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# POSITION STATEMENT:
# Decriminalization vs. Descheduling of Cannabis

**Section I: Introduction**

The Coalition for Patient Rights (CPR) is committed to advancing the rights of all patients in the pursuit of accessing safe and effective medical cannabis treatments. In light of ongoing debates surrounding the federal regulation of cannabis, CPR has carefully considered the implications of both decriminalization and rescheduling on many levels, especially in relation to patient and civil rights. From the heartbeat of our patients,

**CPR finds that Decriminalization and Descheduling best serves the needs of our patients, community and the underserved.**

This position was based on current empirical data, that cannabis has been used safely throughout history for centuries and that it existed and was legal prior to the creation of both the FDA & DEA, in which cannabis should never have been placed on the schedule to begin with. In addition, the majority of states, through a patchwork of current state laws, are 'in favor' of its medical or adult-use, in multiple forms deemed legal as a safe treatment option that has been beneficial and part of millions of patient's treatment plans. Cannabis is in need to be descheduled and decriminalized so that this simple plant can be treated as such.

**Section II: Definitions**

Unless the context requires otherwise, the following definitions shall apply:

(a) "Medicinal Cannabis" and/or "Medical Marijuana" and/or "Medical Cannabis" means any such form of cannabis or a cannabis product used in compliance with state laws, and marijuana is to be properly addressed as "Medicinal Cannabis" when referring to its medicinal use, qualities and/or beneficial compounds used in the treatment of any illness and/or medical condition and/or relieving pain not well addressed by existing FDA approved remedies and/or treatment options.

(b) “Decriminalization” refers to the elimination or reduction of criminal penalties associated with the possession or use of cannabis, often resulting in civil fines or alternative measures rather than criminal charges.

(c) “Rescheduling” means rescheduling of marijuana (cannabis) in the U.S. DEA Drug Scheduling would involve the reclassification of cannabis under the Controlled Substances Act (CSA), typically shifting it from its current Schedule I status to a lower schedule, such as Schedule II, III, or VI.

(d) "Descheduling" refers to the process of eliminating the marijuana (cannabis) plant from a long list of controlled substances outlined in the Controlled Substances Act of 1970 (CSA) and any subsequent legislative measures derived from or associated with this original law. In essence, descheduling entails removing the legal classification of marijuana as a controlled substance, thereby altering its regulatory status and potentially allowing for different legal frameworks on a state-level regarding its production, distribution, possession and/or use. This action would signify a significant shift in drug policy, potentially leading to changes in how the marijuana (cannabis) plant is being regulated and perceived within the legal system.

(e) “Schedule VI” refers to states and governments who have added a new schedule, Schedule VI, to their Controlled Substances Act (CSA), which legally categorizes the Cannabis plant(s) and tetrahydrocannabinol (THC) below other related substances that have a low(er) potential for abuse relative to substances listed in Schedules I, II, III, IV and V and have currently accepted medical uses in the United States. Substances in a CSA Schedule VI also have a lower risk of dependence and/or addiction compared to those in the Schedules I through V. Examples of some of the substances included in CSA Schedule VI are marijuana and tetrahydrocannabinol that is not derived from hemp, and only in a growing body of states like Virginia and North Carolina. These substances are subject to regulations regarding the growing, manufacturing, distribution, prescription, and use to prevent abuse and diversion, but are still a Schedule VI.

(f) “GRAS Designation” is defined as “Generally Recognized as Safe”, a designation granted by the Food and Drug Administration (FDA) for substances having been adequately shown to be safe under the conditions of its intended use and considered safe for human consumption based on scientific evidence. Food products are classified as GRAS, and under this designation may enhance product safety and quality assurance, providing consumers and cannabis patients with assurances of standardized potency and purity.

(g) “Section 280E” refers to the Internal Revenue Code that is currently prohibiting legal cannabis businesses from deducting ordinary business expenses from their federal taxes, resulting in significant financial burdens. Rescheduling or Descheduling cannabis could alleviate these tax burdens, enabling businesses to reinvest in research, development, and patient care initiatives.

**Section III: Considerations**

Several key arguments based on the legal principles, public policy considerations and many other practical implications support descheduling cannabis altogether as opposed to just rescheduling it. The following considerations were made:

**Constitutional considerations:** The Controlled Substances Act (CSA) is a federal regulatory framework that affects interstate commerce, individual liberties, and states' rights, as well as scheduling the controlled substances for identification and regulation. Cannabis is completely freed from the CSA's purview by descheduling, ending federal prohibition and reestablishing individual and states' rights to regulate accordingly.

