Mullins Lobbyist Firm

Alexander City, Alabama 35010

(256)794-9282

MELISSA MULLINS

Founder

August 8, 2024

The Honorable Merrick Garland

Attorney General of the United States

U.S. Department of Justice

950 Pennsylvania Avenue, N.W.

Washington, D.C. 20530

Re: Rebuttal to the Comments submitted by the Coalition of Attorneys General Opposing Rescheduling of Marijuana- States of Alabama, Nebraska, Montana, Louisiana, Arkansas, South Carolina, Indiana, Kansas, Mississippi, South Dakota and Iowa- submitted on the notice of proposed rulemaking *Schedule of Controlled Substances: Rescheduling of Marijuana* (DEA-2024-0059; A.G. Order No. 5931-2024; Docket No. DEA-1362;89 Fed. Reg. 44597 (May 21, 2024).

Dear Attorney General Garland:

The undersigned organizations and small businesses submit the following rebuttal to those comments submitted by the Coalition of Attorneys General (COAG) listed above, as it relates to the notice of proposed rulemaking *Schedule of Controlled Substances: Rescheduling of Marijuana.* We support the endorsement made by The Department of Health and Human Service to recommend Cannabis' status under the Controlled Substances Act ("CSA"), 21 U.S.C.§ 801 *et seq*, be changed from CSA Schedule I to Schedule III.

A Final Rule, from the US Attorney General and the DEA, rescheduling Cannabis from Schedule I to Schedule III should be issued for 3 reasons.

First, there are numerous reasons why rescheduling Cannabis from Schedule I to Schedule III would be of great benefit to the public. As recently as 2016, the DEA concluded that "marijuana continues to meet the criteria for Schedule I control under the CSA." According to the COAG letter, an agency's (such as Health and Human Services) reversal "rests upon factual

findings that contradict those which underlay its prior policy." Is there a risk of abuse? Of course there is, but there is risk for abuse with everything on the planet. Chocolate, fast food, sugar, ALCOHOL, coffee, cigarettes, Goody Powders, energy drinks, Nembutal, Seconal, Xanax, Klonopin, Valium, Ambien, Percocet, Loratab, Lorcet…the list goes on and on. All of these have a potential for addiction and fatality (if used incorrectly), but they are still on the market as viable treatments. The side effects from those mentioned cause even more pharmaceuticals to be taken, which in turn increases the risk of addiction even more. There are always going to be some that abuse the system and put those of us that actually need an alternative to run of the mill pharmaceuticals, TO LIVE, as the ones that suffer. Risk of addiction is neither a valid nor appropriate reason in 2024 anymore. It is certainly not valid for keeping Cannabis in the same classification as Heroin, LSD, and Ecstasy. It is blatantly absurd to keep Cannabis in a Schedule higher than Fentanyl. Fentanyl is our leader in the war against drugs. Fentanyl has never helped a sick and suffering individual from seizure activity. It has never helped a child 'come out of' a seizure. Cocaine has never helped a person become clean from alcohol and drug abuse. Meth has never helped a person with their anxiety and depression become a productive member of society and hold down a job, where they previously could not. Oxycontin has never helped a person become sober. We cannot continue to ignore the fact that Cannabis has medical benefits. The COAG letter states there are no "good reasons" to reschedule Cannabis. With all due respect, I think the families, who have witnessed with their own eyes Cannabis literally stop a seizure in its highest point, would very much disagree. I think the families of those children with rare and painful debilitating medical conditions, have a better quality of life because of cannabis would disagree. Those that have regained the strength and functionality to do a simple task like go to the store, would disagree. Every person in this world that has had cannabis improve them and their life, would disagree.

