliance at an *intrastate* level through licensing of state-regulated operators, the implementation of various measures to prevent diversion, and other regulatory requirements that align with our international obligations.

1) **Joint Federal-State Execution of Treaty Obligations has Many Historical Precedents in the history of America's Foreign Relations.**

Joint federal-state efforts to comply with treaty obligations are far from novel. Indeed, it is likely that the only reason for the historical omission of state efforts in this context is that neither the US diplomats negotiating the 1961 Single Convention, nor the members of Congress who ratified the treaty and codified it under the Controlled Substances Act, actually contemplated or foresaw the emergence of the regulated intrastate marijuana markets. As a result, the US had no reason to distinguish between the efforts of federal and state governments to implement the covenants of the Single Convention.

Notwithstanding the foregoing omission, there is ample precedent in American history for the joint execution of international treaty obligations by federal and state governments. For example, when the US ratified the International Covenant on Civil and Political Rights in 1992, the American ratification instrument included the qualification: "that the United States understands that this Covenant shall be implemented by the Federal Government to the extent that it exercises legislative and judicial jurisdiction over the matters covered therein *and otherwise by the state and local governments*. The Federal Government shall take measures appropriate to the Federal system to the end that the

[28] "If the constitutional limitations in favor of the states in foreign affairs are few and largely hypothetical, the federal system gives the states opportunities to affect foreign relations, not necessarily in fortunate, constructive ways. State actions (or inactions) can violate the obligations of the United States under international law, as when they 'deny justice' to foreign nationals, or infringe on the human rights of their inhabitants in violation of conventions to which the United States is party. States and state officials sometimes fail to carry out US obligations to foreign countries or to their citizens, or deny aliens treaty rights, or fail to prevent private persons from violating them. And federal remedies against such state failures — principally through the federal courts — may not be available or effective, or may take inordinately long." Louis Henkin, "Foreign Affairs and the US Constitution," 2nd Ed., Oxford University Press, 1996[2002], p. 167.

competent authorities of the state or local governments may take appropriate measures for the fulfillment of the Covenant."[29]

Additionally, the US has previously qualified its participation in international human rights treaties by indicating an intention to leave most implementation of these agreements to state governments. Congress has frequently done the same in implementing multilateral trade agreements, relying primarily upon significant implementation by state governments.[30] Many more examples abound, such that: "[t]he federal government has also given (or left) to the states a substantial part on the implementation of national foreign policy. Congress has left to the states, at least concurrent authority to implement some US obligations under international law, and the Executive has left to the states some implementation of US obligations under treaties." [31]
In fact, there is a long history in the US of not only joint federal-state execution of international treaty obligations, but also deferring to state interests.[32, 33]

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[29]International Covenant on Civil and Political Rights, Senate Treaty Doc. No. 95–2, Executive E, 999 U.N.T.S. 71. Adopted by UN General assembly on December 16, 1966; signed by United States on October 5, 1977, transmitted to Senate February 23, 1978, ratified by the United States on September 8, 1992. *See also, Henkin*, Page 464.
[30] "Congress has never sought to deprive state courts of all jurisdiction on all federal questions, or to authorize removal of all such questions from state to federal courts, even of cases directly involving foreign governments, diplomats, treaties or other international matters. In fact, in the 1990s, sympathy for local authority and interests, favoring state rather than federal regulation, penetrated also into matters relating to foreign affairs. For example, the United States appended understandings to human rights conventions indicating an intention to leave much implementation to the agreements to the states. In the Uruguay Round Agreements Act, Congress left significant implementation to the states." *Henkin*, at p. 150.
[31]*Henkin*, at p. 150.
[32]*See Henkin* at p. 422 (Note 3 to Chapter VI): "Under the Articles of Confederation Congress urged the states to provide for the punishment of offenses against the law of nations. [Internal citations omitted.] Under the US Constitution, Congress enacted laws to punish some offenses against the law of nations and gave the federal courts exclusive jurisdiction of them (*e.g.*, Judicial Code of 1911, Sec. 256, 36 Stat. 1087, 1160 – 1), but the states remained free to pass additional laws enforceable in their courts. See *Fox v. Ohio*, 46 US (5 How.) 410, 416 (1847). And some offenses against the law of nations, not having been defined and legislated by Congress, remain for the states to enforce. [Internal citations omitted.] The general protection of foreign nationals, for which the United States is responsible to the state of nationality under international law, is left largely to state law, state officials and state courts. [Internal citations omitted.]
That treaties would sometimes be relevant to decisions in state courts was, of course, the reason for the express reference to them in the Supremacy Clause, Art. 6, sec. 2. Long ago, some treaties were left largely to enforcement by the states, e.g., those relating to migratory bird conservation. *See* Koenig, *Federal and State Cooperation Under the Constitution*, 36 Mich.L.Rev. 752, 775-6 (1934). See the recent practice of the United States and ratify human rights treaties to declare that it will leave much implementation to the states. [Internal citations omitted.]"
[33]"The federal – state clause had early antecedents. Especially before the Civil War, the United States often made treaties dependent on state law: *e.g.*, Article VII of the Treaty of 1853, with France, 10 Stat. 992, 1 Malloy, Treaties (n. 10 to Ch. I) 528, 531, allowing French citizens to possess land equally with American citizens '[i]n all states of the Union whose existing laws permit it, so long and to the same extent as said laws shall remain in force.' Id. at 996. As to other states 'the President engages to recommend to them the passage of such laws, as maybe necessary for conferring the right'. *Ibid.* But such deference to state law was not constitutionally required, and increasingly other countries refused to accord it period…" *Henkin*, Page 464.