**State Sovereignty and Federalism:** The CSA framework does not fully respect states' rights and sovereignty when cannabis is moved to a lower schedule, it just perpetuates the ongoing contradictions. Conflicts between state and federal law are perpetuated by states that have decided to legalize cannabis for medical or recreational uses. States would be able to regulate cannabis as they see fit without interference from the federal government if it were descheduled.

**Public Health and Access to Medicine:** If cannabis is rescheduled, significant regulatory barriers may still be present, making it more difficult for patients in need or for researchers to conduct research and obtain medical cannabis for legitimate purposes. These obstacles are removed when cannabis is descheduled, allowing for more extensive research, development, and access to cannabis-based medications for patients.

**Current Status Marginalization and Racial Disparities:** Cannabis' current Schedule I status has had a disproportionately negative impact on marginalized communities, resulting in mass incarcerations and the continuation of racial disparities in the criminal justice system. Placing cannabis into yet another schedule will not solve the marginalization and racial disparities, the legal recreational market will continue profiting making billions of dollars while the incarcerated sit idol- unjustly awaiting their release. Descheduling cannabis promotes social justice and equity while acknowledging the War on Drugs' failure and allowing the acquittal of prior cannabis-related convictions.

**Financial Opportunities and Business Development:** Federal banking laws, regulations, financing difficulties, and ongoing tax issues will also impact the cannabis industry if the industry is rescheduled. Access to regular banking solutions, investment opportunities, and interstate business are all made possible by the descheduling of cannabis, which also promotes business growth and career development.

**International Consequences:** It may be difficult to implement global drug policy if the cannabis plant remains to be rescheduled within the CSA framework, in violation of several international drug treaties and conventions. The United States would be leading the way in reforming foreign substance treaties by advancing proof-based drug policies worldwide, descheduling cannabis.

## Section VI: Options

**Decriminalization:** Decriminalization would also remove federal restrictions, allowing for broader research (opening it up beyond universities), development, and free distribution of other medical cannabis products without incrimination. This would enhance patient access to diverse treatment options, eliminate the drive for black market products and facilitate innovation in medical cannabis therapies. Most importantly, it would reduce the risk of legal consequences for the patients using cannabis for medical purposes and would be less likely to incriminate patients with archaic DUID laws that are only based on speculation.

In addition, cannabis regulations may not currently address the regulatory challenges related to product safety, quality control, and standardized dosing, potentially impacting patient safety and efficacy. Current access to cannabis now provides risks both in the legal and illicit markets for the patient populations. Decriminalization would allow those current state laws to continue as their constituents voted in to be, providing ease of access to consumers. Imagine the ability to buy 'hemp' sprouts at the local grocers and/or farmers' markets next to the alfalfa sprouts and tomatoes. Ultimately, this option would "Free the Leaf" once and for all.

**Rescheduling:** Rescheduling cannabis to Schedule III, IV or V, or creating a new Schedule VI could facilitate research and development of medical cannabis products, leading to improved patient access and safer products. However, restrictive regulations and barriers to access may persist, limiting patient autonomy and choice in addition to creating monopolies for those in power to set up regulations that benefit only those at the state and federal level, causing further division in equity and access.

**GRAS Designation:** GRAS designation of marijuana (cannabis) could enhance product safety and quality assurance, providing patients with assurances of standardized potency and purity.

## Section V: Challenges and Questions

Despite the potential benefits of descheduling, several challenges and unanswered questions remain:

**Research Gaps:** What additional research is needed to fully understand the medical benefits and risks of cannabis?

**Regulatory Framework:** How can regulatory frameworks be established to ensure product safety and quality control, while leading towards consistency and standardized dosing?

**Healthcare Integration:** How can medical cannabis be integrated into mainstream healthcare practices to ensure comprehensive patient care?

**Equity and Access:** How can disparities in access to medical cannabis treatment be addressed, particularly among marginalized communities?

**Section VI: Facts**

Polls consistently show that a clear majority of the public now supports marijuana legalization. For example, a Pew Research Center poll released in November 2022 found that approximately 88% (percent) of Americans agreed that marijuana should be legal for medical or recreational use, with nearly 60 percent supporting legalization for both medical and recreational use. A majority of our medical professionals accept the medical use of marijuana and support removing marijuana from schedule I, so what are we waiting on as an organized society formed in service to the people?

In a letter from 12 senators to our U.S. attorney general and to the U.S. DEA, it was stressed that “88% percent of Americans are now in support of legalizing marijuana”*, and that any continued placement within the CSA “would not resolve the worst harms of the current system”. Thus, the DEA should deschedule marijuana altogether. Marijuana’s placement in the CSA has had a devastating impact on our communities and is increasingly out of step with state law and public opinion. We thank these Senators for reiterating that our patients should be properly served and empowered without criminal categories for cannabis.