Second, the CSA requires that "HHS's scientific and medical determinations be binding, reliable, probative and requires them to consider the "whole record." For that to be achieved, we have to look at ALL sides of Cannabis. Mullins Lobbyist Firm and its supporting organizations have been standing on the frontlines in Montgomery since 2019 fighting for our patients and citizens to have access…SAFE ACCESS… to Cannabis via a medical program. We have stories on top of stories from people sharing their successes of a more productive life, a better quality of life, severe medical conditions being subdued, severe pain being reduced and sometimes even completely gone; all because of the medical and therapeutic benefits of Cannabis. Stories from parents, spouses, children begging for help because the REAL possibility of a seizure potentially killing them EXIST. The letter sent by the COAG says that because the US Attorney General retains "ultimate responsibility" for scheduling decisions under the CSA, neither the DEA nor US AG, is obligated to defer to HHS's recommendation. Instead, the DEA is obligated to consider the "whole record" and ALL "reliable, probative, and substantial evidence. It stands to reason that all data and studies also include real and raw evidence from families, doctors, and advocacy groups also be considered. In layman's terms, in the rulemaking, the DEA is not obligated but CAN concur with HHS's recommendation to reschedule Cannabis.

Third, there are 8 factors that go into the scheduling of controlled substances, including potential for abuse, history and pattern of abuse, duration and significance of abuse and whether the substance is an immediate precursor of (another controlled) substance; or in other words- A gateway-to more dangerous drugs. It was written that the consumption of Cannabis creates a "risk to public health and exacerbates serious societal ills, already plaguing the Nation. The only

societal ill that is a plaque to our Nation is Fentanyl, and its other counterparts. The only gateway to Cannabis is mental, physical, emotional, and sexual abuse, alcoholism, depression, anxiety, bullying, trauma, PTSD, chronic pain and mental illness, just to name a few.

Additional Comments from our Supporting Organizations

Mullins Lobbyist Firm: Over the past 5 years we have heard on numerous occasions that Cannabis kills people. Cannabis is dangerous. Cannabis is a public health crisis. Nothing could be further from the truth. Cannabis does NOT kill people. LACED Cannabis, STREET Cannabis, unpure and untested Cannabis DOES harm people. Forcing sick, suffering and dying patients to become criminals, just to be able to live, by obtaining illegal and potentially dangerous additives and chemical filled Cannabis is harmful. We understand the potential and fear of abuse. It happens every day-we are sensitive to that, but the threat of abuse is everywhere, are we going to prohibit cigarettes? Are we going to prohibit alcohol? Are we going to prohibit people from buying anything with harmful additives and fatty foods? Can we as a nation not see the writing on the wall? EVERYTHING is potentially a threat to our health. We can't keep using this excuse as a way of continued prohibition of Cannabis. Maybe we should stop catering to the ones that are always, going to break laws regardless of what they are and regardless of who issues them. Criminals do NOT obey laws. They are called criminals for a reason. We are sacrificing our sick, suffering and dying patients in the name of abuse—IT HAS TO STOP. There are patients that choke down handfuls of pills multiple times a day, every day just to be able to stay alive. There are children that are literally given liquid speed, which is Schedule II, just to be able to function in school. There are WAR VETERANS that suffer every single day with PTSD and we don't even blink an eye. The men and women that fought and still fighting for this country and us as a population, should be taken care of much better than they are. There are 22 Veterans that commit suicide every day. Why? Because the pharmaceuticals that they are filling their bodies with do not help and do more harm than good. The number of pharmaceuticals that are taken daily are astronomical-and all of them are FDA approved and are prescribed like candy. They are dangerous and only allow for more pills to be taken to treat the side effects. Some legal pharmaceuticals affect cognitive function, the ability to drive, and the ability to work. Taking too many Tylenol or Advil or Antihistamines, etc.… can make it difficult to function, but Cannabis is the substance that is dangerous, is classified higher than Fentanyl and prohibited? I make no connection between Cannabis, alcohol or cigarettes being more or less dangerous than the other - but the fact that the latter are vastly more fatal than Cannabis is being avoided and we are harming ourselves and society by not addressing that FACT!