Additionally, it has always been the case that treaty obligations substantially affecting intrastate matters have motivated the congressional delegations of affected states to act accordingly when ratifying international conventions, or refusing to do so.[34, 35]

2) Joint Federal-State Execution of Treaty Obligations is also permitted under International law generally, and contemplated under the Single Convention specifically.

Unsurprisingly, given that long history of practice, there is no bar under international law to such a joint federal-state enforcement effort. "*As a matter of international law*, then, the United States could leave implementation of any treaty provision to the states," as noted legal scholar Prof. Louis Henkin states in his treatise "Foreign Affairs and the US Constitution." He adds that while "[i]nternational law requires the United States to carry out its treaty obligations," it "does not prescribe, how, or through which agencies, that shall be carried out" absent special provision to the contrary.[36, 37] The Single Convention includes no such provisions.

The only purpose for which the Single Convention arguably requires a single national agency to carry out treaty obligations is for coordinating international action among member nations to combat

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[34]"*The principal influence of the states in foreign relations derives from the constitutional, decentralized, federal framework of government and the political forces that animate it.* Much of our foreign relations does not affect the states or local interests directly and state governors and legislatures are often indifferent to and even ignorant of major national foreign policies. *But where foreign affairs begin to touch the states, whether in their particular economic interest (as in issues of free trade versus protectionism), or even in small matters of pride or prejudice or principle, the plenary powers of the national government take on all the colors of federalism.**

*Consider also the extraordinary influence of particular states in particular matters, *e.g.*, that of Florida in 1996 in achieving the enactment of the Helms-Burton Act on Cuba [internal citation omitted]." *Henkin*, at p. 167.

[35]"The Senate still substantially represents the states and has often protected their interest and adopted their reviews, as when it refused consent to treaties that would allow aliens to practice the professions regardless of state requirements, or entered reservations to human rights conventions so as not override state laws permitting capital punishment for crimes committed by juveniles." *Henkin*, at p. 168.

[36]Henkin, Page 192. **"***Except where the international agreement prescribes particular remedies and particular means of enforcement, the United States is free to decide how it will carry out its obligations and may leave much implementation to the states, but the United States remains internationally responsible for compliance.* Of course, if the other parties agree, the United States may limit its obligations to supersede state law or to guarantee state compliance, but other parties resist such limitations. *Henkin*, at p. 169.

"At one time, the United States sought to limit its obligations under particular treaties to those matters that were 'within the jurisdiction' of the federal government, and to exclude any international obligations as to matters subject to the jurisdiction of the states. In time, recognizing that virtually any matter governed by treaty was 'within the jurisdiction' of the United States, the Executive branch took to declaring that the convention shall be implemented by the federal government to the extent that it 'exercises jurisdiction' over matters covered by treaty, leaving to the states implementation of matters over which they exercise jurisdiction." *Henkin*, at p. 192.

