

July 22, 2024

Anne Milgram  
Administrator  
U.S. Drug Enforcement Administration  
U.S. Department of Justice  
75 Morrisette Drive  
Springfield, VA 22152

**Re: Docket No. DEA-1362 – American Lung Association Comments on the Drug Enforcement Administration’s Proposal to Reschedule Marijuana under the Controlled Substances Act from Schedule I to Schedule III**

Dear Administrator Milgram:

The American Lung Association is pleased to submit these comments on the Drug Enforcement Administration (DEA)’s notice of proposed rulemaking to reschedule marijuana under the Controlled Substances Act from Schedule I to Schedule III.

The American Lung Association is the oldest voluntary public health organization in the United States. One of our four strategic imperatives is to improve the quality of life for those with lung disease and their families. Fully understanding the health impacts of inhaled marijuana products on lung health is important to be able to provide better information on risks and potential benefits to persons with lung disease. The Lung Association recognizes that there could be significant health effects from using non-inhaled forms of marijuana, including neurological and cognitive effects,<sup>1</sup> but our comments will primarily focus on inhaled marijuana products due to our concerns with the impact on the lungs.

**Lung Association Supports Rescheduling Marijuana from Schedule I to Schedule III for Research Purposes**

The American Lung Association supports DEA’s proposal to reschedule marijuana under the Controlled Substances Act from Schedule I to Schedule III. Our primary reason for supporting this change is the additional research pathways that rescheduling marijuana could open. In 2021, a Lung Association expert panel examined the state of the science on marijuana, informing [our public information](#) on marijuana and lung health. One of the main conclusions of the expert panel was that significantly more research on the lung health impacts of marijuana was needed. The Lung Association also has a [public policy position](#) calling for “...research into the health effects of marijuana use, including the risks and any potential benefits of medical marijuana use.”

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**120 Years**

It is extremely difficult to conduct health research on Schedule I drugs, including marijuana. A special license from DEA is required to do research, and the strains of marijuana available for research do not necessarily reflect current marijuana products available and used in the United States. This limits the ability to understand the full health risks of inhaled marijuana products and whether the higher potency marijuana products available in the U.S. today pose greater risks than other marijuana products that have been studied.

The Lung Association also encourages the Agency to explore whether under the Controlled Substances Act marijuana could be rescheduled to Schedule III solely for research purposes but otherwise be kept under Schedule I.

### **Additional Implications of Rescheduling Marijuana**

The Lung Association is supportive of rescheduling for research purposes. It is important to note that even with the limited research available, inhaled marijuana products have dangerous lung health impacts both from active use and secondhand smoke exposure. Smoke is harmful to lung health. Whether from burning wood, tobacco or marijuana, particles, toxins and carcinogens are released from the combustion of materials and can threaten lung health. Smoke from marijuana combustion, potentially may be less carcinogenic than tobacco smoke, but marijuana smoke has been shown to contain many of the same toxins, irritants, and carcinogens as tobacco smoke.<sup>2</sup>

Smoking marijuana clearly damages the human lung. Research shows that smoking marijuana causes chronic bronchitis. Marijuana smoke has also been shown to injure the cell linings of the large airways, which could explain why smoking marijuana leads to symptoms such as chronic cough, phlegm production, wheeze, and acute bronchitis.<sup>3</sup> There is little known on the potential lung health effects of inhaling marijuana or marijuana- derived products through mechanisms other than smoking, such as vaping or dabbing. This knowledge gap supports the need for additional research. It is worth noting that the rise in cases of e-cigarette, or vaping, product use-associated lung injury (EVALI) documented by the Centers for Disease Control and Prevention (CDC) in 2019 and 2020 appears to have been caused by a chemical, Vitamin E acetate, added to marijuana vaping products showing acute and potentially long-term lung injury can occur through vaping of these products.<sup>4</sup> Research is also needed on the specific health effects of exposure to secondhand marijuana smoke and aerosol. The smoke from marijuana cigarettes does contain fine particulate matter that can be breathed deeply into the lungs. Particulate matter is one of the causes of lung damage from secondhand tobacco smoke.<sup>5</sup>

One area that will need further study if marijuana rescheduling moves forward is cessation of marijuana and how best to help addicted users quit. The literature appears to show that marijuana is less addictive than tobacco products/nicotine.<sup>6</sup> However, there is a subset of users that are clearly addicted and likely suffering from stigma because of the general belief that marijuana is not addictive.<sup>7</sup> It is clear that the data gaps around marijuana addiction and other knowledge gaps call for additional infrastructure to conduct research on various forms of marijuana use, including inhaled forms, and secondhand exposure. Agencies such as the National Institute on Drug Abuse and sister agencies within the National Institutes of Health will need to lead research on these questions.