The World Health Organization (WHO), the American Academy of Family Physicians (AAFP) and the American Nurses Association (ANA) have all recognized the legitimate medical uses of the cannabis plant (marijuana). The United States can persuasively argue that the decriminalization of marijuana is activity consistent with its treaty obligations of the “Single Convention on Narcotic Drugs of 1961” and that descheduling makes sense given the current research and knowledge. Research has found that marijuana legalization may reduce violent international drug trafficking. By definition, the criminalization of cannabis will continue until it is completely removed from the CSA, and so the World Health Organization finds that patients and communities around the world are best served by decriminalization and descheduling given the potential legal ramifications.

Alcohol is not on the CSA, though many treatments and drugs contain alcohol. According to a statement made in congress, there were 140 thousand alcohol related deaths in 2022, and there were 500 deaths from tylenol, Cannabis had zero lethality reported. Now, we cannot pretend it is zero, as cannabis can be lethal if it contradicts treatment, but accidents from impairment are hard to track. With that; empirical data still indicates fruits or vegetables kill more people per year than the cannabis plant. This data shouts out to anyone who might still be confused, that cannabis is generally regarded as safe, and therefore should be classified as GRAS, but not scheduled at all.

If cannabis were in Schedule III, sharing joints would become as criminal as sharing ketamine or codeine. Decriminalization and descheduling of the cannabis plant creates a socially positive impact on patients, veterans, communities, and the underserved, without which, for them to receive a gift of cannabis is two crimes. This further weaponizes a legal system and a plant meant to improve lives.

Archeology has proven that cannabis sativa has been a top choice for animal feed for over 2000 years. In the past it has been demanded by our government, even subsidized. For generations before prohibition, we received cannabinoids in our dairy and meat. From this we can conclude that for those generations, we viewed the cannabis sativa plant as GRAS.

All Mammals have an endogenous cannabinoid system (ECS) that manages and balances their homeostasis and other body systems. Since our bodies naturally manufacture two (2) of these endogenous cannabinoids, Anandamide (AEA) and 2-Arachidonoylglycerol (2-AG), they act as keys that interact with our locks, or receptors, on our cells and organs. The cannabis sativa plant has over 144 known phyto-cannabinoids that mimic our endogenous cannabinoids and each of their functionalities. While there are other plants in the Cannabaceae that contain cannabinoids, no other plant is known to have as much symbiosis with our cellular equilibriums as the Cannabis Sativa plant. Equilibriums controlling appetite, sleep, depression, anxiety, inflammation, and pain. Based on these connections with our endogenous cannabinoid system, taking into account peer reviewed research of known mechanisms of action for cannabinoids regarding healing, CPR feels that decriminalization and descheduling of Cannabis Sativa for our animal and food sources may be beneficial to our health; a benefit for the entire community, improving wellness, strengthening the community as a whole, thus creating less health interventions, unnecessary burden and costs.

Minus one demonized molecule, cannabis becomes hemp, and is currently sold throughout much of the US, because it is considered (without designation) GRAS. Search “hemp” at Amazon.com for proof: See for yourself. We represent that our patients are not criminals - for seeking relief. On August 7, 1765, George Washington noted that he “began to separate the male from the female hemp… rather too late.” Female cannabis sativa flowers are for smoking and medicine, not rope. Do you get the impression that George Washington regarded Cannabis female flowers to be GRAS, perhaps even medicinal, and that he was not committing a criminal act?

**Conclusion:**

In conclusion, arguing in favor of descheduling cannabis over re-rescheduling makes a strong case based on social justice, economic opportunities, international drug policy reform, states’ rights, constitutional principles, and public health considerations. Cannabis regulation at the federal and international levels can now be more equitable, just, and sustainable thanks to a robust framework descheduling the cannabis plant, which also eliminates federal prohibition.

The Coalition for Patient Rights (CPR) advocates for a patient-centered approach to (medical) cannabis policy reform that prioritizes safe access, product safety, and even patient autonomy. While both decriminalization and rescheduling may offer incremental improvements, descheduling offers the most promising pathway to advancing patient rights and improving healthcare outcomes as a result. CPR calls for continued dialogue and collaboration to address the complex challenges and opportunities surrounding medical cannabis regulation, however, leans toward descheduling.