If you look on page 9 of the COAG letter, it is stated that there are NO FDA approved "drug products containing botanical marijuana for any therapeutic indication." Also, according to the COAG, the Health and Human Services admits that the most recent scientific evidence in favor of marijuana's medical efficacy is, at best, "inconclusive or mixed." The COAG further noted that "vast majority of medical professional organizations did not recommend the use of marijuana in their respective specialty." There are 3 synthetic forms of Cannabis and 1 synthetic form of CBD that ARE FDA approved. Marinol/Syndros/Cesamet are all synthetic forms of THC. Epidiolex is a synthetic form of CBD. With the dosage limitations and the potency of these synthetic/man made Cannabis products the average adult with severe medical conditions is not going to get the relief nor the full medical benefit. Although these treat other conditions, the main ones we see associated with these products is Dravet Syndrome, Lennox Gastaut Syndrome and Tuberous Sclerosis. While we are thankful that individuals with these conditions (and others) are

getting some kind of relief, it is not nearly enough. There are lucrative strains and types of Cannabinoids that would be so much more beneficial to the human body. The reason doctors and medical professionals are not speaking out or using Cannabis as a treatment is because it is illegal for them to do so. They aren't not speaking out or utilizing Cannabis simply because it doesn't work or its dangerous, it's because they jeopardize their livelihood if they do.

Again, we are sensitive to the argument of abuse. However, we as a community of patients, citizens, industry workers, grass roots advocacy groups, lobbyists, families living with devastating medical conditions continue to advocate and rally for more SAFE access to Medical Cannabis. Rescheduling Cannabis from Schedule I to Schedule III, is appropriate. There is no way to realistically and honestly say (with facts) that Cannabis has no medical value. The data, whether one wants to admit it or not, is there. Unfortunately, because of the stigma that continues to surround Cannabis and its consumption those studies are buried, and you have to dig for them. The stories we all see and hear are not fact based when the cause of death or sickness is caused from Cannabis. Those stories fail to mention what that Cannabis was laced with or poisoned with. Pure, tested, non-contaminated Cannabis alone does not kill people.

In sum, a Final Rule rescheduling Cannabis to Schedule III is warranted. We offer these data/fact-based sources to the DEA, in support of rescheduling Cannabis to Schedule III. The undersigned Advocates, Lobbyists, and Organizations ask, for the reasons outlined, that the DEA issue a Final Rule and reschedule Cannabis from CSA Schedule I to CSA Schedule III.

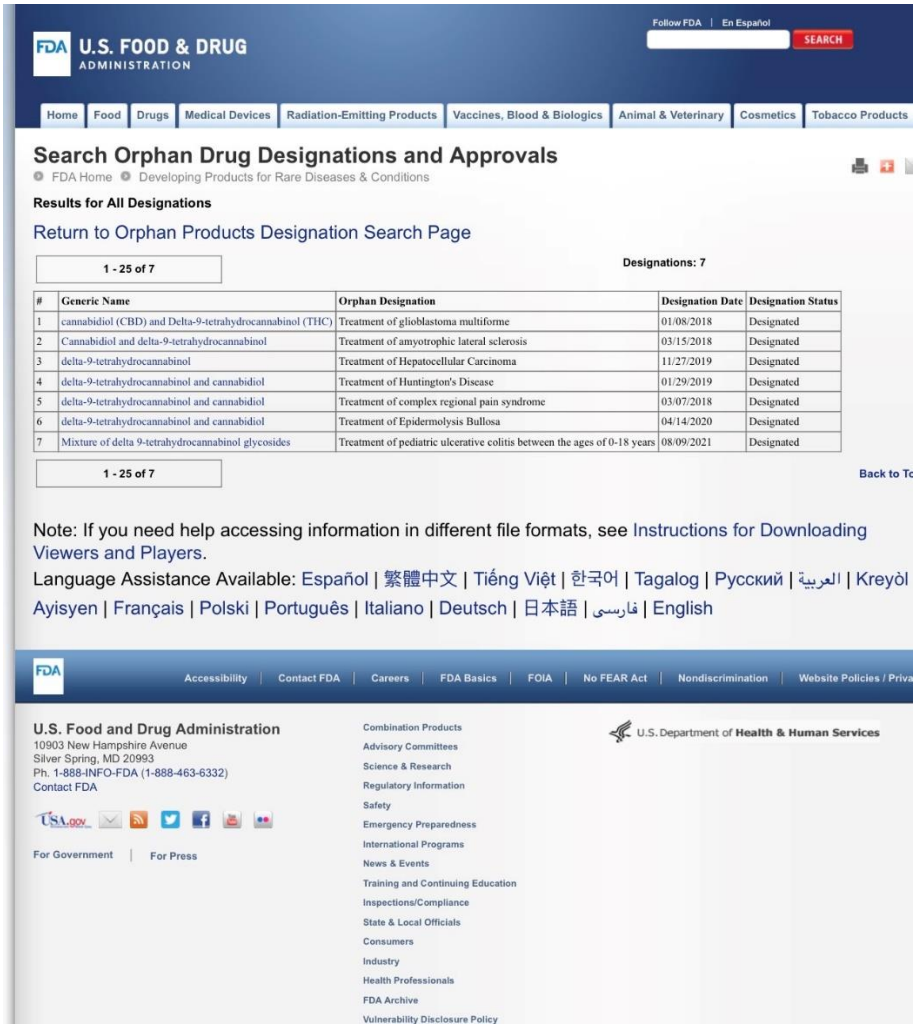
Advocates for Compassionate Therapy Now:

