



...working to legalize responsible adult use...

National Organization for the Reform of Marijuana Laws

1100 H Street, NW, Suite 830  
Washington, D.C. 20005  
T 202.483.5500 | F 202.483.0057  
<http://norml.org> | [norml@norml.org](mailto:norml@norml.org)

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**Written Testimony for:**  
**The House Committee on Energy and Commerce, Subcommittee on Health**

**Regarding:**  
**Cannabis Policies for the New Decade**

**Submitted by:**  
**Paul Armentano**  
**Deputy Director**  
**National Organization for the Reform of Marijuana Laws**

Chairwoman Eshoo, Esteemed members of the Committee, and Interested Parties:

As is evident by the title of this hearing, our federal marijuana policies are stuck in the past. It is time for Congress to amend them in a manner that comports with our current political and cultural reality.

Congress initially classified the cannabis plant as a Schedule I controlled substance in 1970 – at a time when America knew far less about it than we now know today. Since that time, tens of millions of Americans have experimented with cannabis and according to the PubMed.gov database, over 30,000 peer-reviewed studies have been published about this plant. It is clear from both the scientific and empirical data that marijuana does not meet the specific definitions of a Schedule I controlled substance.

It does not possess a “high potential of abuse” as compared to substances placed in lower classifications, like cocaine and opioids. It does not lack “accepted medical use” in the United States. In fact, 33 states by statute now authorize medical cannabis use, and millions of Americans are using it under the supervision of their physician. And while cannabis is not altogether harmless, it certainly is not so dangerous as to assert that it lacks “accepted safety ... under medical supervision.”<sup>1</sup>

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<sup>1</sup> Iverson. 2015. Long-term effects of exposure to cannabis. *Current Opinion in Pharmacology* 5: 69-76 – “Overall, by comparison with other drugs used mainly for 'recreational' purposes, cannabis could be rated to be a relatively safe drug.”

Voters and state governments are no longer wedded to these federal ‘Flat Earth’ policies and are pursuing alternative regulatory options. Over one in four Americans now reside in a jurisdiction where the adult use of cannabis is legal, and the majority of states regulate medical marijuana use and sales. Many of these latter statewide policies have been in place for the better part of two decades, while adult-use regulations in Colorado and Washington were initially approved in 2012.

To date, no state has ever repealed a marijuana legalization law after enactment, medical or otherwise. Further, two-thirds of adults — including majorities of self-identified Democrats, Republicans, and Independents — endorse making the plant legal, according to the latest nationwide Gallup poll.<sup>2</sup> As more states amend their cannabis laws, public support for legalization has continued to rise, increasing some 25 percent in just the past seven years.

This rising support is evidence that legalization laws are functioning largely as voters and lawmakers intended. This further illustrates the majority of the public is pleased with results. Contrary to the concerns of some, state-specific cannabis liberalization policies have not been independently associated with adverse effects on public safety, such as increased levels of crime<sup>3</sup>, traffic safety<sup>4</sup>, and youth access.<sup>5</sup>

This is why most Americans prefer a policy of cannabis legalization and regulation rather than continuing the failed strategy of marijuana criminalization. Congress would be wise to listen. The establishment of a pragmatic regulatory framework that allows for states to engage in the legal, licensed, commercial production and retail sale of marijuana to adults – but that continues to restrict and discourage its use among young people – best reduces the risks associated with the plant's use or abuse. By contrast, advocating for the marijuana’s continued criminalization only compounds them.

By removing cannabis from its Schedule I status, as provided by The MORE Act<sup>6</sup>, and descheduling it in a manner similar to alcohol, Congress would eliminate the growing and untenable conflict between state and federal law. Further, this policy change would permit those state governments that wish to continue to prohibit intrastate cannabis-related activities to do so. It will also allow those states that already have – or that in the future wish to – pursue regulatory schemes the authority to move forward. Of course, even in an environment where cannabis is descheduled, Congress and other federal agencies would still possess various regulatory authority over how marijuana products are produced, taxed, marketed, and sold – just as it possesses similar oversight authority over alcohol. The closest analogy would be

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<sup>2</sup> <https://news.gallup.com/poll/267698/support-legal-marijuana-steady-past-year.aspx>

<sup>3</sup> <https://norml.org/marijuana/fact-sheets/item/marijuana-regulation-and-crime-rates>

<sup>4</sup> <https://norml.org/marijuana/fact-sheets/item/marijuana-regulation-impact-on-health-safety-economy>

<sup>5</sup> <https://norml.org/marijuana/fact-sheets/item/marijuana-regulation-and-teen-use-rates>

<sup>6</sup> HR 3884: The Marijuana Opportunity, Reinvestment, and Expungement Act

federal limits on how certain alcoholic beverages may be advertised; mandated warning labels on alcohol products, minor federal excise taxes on alcoholic goods; and a prohibition on the sale of certain formulations of alcoholic products, such as those mixed with caffeine.

Further, descheduling cannabis will facilitate scientists' ability to conduct large-scale clinical trials evaluating cannabis' therapeutic efficacy in a manner that is simply not possible today.<sup>7</sup> Because federal regulations prohibit clinical testing on all forms of cannabis other than the limited varieties of flowers available from the US National Institute on Drug Abuse/University of Mississippi program, there exists no legal pathway for a commercial entity to clinically evaluate marijuana products in a way that would meet FDA requirements. In fact, the US Drug Enforcement Agency acknowledged this reality in 2016, when it stated , "[U]nder the historical system, there was no clear legal pathway for commercial enterprises to produce marijuana for product development."<sup>8</sup> Yet, despite promises to the contrary, neither the DEA nor NIDA has amended these undue regulatory hurdles.<sup>9</sup>

For these and other reasons, NORML encourages members of this committee to join your colleagues on the House Judiciary Committee and advance The MORE Act to the House floor. For some 50 years, the cannabis plant has been improperly categorized and criminalized by federal law. It is time to re-examine and amend this longstanding failed policy.

Thank you for your time and consideration.

Paul Armentano  
NORML Deputy Director  
Washington, DC  
202-483-5500

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<sup>7</sup> <https://thehill.com/opinion/white-house/406693-The%20federal-government-must-stop-stifling-medical-marijuana-research>

<sup>8</sup> DEA 21 CFR Part 1301 [Docket No. DEA-447]

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-17955.pdf>

<sup>9</sup> <https://thehill.com/opinion/civil-rights/458868-deas-latest-promise-to-facilitate-medical-cannabis-research-should-be>