## Sources:


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10. Internal Revenue Code Section 280E
11. Schedule 6 Foundation.A simple and elegant political solution for American Cannabis.https://schedule6.org/



**Coalition for Patient Rights (CPR)**
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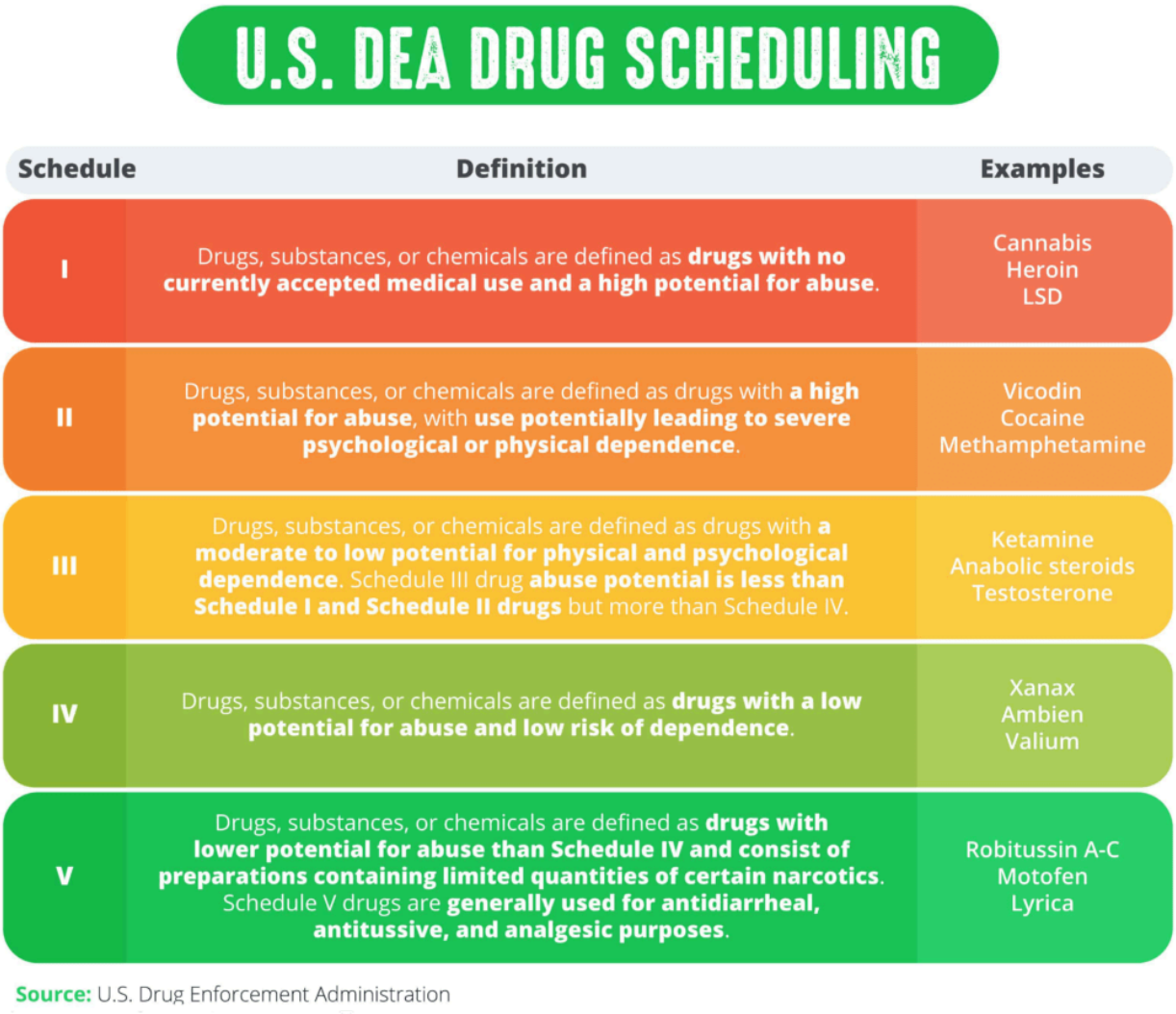
**About CPR: National Voice of Patient Advocacy**
Coalition for Patient Rights provides a voice for the people, Vox Populi, aiming to improve the healthcare of the Nation by highlighting system failures, lobbying and advocating for regulatory change, treatment education, environmentally friendly policies, and safeguarding new technology.




**Position Statement Submitted to:**

**Cannabis Compliance Board | Zoom Meeting: 02/09/2024 at 1PM (PST)**

Comments by the public may be emailed to CACmeetings@ccb.nv.gov by 5:00 p.m. the day before the scheduled meeting and include the commenter's full name. Content may be redacted due to inappropriate language. All written public comments shall, in their entirety, be included as part of the public record.