The lack of scientific data leads to confusion and misunderstandings. The American Lung Association is troubled by the myriad claims about positive health outcomes associated with medical marijuana use that lack evidence to support such conclusions. The Lung Association believes strongly that any inhaled medical treatments and therapeutics that use marijuana or derivatives of marijuana must go through rigorous clinical trials and meet the safety and efficacy test in order to be approved by the U.S. Food and Drug Administration's Center for Drug Evaluation and Research.

### **Additional Public Health Concerns Concerning Marijuana Rescheduling**

In the U.S. Department of Health and Human Services (HHS) analysis of marijuana rescheduling that was completed prior to this notice of proposed rulemaking, the Lung Association noted that comparisons were made between other Schedule I and Schedule II drugs as well as alcohol. However, the analysis could have benefitted from additional comparisons between marijuana and tobacco. The most common route of administration for both marijuana and tobacco is through inhalation.<sup>8</sup> Tobacco use also has significant parallels to inhaled forms of marijuana especially with respect to potential impacts on the lungs.

The Lung Association encourages DEA and DOJ to engage HHS, which has extensive experience in this space, to conduct surveillance on use of inhaled marijuana products among both adults and youth. It is important to remain vigilant for unintended consequences in usage patterns if marijuana rescheduling proceeds.

Another potential consequence to guard against regardless of whether marijuana is rescheduled is disparate and unequal enforcement of illicit drug laws. In 2021, CDC declared racism a serious public health threat that directly affects the well-being of millions of Americans and, as a result, affects the health of our entire nation.<sup>9</sup> A report released in 2020 by the American Civil Liberties Union shows that racism is present in enforcement of marijuana laws with Black people being 3.64 times more likely to be arrested for marijuana possession than white people from 2010-2018 despite comparable usage rates, and racial disparities in arrest rates remain present in every state.<sup>10</sup>

### **Conclusion**

The American Lung Association appreciates the opportunity to submit comments in support of rescheduling marijuana to Schedule III because of the benefits it would provide for research purposes. We urge caution about unintended lung health consequences from rescheduling and encourage careful surveillance to monitor the patterns of use by adults and youth that may result. We expect that the additional research that marijuana rescheduling would allow will help us more fully understand the health impacts of inhaled forms of marijuana.

Sincerely,



Harold P. Wimmer  
President and CEO

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- <sup>1</sup> Urits I, Charipova K, Gress K, Li N, Berger AA, Cornett EM, Kassem H, Ngo AL, Kaye AD, Viswanath O. [Adverse Effects of Recreational and Medical Cannabis](#). *Psychopharmacol Bull.* 2021 Jan 12;51(1):94-109. PMID: 33897066; PMCID: PMC8063125.
- <sup>2</sup> Tashkin DP. [Effects of marijuana smoking on the lung](#). *Ann Am Thorac Soc.* 2013;10(3):239-47.
- <sup>3</sup> Volkow ND, Swanson JM, Evins AE, DeLisi LE, Meier MH, Gonzalez R, Bloomfield MA, Curran HV, Baler R. [Effects of Cannabis Use on Human Behavior, Including Cognition, Motivation, and Psychosis: A Review](#). *JAMA Psychiatry.* 2016 Mar;73(3):292-7. doi: 10.1001/jamapsychiatry.2015.3278. PMID: 26842658.
- <sup>4</sup> CDC. "Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products." Available at: [https://archive.cdc.gov/www\\_cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html](https://archive.cdc.gov/www_cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html).
- <sup>5</sup> Ott. W.R., Wallace, L.A., Cheng, K-C, and Hildemann, L.M., "Measuring PM2.5 concentrations from secondhand tobacco vs. marijuana smoke in 9 rooms of a detached 2-story house," *Science of the Total Environment* 852 (2022) 158244.
- <sup>6</sup> Hindocha C, et al. [Associations between cigarette smoking and cannabis dependence: A longitudinal study of young cannabis users in the United Kingdom](#). *Drug Alcohol Depend.* 2015 Mar; 148: 165–171.
- <sup>7</sup> Budney AJ, Roffman R, Stephens RS and Walker D. [Marijuana Dependence and Its Treatment](#). *Addict Sci Clin Pract.* 2007 Dec; 4(1): 4-16.
- <sup>8</sup> Volkow ND, Baler RD, Compton WM, Weiss SRB. [Adverse health effects of marijuana use](#). *N Engl J Med.* 2014;370(23):2219-27.
- <sup>9</sup> CDC. CDC Declares Racism a Public Health Threat. Available at: <https://www.cdc.gov/minorityhealth/racism-disparities/expert-perspectives/threat/index.html>.
- <sup>10</sup> American Civil Liberties Union. A Tale of Two Countries: Racially Targeted Arrests in the Era of Marijuana Reform. April 16, 2020. Available at: <https://www.aclu.org/publications/tale-two-countries-racially-targeted-arrests-era-marijuana-reform>.