[37]Henkin, Page 192. **"***Except where the international agreement prescribes particular remedies and particular means of enforcement, the United States is free to decide how it will carry out its obligations and may leave much implementation to the states, but the United States remains internationally responsible for compliance.* Of course, if the other parties agree, the United States may limit its obligations to supersede state law or to guarantee state compliance, but other parties resist such limitations. *Henkin*, at p. 169.

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international drug trafficking. However, even then the text of the treaty recites a "due regard" for "the constitutional, legal and administrative systems" of treaty parties, which operate as qualifiers to subsequent covenants.[38]

Just as the Single Convention doesn't prohibit the DEA from supplementing statutory scheduling decisions with gap-filling regulations to implement treaty-compliant controls over marijuana, nothing in the Single Convention requires that the US bear the burden of treaty compliance exclusively through the federal government, nor does the Single Convention specifically call for implementation exclusively through federal laws and regulations. Conversely, nothing precludes UN member states from carrying out their obligations under international drug conventions through state/provincial governments. Finally, nothing in the treaty expressly prohibits supplementing a national government's compliance efforts through state regulators acting pursuant to state laws and regulations., Thus, if it chose to do so, the DEA could defer to state cannabis regulators for the *intrastate* enforcement of controls mandated by the Single Convention, while promulgating federal regulations to implement any *interstate* and international controls required under the Single Convention.

In fact, the Single Convention explicitly accommodates the performance of treaty obligations by state and national agencies in member countries with federal constitutions to avoid legal conflicts between different levels of government. One example would be the Single Convention's explicit acknowledgment in Article 36 that the adoption of the treaty's mandated penal provisions is "subject to [each Party's] constitutional limitations."[39] The US has both federal and state drug laws in place, as requiring state and local officials to enforce federal drug laws would run afoul of the Tenth Amendment's anti-commandeering principle.[40]

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[38]See Article 35 of the Single Convention: "Action against the illicit traffic. Having due regard to their constitutional, legal and administrative systems, the Parties shall: (a) Make arrangements at the national level for co-ordination of preventive and repressive action against the illicit traffic; to this end they may usefully designate an appropriate agency responsible for such co-ordination; (b) Assist each other in the campaign against the illicit traffic in narcotic drugs; (c) Co-operate closely with each other and with the competent international organizations of which they are members with a view to maintaining a co-ordinated campaign against the illicit traffic; (d) Ensure that international co-operation between the appropriate agencies be conducted in an expeditious manner; and (e) Ensure that where legal papers are transmitted internationally for the purposes of a prosecution, the transmittal be effected in an expeditious manner to the bodies designated by the Parties; this requirement shall be without prejudice to the right of a Party to require that legal papers be sent to it through the diplomatic channel; (f) Furnish, if they deem it appropriate, to the Board and the Commission through the Secretary-General, in addition to information required by article 18, information relating to illicit drug activity within their borders, including information on illicit cultivation, production, manufacture and use of, and on illicit trafficking in, drugs; and (g) Furnish the information referred to in the preceding paragraph as far as possible in such manner and by such dates as the Board may request; if requested by a Party, the Board may offer its advice to it in furnishing the information and in endeavouring to reduce the illicit drug activity within the borders of that Party."

[39]Article 36 of the Single Convention reads as follows:"Penal provisions 1. (a) Subject to its constitutional limitations, each Party shall adopt such measures as will ensure that cultivation, production, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation and exportation of drugs contrary to the provisions of this Convention, and any other action which in the opinion of such Party may be contrary to the provisions of this Convention, shall be punishable offences when committed intentionally, and that serious offences shall be liable to adequate punishment particularly by imprisonment or other penalties of deprivation of liberty."

[40]In "State Marijuana Regulation Laws Are Not Preempted By Federal Law," available at https://www.mpp.org/issues/legalization/state-marijuana-regulation-laws-are-not-preempted-by-federal-law/, the authors cite to recent U.S. Supreme Court precedent for the proposition that "[w]hile the federal government is free to enforce its own

Another example, Section 3 of Article 23 states that: "The governmental functions referred to in paragraph 2 [with respect to cannabis cultivation] shall be discharged by a *single* government agency *if the constitution of the Party concerned permits it*."[41] In other words, the Single Convention doesn't require that US treaty obligations with respect to marijuana be carried out exclusively by the DEA. Furthermore, given (i) the ongoing conflict between federal and state law, (ii) the emergence of over three dozen state marijuana regulators working alongside the DEA, and (iii) the continued absence of judicial precedents preempting state marijuana laws as a matter of federal constitutional law, *arguably* the US Constitution would not permit a single federal agency to discharge US obligations under the Single Convention. [42, 43]

3) Joint Federal-State Execution of Treaty Obligations is Also Feasible, Since the Controls Enforced by State Marijuana Regulators are Consistent with Controls Required under the Single Convention.