Re: Response to Coalition of Attorneys Opposing Rescheduling of Marijuana

For decades, the stringent federal classification of cannabis has been heavily questioned, and for good reason. The comparison of marijuana with heroin, methamphetamine, and 4-methylenedioxypyrovalerone (bath salts) is clearly an inappropriate classification. It has impeded desperately needed research and resulted in a patchwork of state regulatory programs. In addition, the enforcement of marijuana as a Schedule I drug has cost Americans millions, created violent cartels, and burdened our criminal justice system to the point that the United States has more incarcerated than Russia or China.

Marijuana does have widely accepted medical uses including mitigating nausea, seizure control, antitumoral properties, and as an anti-inflammatory agent. Since 2016, Epidiolex received FDA

approval and both cannabidiol and tetrahydrocannabinol have orphan drug designation for multiple conditions. https://www.accessdata.fda.gov/scripts/opdlisting/oopd/listResult.cfm



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Designations: 7

#	Generic Name	Orphan Designation	Designation Date	Designation Status
1	cannabidiol (CBD) and Delta-9-tetrahydrocannabinol (THC)	Treatment of glioblastoma multiforme	01/08/2018	Designated
2	Cannabidiol and delta-9-tetrahydrocannabinol	Treatment of amyotrophic lateral sclerosis	03/15/2018	Designated
3	delta-9-tetrahydrocannabinol	Treatment of Hepatocellular Carcinoma	11/27/2019	Designated
4	delta-9-tetrahydrocannabinol and cannabidiol	Treatment of Huntington's Disease	01/29/2019	Designated
5	delta-9-tetrahydrocannabinol and cannabidiol	Treatment of complex regional pain syndrome	03/07/2018	Designated
6	delta-9-tetrahydrocannabinol and cannabidiol	Treatment of Epidermolysis Bullosa	04/14/2020	Designated
7	Mixture of delta 9-tetrahydrocannabinol glycosides	Treatment of pediatric ulcerative colitis between the ages of 0-18 years	08/09/2021	Designated

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U.S. Department of Health & Human Services

There are thousands of anecdotal stories showing improvement in quality of life and healthcare outcomes because the patient has access to cannabis. Research from Spain, Israel, and England has clearly shown definitive medical applications.

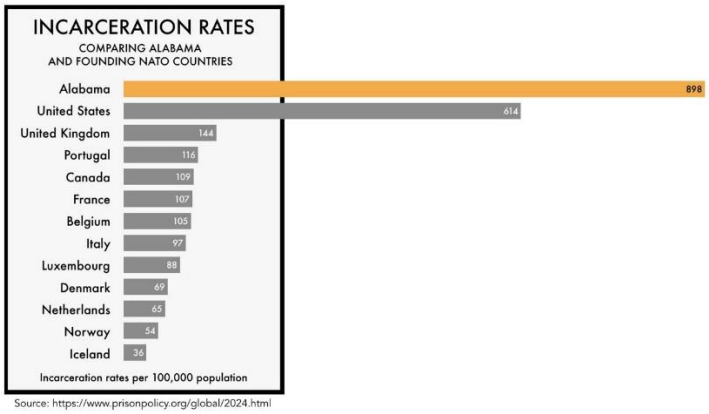
The United States is falling behind when it comes to therapeutic applications of cannabinoids. Our insistence to keep cannabis Schedule I has resulted in harm studies dominating the market. This creates a false perception that cannabis isn't useful as a therapeutic tool and the reliance on international studies for guidance in healthcare. Moving cannabis to Schedule III would open avenues for American research using products that the public has access to. This could help

