

Cannabis Rescheduling: Feds to Weigh 40,000 Public Comments

NORML Supports Cannabis Reclassification in Recent Comments to DEA

Over the past five decades, the National Organization for the Reform of Marijuana Laws (NORML) has been involved in numerous cannabis rescheduling petitions. Recently, NORML submitted comments in support of the reclassification of botanical cannabis, providing a comprehensive analysis of clinical findings and highlighting the importance of this change for public health and policy.

FDA-Approved Trials and National Academy Review

Clinical findings form the foundation for NORML's support of cannabis reclassification. A review summarizing several FDA-approved, randomized placebo-controlled trials has concluded that the Schedule I classification of cannabis is untenable. The review stated, "Based on evidence currently available, the Schedule I classification is not tenable; it is not accurate that cannabis has no medical value, or that information on safety is lacking."

This conclusion is further affirmed by an exhaustive literature review conducted by the National Academy of Sciences, Engineering, and Medicine's Committee on the Health Effects of Marijuana. The committee found "conclusive or substantial evidence" that cannabis and its active constituents benefit specific patient populations, including those suffering from chronic pain, nausea, and spasticity.

NORML's Literature Review

A recent review compiled by NORML highlights over 400 peer-reviewed papers documenting the efficacy of cannabis or its constituents in more than 20 distinct patient populations. This extensive body of evidence clearly shows that cannabis does not meet the criteria for either a Schedule I or Schedule II controlled substance.

NORML's Position and Recommendations

While NORML strongly advocates for the complete removal of cannabis from the Controlled Substances Act (CSA) to align federal policy with most US states, they do not dispute the factual basis underlying the Department of Health and Human Services' (HHS) recommendation to move botanical cannabis to Schedule III or lower. NORML asserts that it would be arbitrary and capricious for the DEA to reject HHS' findings and maintain existing prohibitions on cannabis.

Marijuana Policy Project (MPP) Support

The Marijuana Policy Project (MPP) echoes NORML's sentiments, urging the Department of Justice and the DEA to finalize the rule to reschedule cannabis to Schedule III promptly. The MPP emphasizes that cannabis does not meet the criteria for Schedule I drugs, which must have "no currently accepted medical use in treatment in the United States," a high potential for abuse, and a lack of accepted safety under medical supervision.

Impact on Research and Healthcare

Rescheduling cannabis to Schedule III would significantly impact research and healthcare. Currently, the Schedule I status of cannabis complicates research, increases stigma and discrimination against patients, and reduces healthcare practitioners' education. Rescheduling would facilitate more research, standardize lab testing, and harmonize regulations on pesticide use, labeling, and packaging.

Call for Comprehensive Reform

NORML and other advocacy groups, such as the Marijuana Justice Coalition, stress the importance of removing cannabis from the CSA altogether. They argue that only descheduling will decriminalize cannabis at the federal level, fulfilling campaign pledges to end marijuana use criminalization and addressing the public health consequences of cannabis-related incarceration.

Support from U.S. Cannabis Council (USCC)

The U.S. Cannabis Council (USCC) applauds the DOJ and DEA's historic action to initiate the rescheduling of cannabis. The USCC urges the DEA to quickly publish a final rule, cementing this reform and aligning federal policy with scientific evidence and public opinion.

NORML's comments in support of cannabis reclassification underscore the growing consensus among healthcare professionals, researchers, and advocacy groups that the current Schedule I status of cannabis is outdated and unsupported by clinical evidence. As federal agencies move towards rescheduling, the implications for research, public health, and marijuana policy are profound. The collective call for comprehensive reform reflects a significant shift in how cannabis is perceived and regulated in the United States.

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