Like the CSA,[44] the medicinal and/or adult use marijuana laws and regulations of nearly all (if not all) states incorporate most (if not all) of the essential controls called for under the Single Convention, including but not limited to (i) licensing of marijuana businesses and facilities; (ii) tracking and reporting the production, processing, distribution, sale and consumption of marijuana; (iii) prohibiting the

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marijuana laws, requiring state agents to enforce federal laws is unconstitutional commandeering of a state's resources": "In 2018, the U.S. Supreme Court overturned a federal law, PASPA, that sought to prohibit states from authorizing sports gambling, noting PASPA "violates the anti-commandeering rule" that flows from the 10th Amendment. The court explained, "It is as if federal officers were installed in state legislative chambers and were armed with the authority to stop legislators from voting on any offending proposals. A more direct affront to state sovereignty is not easy to imagine." While the ruling was not about cannabis regulation, the same principle would invalidate a federal attempt to prohibit states from legalizing cannabis."
Note also that the anti-commandeering rule also applies to the federal government's efforts to require state governments to carry out treaty obligations: "To the extent that there is constitutional immunity for the states from federal action that purports to command or co-op to the state legislatures or state officials, that immunity presumably applies to regulation by treaty as well as by statute or Congressional – Executive agreement;" *Henkin*, at p. 169.

[41]Per section 1 of Article 28, "[i]f a Party permits the cultivation of the cannabis plant for the production of cannabis or cannabis resin, it shall apply thereto the system of controls as provided in article 23 respecting the control of the opium poppy."

[42]*See generally,* "A Cannabis Conflict of Law: Federal vs. State Law," available at https://www.americanbar.org/groups/business_law/resources/business-law-today/2022-april/a-cannabis-conflict-of-law-federal-vs-state-law/

[43]*See generally*, "State Marijuana Regulation Laws Are Not Preempted By Federal Law," cited in note 23 above.The authors note that: "The question of federal preemption is first and foremost a question of Congressional intent. The CSA makes it clear it only preempts state laws under very limited circumstances.... A state law — or a portion of it — would be preempted under impossibility preemption if it required someone to violate federal law. For this reason, effective cannabis laws do not require state workers to grow or dispense marijuana in violation of federal law; they just regulate private individuals who choose to do so. Requiring someone to break federal law is quite different from allowing and regulating conduct under state law.... The federal government has never alleged in court that federal laws preempt state medical marijuana or legalization and regulation laws. In fact, the Department of Justice (DOJ) argued in favor of dismissing a lawsuit claiming Arizona's medical marijuana law was preempted. That suit was dismissed." [Internal citation omitted.]
See also Arizona v. United States, No. CV 11-1072-PHX-SRB, slip op. at 2 (D. Ariz. Jan. 1, 2012).

[44]"Because the CSA was enacted in large part to satisfy United States obligations under the Single Convention, many of the CSA's provisions directly implement the foregoing treaty requirements." *See Schedules of Controlled Substances: Placement in Schedule V of Certain FDA-Approved Drugs Containing Cannabidiol; Corresponding Change to Permit Requirements*, 83 FR 48950 at 48951 (Sep. 28, 2018), https://www.federalregister.gov/d/2018-21121/p-13.

possession of marijuana in violation of state medical and adult-use marijuana laws; and (iv) making medical marijuana available to patients pursuant to a physician's recommendation for treatment of specific qualifying conditions.

4) We Urge the DEA to Adopt Regulations that Improve and Update U.S. Compliance Efforts through Joint Federal-State Execution of Treaty Obligations.

Given the foregoing, the US can and should posit that compliance can be had through a combination of federal and state regulation, and that this is both contemplated and permitted under both the Single Convention, and not inconsistent with Congress' intent under the CSA. Sincere efforts at material compliance with US treaty obligations — efforts which do not simply ignore all lawful marijuana produced, distributed, sold, and used within state boundaries — cannot depend only on the DEA's failed single-handed efforts at treaty compliance and must involve the state marijuana regulators in the effort. We respectfully urge the DEA to adopt regulations that do so.

