

DRUG ENFORCEMENT ADMINISTRATION

Petition by Bryan Krumm CNP)
for the rescheduling of marijuana) PETITION FOR
pursuant to 21 U.S.C. § 811) MARIJUANA
and 21 C.F.R. § 1308) RESCHEDULING

July 14, 2021

To: Anne Milgram, Administrator, U.S. Drug Enforcement Administration

CC: Merrick Garland, U.S. Attorney General

From: Rev. Bryan A Krumm, CNP

The undersigned Bryan Krumm CNP hereby petitions the Administrator to initiate proceedings for the amendment of a regulation pursuant to section 201 of the Controlled Substances Act. Cannabis, 21 U.S.C. § 812, Schedule I (c) (10), is incorrectly classified in 21 C.F.R. § 1308.11(d)(22) because it no longer fits the criteria for inclusion in Schedule I as set forth in 21 U.S.C. § 812(b)(1)(A)-(C):

Schedule I. -

- (A) The drug or other substance has a high potential for abuse.
- (B) The drug or other substance has no currently accepted medical use in treatment in the United States.
- (C) There is a lack of accepted safety for use of the drug or other substance under medical supervision.

GROUND FOR RESCHEDULING

Cannabis has now been accepted as having medical use by 44 States “in the United States”, and 15 States have legalized recreational use due to the safety of Cannabis compared to other recreational substances. Unfortunately, these facts have been rejected by both the DEA and the Courts as irrelevant to the issue of “accepted medical use” in the United States. The DEA has long held that because the United States is a signatory to the Single Convention Treaty, we are prohibited from moving Cannabis away from Schedule I of the Controlled Substances Act and the Courts have consistently sided with the DEA on this issue. However, on December 2, 2020 the United States voted, along with the majority of other Countries in the United Nations, to accept the medical use of Cannabis and remove it from the most restrictive category of the Single Convention Treaty. https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_63Reconvened/statements/02Dec_partI/USA.pdf. In voting to support this measure, the United States acknowledged that in recent years, well controlled clinical trials have identified legitimate medical use of cannabis preparations, stating that “the legitimate use of a Cannabis preparation has been established through scientific research, and Cannabis no longer meets the criterion for placement in Schedule IV of the Single Convention”. Therefore, now that the

“United States” has accepted the medical use of Cannabis, Cannabis can no longer remain in Schedule 1 of the U.S. Controlled Substances Act.

Neither the DEA nor the Attorney General have the authority to regulate medical practice in general. However, they have been mandated to administer the CSA. They can not simply ignore International Treaty obligations approved by the United States, in order to violate their mandated duties under the CSA, which are owed to the American People. Legal authority granted under the CSA pertains only to the prohibition of prescription writing authority in order to promote drug abuse.

Cannabis is an ancient drug, not a new drug. It has been safely used as a medication for thousands of years and there has never been a death due to any toxic effects. Comprehensive study of legal medical Cannabis users in the Federal IND found only mild changes in pulmonary function associated with long term heavy use. No functionally significant attributable sequelae were noted in any other physiological system examined in the study, which included: MRI scans of the brain, pulmonary function tests, chest X-ray, neuropsychological tests, hormone and immunological assays, electroencephalography, P300 testing, history, and neurological clinical examination. (Russo et.al. 2002, “Chronic Cannabis Use

in the Compassionate Investigational New Drug Program: An Examination of Benefits and Adverse Effects of Legal Clinical Cannabis”) (see <http://acmed.org/data/pdf/2002-01-1.pdf>). There is no legitimate rationale either medically or legally to continue placement of Cannabis in Schedule I of the CSA.

It is clear from the legislative history, the language of the statute, and the case law, that the findings required by 21 U.S.C. § 811 can never justify the inclusion of drugs or substances with “accepted medical use” in Schedule I of the CSA. No rational reason exists for treating Cannabis differently than other substances used for medical purposes. The DEA and Attorney General may not simply ignore International Treaty obligations that the United States Government voted to support. Because the “United States” has officially recognized Cannabis as having “accepted medical use” in accordance with International Treaty obligations, Cannabis can no longer remain in Schedule I of the CSA, and the Drug Enforcement Administration must remove Cannabis from schedule I. Therefore, I formally request that the DEA immediately remove Cannabis from control under schedule 1 of the CSA. If Timothy Shea fails to do so in an expeditious manner, I formally request that Bill Barr fulfill the clear legal mandate for the AG to

administer the CSA. In this case by ordering the DEA to remove Cannabis from
Schedule I.

Thank you for your consideration,

Rev. Bryan A. Krumm, CNP

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Respectfully submitted this 14'th day of July, 2021

Anne Milgram, Administrator
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