



**City of Portland, Oregon**  
**Portland Permitting & Development**  
**Cannabis Program**

Carmen Rubio, Commissioner  
David Kuhnhausen, Interim Director  
Phone: (503) 823-7300  
TTY: 711  
[www.portland.gov/ppd](http://www.portland.gov/ppd)

July 22, 2024

Subject: Docket No. DEA - 1362

U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

Dear Attorney General Merrick Garland,

The Department of Justice should finalize the administrative procedure and transfer marijuana from schedule I of the Controlled Substances Act (CSA) to schedule III of the CSA, consistent with the recommendation of the Department of Health and Human Services (HHS). This action conforms with the view of HHS that marijuana has a currently accepted medical use and lower potential for abuse or physical and psychological dependence than substances in schedule I or II. In consideration of the facts outlined in the HHS recommendation, and consistent with the findings of the Office of Legal Council (OLC) assertion that the rulemaking proceedings are valid, the DOJ should move marijuana to schedule III.

In the state of Oregon, there are [several currently accepted medical uses for cannabis](#) through the Oregon Health Authority's Medical Marijuana Program. Attending providers may prescribe medical marijuana for the following debilitating medical conditions: malignant neoplasm (Cancer), glaucoma, positive status for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), a degenerative or pervasive neurological condition, Post-Traumatic Stress Disorder (PTSD), and/or a medical condition or treatment of a medical condition that produces for a specific patient one or more of the following: cachexia, severe pain, severe nausea, seizures (including but not limited to seizures caused by epilepsy), or persistent muscle spasms (including but not limited to spasms caused by multiple sclerosis). As of [January 2024](#), there were 15,091 patients, 5,801 caregivers, 3,897 growers, and 3,441 grow sites registered through the state's Medical Marijuana Program. While the state has created a framework for the medical use of marijuana for a variety of conditions, it also acknowledges there are health risks. In 2017, the Oregon Public Health Division approved several [statements](#) that outline some of the negative consequences of use, noting that "frequent marijuana use increases the risk of developing problem use, including dependency."

Moving marijuana to schedule III recognizes legitimate medical uses of the cannabis plant and its derivatives, and many positive results have been documented by medical professionals. For example, a [2020 analysis](#) showed that compared to cancer patients solely utilizing opioids, medical marijuana provided relief without the negative burdens of opioid dose escalation. A [statement](#) from the American Heart Association in 2020 recognized the myriad potential and known benefits, including treatments for the modulation of processes of pain, cachexia, nausea/vomiting, and spasticity. The paper also acknowledged the safety concerns and adverse effects of cannabis use, including psychological problems, cardiovascular risks, and psychomotor effects.



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While Oregon and many other states have administered the medical uses of marijuana through state-regulated health programs, we have also regulated the recreational use of cannabis by adults aged 21 and older. A [study](#) from Business Oregon in 2023 highlighted the economic impacts of the legalized industry; with nearly \$1.2 billion in sales revenue in 2021, over 9,000 Oregonians directly employed in the industry and nearly 6,000 indirectly supporting jobs, the regulated industry is in the top 5% of all industries in the state. The report cites that while the legalized market has curbed illicit production and sales of cannabis, an illegal market persists in part because of the Schedule I status and federal prohibition on cannabis cultivation, sales, and possession. Rescheduling, along with passing other cannabis policy reforms, could curb the illicit market in the US.

There is also a reasonable argument made by many advocates to remove marijuana from the CSA entirely, or “de-schedule” the plant. Many advocates for cannabis policy change have highlighted that moving to Schedule III is not sufficient to address ongoing problems, and the Department of Justice should instead remove marijuana from the Controlled Substances Act altogether, or de-schedule. Although the CSA does not define the term “abuse” and instead relies on the four criteria from its legislative history and the eight-factor test, the FDA and NIDA recognized that the criteria to evaluate abuse should be reconsidered; in a [report](#) completed by the Coalition for Scheduling Reform, advocates recognize that cannabis has a much lower potential for harm to users and communities than other scheduled drugs and alcohol. In addition to removing cannabis from the CSA, advocates for cannabis reform have highlighted the need to pass legislation in Congress such as the Cannabis Administration and Opportunities Act, the HOPE Act, the MORE Act, and SAFER banking act.

While moving marijuana from Schedule I to Schedule III of the Controlled Substances Act will be a much-needed federal reform of drug policy, it falls short of responding to public sentiment towards cannabis and the reality of state-legal programs across the country. The DOJ should move marijuana to Schedule III or remove it from the CSA entirely, and federal policymakers can build on that momentum to pass reforms in Congress.

Respectfully,

Phil Keim  
Policy Coordinator, Cannabis Program  
Portland Permitting & Development – City of Portland

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“Attending Provider’s Statement.” Attending Provider Application, Oregon Health Authority - Oregon Medical Marijuana Program, [sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e9265.pdf](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e9265.pdf). Accessed 8 July 2024.

Bloomberg, Scott et al. Re/Descheduling Marijuana Through Administrative Action. University of Oklahoma College of Law, 2024.  
<https://digitalcommons.law.ou.edu/cgi/viewcontent.cgi?article=2296&context=olr>



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*Cannabis Agriculture and Products Sector*, Business Oregon,  
[www.oregon.gov/biz/Publications/Emerging\\_Industries/Cannabis.FullReport.pdf](http://www.oregon.gov/biz/Publications/Emerging_Industries/Cannabis.FullReport.pdf). Accessed 8 July 2024.

*Oregon Medical Marijuana Program Statistical Snapshot*, Oregon Medical Marijuana Program, 3 Mar. 2024,  
[www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/MEDICALMARIJUANA/PROGRAM/Documents/OMMP\\_Statistical\\_Snapshot\\_10-20.pdf](http://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/MEDICALMARIJUANA/PROGRAM/Documents/OMMP_Statistical_Snapshot_10-20.pdf).

Page, Robert L, et al. *Medical Marijuana, Recreational Cannabis, and Cardiovascular Health: A Scientific Statement from the American Heart Association* | *Circulation*,  
[www.ahajournals.org/doi/full/10.1161/CIR.0000000000000883](http://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000883). Accessed 8 July 2024.

Pennington, Shane, et al. *Report*, Coalition for Scheduling Reform, June 2023,  
[schedulingreform.org/report](http://schedulingreform.org/report).

“Revised OHA-Approved Public Health Statements.” *Retail Marijuana Scientific Advisory Committee (RMSAC)*, Oregon Health Authority, Mar. 2017,  
[www.oregon.gov/oha/ph/PreventionWellness/marijuana/Documents/rmsac/RMSAC-Evidence-Reviews-and-Statements.pdf](http://www.oregon.gov/oha/ph/PreventionWellness/marijuana/Documents/rmsac/RMSAC-Evidence-Reviews-and-Statements.pdf).

[The Efficacy of Medical Marijuana in the Treatment of Cancer-Related Pain](#)

*Ian M. Pawasarat, Emily M. Schultz, Justin C. Frisby, Samir Mehta, Mark A. Angelo, Samuel S. Hardy, and Tae Won B. Kim*

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