Conclusion

It's clear: decades of scientific data, medical literature, and the experience of millions of American patients using it legally under the care of a physician all show that marijuana absolutely does not belong in Schedule I of the CSA. Reclassifying marijuana to Schedule III is a positive first step in aligning federal and state law, however, we continue to assert that removing marijuana from the CSA entirely would be the best and most appropriate action.

We again emphasize that any reclassification of marijuana should be accompanied by guidance to ensure successful state programs are not disrupted by inappropriate federal enforcement of the CSA. Public health and safety are best served by the elimination of the illicit market and the regulation of marijuana and marijuana products. We urge the relevant departments to move expeditiously in publishing the final rule related to this topic.

Respectfully,

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Addendum: NCIA Member Testimonials

The National Cannabis Industry Association (NCIA) surveyed hundreds of businesses on the topic of marijuana's medical efficacy as well as their experience with the state-regulated cannabis programs in their state. Respondents ranged from licensed cultivators, retailers, and manufacturers of cannabis products to an array of ancillary businesses servicing the cannabis industry.

Below is a representative sample of their comments:

"When I first started in the industry in 2009 and 2010, I was shocked to see one of our patients going from a wheelchair to a walker when he came into the dispensary. Little did I realize, by using cannabis, his doctor was able to successfully wean him off of 24 other prescription medications. He was able to walk around his own block again for the first time in over a decade. I knew then that not only did cannabis clearly have medicinal value, but that it wasn't hard to see that it did less harm, with fewer side effects, and with more benefit to medical patients than a buffet of pharmaceutical medicines traditionally prescribed and falling short."

"In 2015 I was a military spouse, attending college, and raising an infant and a toddler at home while my husband served overseas. Mid-year, I was awarded a license to own and operate a dispensary. That license changed my life for the better. By the end of the year, I had 12 full-time employees. Since then, I've opened 6 stores in 3 different states, plus an accounting company, a cultivation company, and a processing company, and employed up to 100 people over the last 8 years. These state programs have benefited me, my employees, and the patients and customers we serve. I've built partnerships with other women, and hired and promoted single mothers, single fathers, BIPOC, and LGBTQ employees. We also employ off-duty police officers inside the stores for increased onsite security."

"I experienced cannabis' profound impact through innumerable interactions with medical cannabis patients. My first job in the cannabis industry was preparing products and consulting patients at a medical cannabis dispensary in Ann Arbor, Michigan at the age of 19. Patients suffering from debilitating conditions ranging from cancer, epilepsy, chronic pain, MS, and so much more were finding relief which had eluded them in conventional prescription options. As my career has progressed since then, I have observed countless more instances of cannabis improving quality of life and serving as a godsend for patients in need."

"Purchasing cannabis through a licensed business gives you peace of mind the products have been tested to state standards. Also every purchase made through a licensed business is one less purchase through the black market."

"I have colleagues who, while going through cancer treatments, were able to obtain cannabis to assist with symptoms from Chemo. They were not legacy users of cannabis but after research found a state licensed medical cannabis business that worked with them to manage their dosing to obtain the best results for their symptoms."

"I have been able to avoid the use of prescription pain medications for my arthritis and degenerative disc disease by having access to regulated sources of medical cannabis in my state of California."
"I've had several cases where I had family members who have been diagnosed with cancer, epilepsy, car injuries, and insomnia to name a few that have benefited from utilizing marijuana versus addictive opioids. It has given them pain relief with minimal side effects. The topical is also known to assist family members in chronic pain. I have enjoyed assisting them with finding products that give them instant relief from pain."

“I've been using and providing plant based medicine for myself and numerous others since 2008 for a variety of conditions including: various cancers, MS, Lupus, CJD, Parkinson’s, Chronic Anxiety, and others. These people have been able to replace harmful drugs with plant-based medicine and increase their quality of life. My husband has MS and while on active military duty could not access cannabis. Instead he was given a cocktail of 12 different drugs to treat his condition. Since retiring and moving to a state with access to marijuana, his drug count is now reduced to 2 thanks to the help of plant medicine.”

“I have a family member with epilepsy and the use of cannabis has very literally stopped their seizures and given them a quality of life they never thought possible.”