patients incorporate cannabis more effectively and prevent adverse outcomes. It would increase educational resources allowing patients to target their symptoms leading to a greater quality of life.

Schedule III does not expand access since it imposes strict federal regulations that require specific manufacture and distribution protocol. Currently, each state is creating their own regulatory framework for cannabis because Schedule I does not offer guidelines. Schedule III has framework already created which could force states into compliance. This framework would make it more difficult to access cannabis because it limits manufacturers and distribution.

One of the key reasons rescheduling is being looked at is because the war on drugs has created a prison system crisis. Addiction is a mental health issue and we've decided to criminalize mental ill people who need help. According to Prison Policy Initiative, "Alabama locks up a higher percentage of our people than any democratic country on Earth." Taxpayers get to subsidize mass incarceration and the prison industry rather than resources to help citizens succeed. This is a burden that taxpayers don't need and can't afford.

Today, Alabama's incarceration rates stand out internationally



Source: https://www.prisonpolicy.org/global/2024.html

In the U.S., incarceration extends beyond prisons and local jails to include other systems of confinement. The U.S. and state incarceration rates in this graph include people held by these other parts of the justice system, so they may be slightly higher than the commonly reported incarceration rates that only include prisons and jails. Details on the data are available in States of Incarceration: The Global Context. We also have a version of this graph focusing on the incarceration of women.

Many of the harms noted by the Coalition of Attorneys can also be attributed to difficult socioeconomic factors that have existed since legalization. From housing crises to pandemics to hyperinflation, Americans have consistently struggled to survive. Homelessness, anxiety and suicidal tendencies, and welfare dependence can be correlated more with our economic system than to the legalization of recreational marijuana. These trends are experienced in all states, including ones where cannabis is still illegal.

According to the National Coalition for the Homeless, the main contributors to homelessness are, "lack of low-cost housing nationwide and the limited scale of housing assistance programs." Other contributors cited lack of healthcare services, poor unemployment options, decline in assistance programs, domestic violence, mental illness, and addiction. Legalization of cannabis is not cited as a reason for homelessness. Given that cannabis is not physically addictive, it's clearly not a factor for homelessness. Suicidal ideation, crime, and welfare dependency is also more correlated to the factors described above, and has nothing to do with the availability of marijuana.

Choosing to maintain cannabis prohibition would be irresponsible and cause further harm to many Americans. Rescheduling isn't the answer many seek, but it's a start. Given the current economic climate, the responsible step for the government to take is to reschedule. Maintaining failing systems has never proven wise and we look forward to seeing new possibilities open up for Americans.

Bridget Dandaraw-Seritt

Founder, Advocates for Compassionate Therapy Now

Sincerely,

Jennifer Boozer

Owner of Sweet Home CannaBama

Alabama State Representative for the National Industrial Hemp Coalition

CEO of Mullins Lobbyist Firm

Sonya Lowery

Owner of Freedom CBD & Wellness

President of Mullins Lobbyist Firm

Antoine Mordican

Owner/CEO of Native Black Cultivation

Alabama State Director for Minorities 4 Medical Marijuana

Chief Operating Officer of Mullins Lobbyist Firm

Bridget Seritt

Founder of Advocates for Compassionate Therapy Now

Melissa Mullins

Founder of Mullins Lobbyist Firm

Alabama Registered Lobbyist

Autism/Epilepsy Advocate

SOURCES

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Federal Regulation: 89 Fed. Reg. at 44602

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