“I have been a medical patient since 2015. My qualifying condition is autoimmune arthritis, attacking the small joints in my hands. At the time, as a relatively new father, medical cannabis offered a viable alternative to much stronger pain killers, and was hugely beneficial for my wellbeing as I dealt with chemotherapy and biologic treatment for my condition.”

“I have cyclic vomiting syndrome, and can not keep pills down; I can not throw up smoke or vapor - so safe access to cannabis has kept me out of the hospital, being hooked up to IVs countless times and saving me from financial ruin from hospital bills.”

“I have experienced evidence for myself and with others of the benefits of cannabis for reducing pain, insomnia, and anxiety/depression. I have heard compelling testimonials from people suffering from bipolar mental disorder and autoimmune disorders like MS and Parkinson's. I have witnessed how cannabis has helped cancer patients by improving their moods and appetites, relieving pain, and eliminating cancerous cells, without damaging healthy remaining cells.”

“Obtaining cannabis through state-licensed businesses has truly made an impact in my daily life. As someone who suffers from G.I. related issues, cannabis has been instrumental in helping me live a happy and comfortable life. Prior to having safe access to cannabis, I was taking multiple medications on a daily basis, which I am now longer taking thanks to the access I have to state-licensed cannabis. While I have safe access, my aunt does not, and I am unable to make strong recommendations to her as she is in a state without adult-Use or medical cannabis programs. Having a state-licensed dispensary available has been essential in my consumer education, and in my ability to use cannabis positively.”

“I founded the oldest cannabis compliance company in the business and since 2011 we've helped hundreds of operators ensure public health and safety through adherence to security rules, seed to sale tracking and inventory management, and operational compliance including laboratory testing and quality assurance and control. Beyond the design of these rules with regulators and compliance implementation in these businesses, I've seen entire derelict neighborhoods in Denver and other cities go from abandoned to revitalized in a short number of years. By transforming properties that were least desired, the cannabis industry has literally and almost single handedly created safe spaces and neighborhoods in the areas they establish and operate in. They anchor often rough communities and attract other investment by other businesses around them to transform public safety in very direct ways.”

“Our store has become a staple of the community. Our security has enhanced the neighborhood and we have helped so many people out through our food drives, purchasing drug dogs for the police and cleaning the community.”

“Working daily in the state licensed industry our business model is to make sure that cannabis is distributed throughout the state via secure methods and only to licensed operators. We have worked with the state police and the regulating body to make sure all laws and regulations are adhered to by holding employees and vendors employees accountable.”

“The dispensaries in my community provide a safe and legal place to obtain cannabis, eliminating the need to source from people who may sell other substances or transact in places that may not be safe.”

“Our business works with testing labs to certify accuracy, with an emphasis on public health and safety for contaminants such as metals, pesticides, molds, and toxic solvents. We feel that without this aspect of supply chain safety testing that all other US consumer goods are subject to, cannabis products would become a potentially unsafe product due to these contaminants.”

“We have partnered with a local mentoring program's drug prevention program. We help teach students about the seriousness of using street or illegal vape pens, pharmaceutical drugs, and any illegal or street drug. Our goal is to reduce the number of students getting access and/or using any street or pharmaceutical drug.”

“As an insurance broker, we act as a gatekeeper to the industry by making sure clients are licensed and compliant with federal, state, and local laws.”

“Oaksterdam sponsored the first "tax cannabis" effort in Oakland that kept 80 police officers from being laid off, and went on to pay for enhanced training, body cameras and stabilizing the police force during massive cuts. OU has trained thousands of peace officers to recognize and respect cannabis, and use discretion to focus on violent crime and property crime, prioritize testing rape kits instead of bags of green stuff. Crime near our school went down for years due to extra involved citizens with eyes on downtown. Oaksterdam's political action resulted in an 87% drop in arrests for marijuana in CA the next year and since, arrest for possession is now negligible.”

“Denver is a prime example of how cannabis creates community improvement. The RINO district in particular was a sore sight before cannabis businesses moved in. Now it is a thriving art district of warehouses, restaurants, nightlife, and retail. Often, landlords in more ideal locations aren't willing to take cannabis businesses as tenants. As a result, communities in need of renovation are those that get invested into by cannabis businesses. It truly is one of the last manufacturing industries thriving in the US - putting warehouses, abandoned factory spaces, and other buildings to use - bringing back renovation in the neighborhoods they invest in.”

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