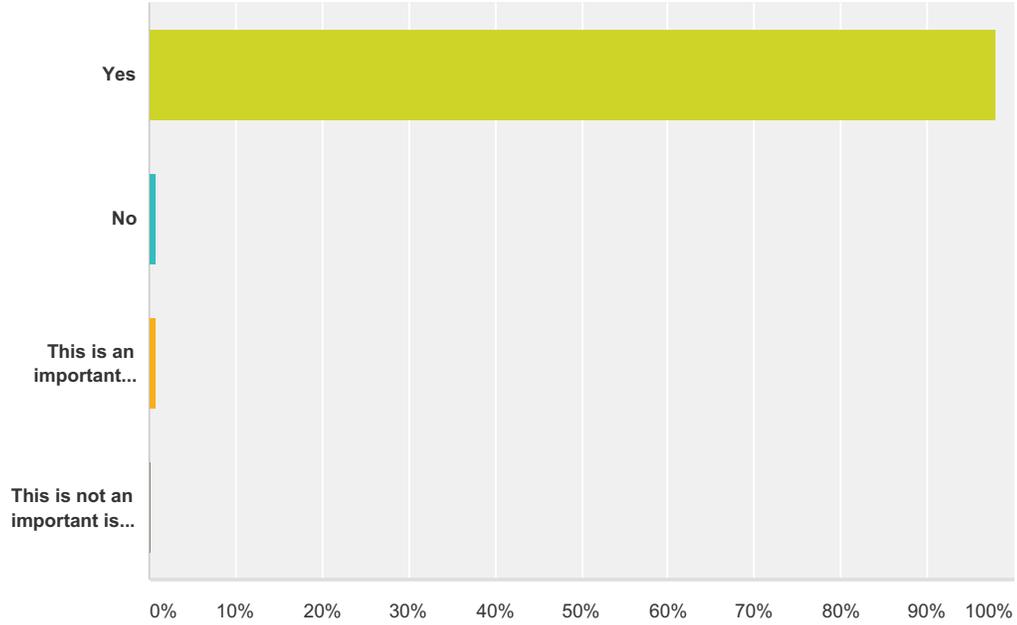


### Q1 Do you think that the ACNA should issue a public statement regarding the DEA’s classification of cannabis?

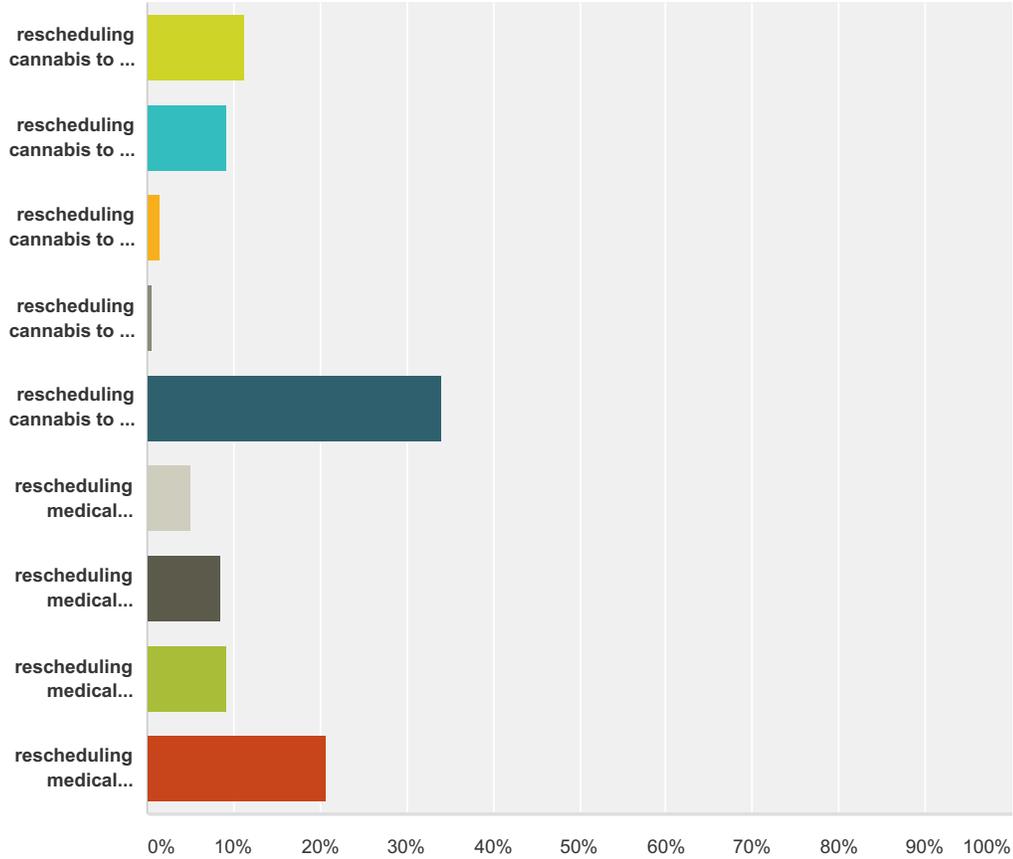
Answered: 324 Skipped: 0



Answer Choices	Responses	
Yes	97.84%	317
No	0.93%	3
This is an important issue, but I am unable to make a decision.	0.93%	3
This is not an important issue and/or I don't have an opinion.	0.31%	1
<b>Total</b>		<b>324</b>

**Q2 Please select the statement that best describes your opinion: ACNA should support:**

Answered: 282 Skipped: 42



Answer Choices	Responses
rescheduling cannabis to DEA Schedule II in alignment with the American Nurses Association position on cannabis and their expressed need for more research.	11.35% 32
rescheduling cannabis to DEA Schedule III in alignment with the current scheduling of dronabinol (Marinol) and nabilone (Cesamet).	9.22% 26
rescheduling cannabis to DEA Schedule IV.	1.42% 4
rescheduling cannabis to DEA Schedule V.	0.71% 2
rescheduling cannabis to a newly-defined, cannabis-specific Schedule VI that establishes policies to support cannabis' use as an herb, nutritional supplement, medicine and intoxicant.	34.04% 96
rescheduling medical cannabis to Schedule II AND concurrent legalization and regulation of adult-use cannabis to provide oversight, safety, and quality control for the public.	4.96% 14
rescheduling medical cannabis to Schedule III AND concurrent legalization and regulation of adult-use cannabis to provide oversight, safety, and quality control for the public.	8.51% 24
rescheduling medical cannabis to Schedule IV AND concurrent legalization and regulation of adult-use cannabis to provide oversight, safety, and quality control for the public.	9.22% 26

## ACNA Member Feedback on DEA Scheduling

rescheduling medical cannabis to Schedule V AND concurrent legalization and regulation of adult-use cannabis to provide oversight, safety, and quality control to the public.	<b>20.57%</b> 58
<b>Total</b>	<b>282</b>

## ACNA Member Feedback on DEA Scheduling

### Q3 Please share the rationale behind your opinion or stance. We may use your response to develop a resolution and/or position statement:

Answered: 200 Skipped: 124

#	Responses	Date
1	Research is being done on a mass scale with we the people as subjects. Allow nature to take its course; herbal medicine is its own teacher. Certainly, the research for specific cures will be funded, no doubt it may include the heavy hand of big pharma. Ideally, people can grow their own herb, make a salve or whatever they need to feel better. Life is hard enough, give people back the herb.	5/5/2017 11:15 PM
2	I personally feel cannabis should be rescheduled to level V although I think professionally we should support the ANA as a stronger voice.	5/5/2017 3:37 PM
3	Research has shown remarkable benefits of cannabis. The current classification/scheduling warrants re-evaluation.	5/5/2017 2:42 PM
4	Further testing needs to be done on the many strains of Cannabis. There are thousands of testimonials from people it has helped for a myriad of conditions. So, yes, it has proven medical value. This automatically disqualifies it to be a Schedule I substance. Yes, more research needs to be done as we know it is not for everyone. But who might it help, if we were able to truly study this plant and invite the greatest minds to assist in that process? As a registered nurse, I have seen the positive effects in hospice care, management of chronic pain and insomnia, depression and PTSD. The list goes on of the benefits I've seen, but we must get more data on drug interactions and dosing, and various routes of delivery, for example and true double blind testing that may prove or disprove the effects of Cannabis in Cancer treatment. Making Cannabis a Schedule 2 substance, will be the beginning of understanding what this plant can and cannot do.	5/5/2017 2:31 PM
5	It is a crime that people do not have access to the therapeutic properties of cannabis. So many could heal and be healed. Quality of life could be improved for many.	5/5/2017 12:05 PM
6	The medicines in this category derived from cannabis prove it's use and effectiveNess as medicine and as such the naturally occurring plant should at least be placed in this category.	5/5/2017 7:39 AM
7	My mother was a Stanford nurse.. and I am a biologist who has studied the Endo Cannabinoid System, read the extensive research, received anecdotal evidence from many other healthcare providers, and personally witnessed first hand the amazing healing potential of Phytocannabinoid therapy. As a cannabis geneticist, I have developed many diverse cannabis strains, from THC to CBD(Cannabidiol) dominant. I believe, as do so many cultures around the world, that humans have been co-evolving with this plant, to maintain our vitality and physiological homeostasis. Cannabis is one of many plant allies that support vibrant health, all without deleterious side effects. Prohibition is an unhealthy and expensive hoax, and I believe it is now time for the compassionately courageous medical/healing community to stand up and demand the de/re-scheduling of this wonderful healing ally. Thank you, ACNA, for joining in the sharing of awareness towards this re-awakening. May kindness guide us all.	5/5/2017 12:58 AM
8	Cannabis is not a "drug". Cannabis is a naturally occurring plant, which has too many beneficial properties to list. I have never seem any legitimate scientific research that shows Cannabis to be dangerous, but have seen many which show benefit to the casual gardener, and followers of natural remedies. And fundamentally, I believe that Cannabis being listed as controlled drug exceeds the scope of the law.	5/4/2017 7:22 PM
9	It needs to be reclassified, but there also needs to be some assurances in place for the sceptics.	5/4/2017 4:59 PM
10	While cannabis does have potential addictive concerns, the medicinal benefits are far greater and advantageous for patients than many other drugs. It never should be classified in the same category as heroin because the drug has never been proven to be at or near the same level of addictive property in patients with chronic conditions.	5/4/2017 8:21 AM
11	Cannabis is a unique therapeutic and recreational agent therefore deserves a new classification encompassing all its wonderful properties. Thank u!	5/4/2017 6:46 AM
12	Safety is the first priority for public health. Legalizing and regulating Cannabis to the public allows people the right of choice in their health.	5/3/2017 10:56 PM
13	Rescheduling cannabis will help the healthcare team with patient education and also look at possible contradictions. Rescheduling will open up to more research with possible new medication being developed. Consider how alcohol regulated and if it was a"drug" how would it be scheduled? It's highly abused and for some very addictive.	5/3/2017 9:57 PM

## ACNA Member Feedback on DEA Scheduling

14	Cannabis initially was an herb that had medicinal purposes, until the movie, Refer Madness (1936) came out. There is a great deal of evidence that supports the endocannabinoid system in the human body and cannabis as the appropriate chemical for that receptor. The American College of Physicians, in 2008 called for the government to drop cannabis from a schedule 1. <a href="http://community.seattletimes.nwsourc.com/archive/?date=20080216&amp;slug=medicalpot16">http://community.seattletimes.nwsourc.com/archive/?date=20080216&amp;slug=medicalpot16</a> . This is long over due since we have seen the healing properties of the herb and need more research to assist with dosing as well as which ailments and diseases can be treated.	5/3/2017 6:55 PM
15	As the use of cannabis becomes legalized for recreational use in many states, it is only rational to have its own schedule VI. When it is decriminalized more public education can be presented on the beneficial use as a herb, supplement. Guides for use as medicine and intoxicant can be presented.	5/3/2017 6:44 PM
16	This is an intriguing option for cannabis (justice) but makes sense because of the many reasons why people use it. The powerful entourage effect for healing and medicinal purposes is also unique.	5/3/2017 5:30 PM
17	Rescheduled needed to reflect what the potential of use and or research. However we must also include current state laws and regulations to reflect safety for adult use.	5/3/2017 5:23 PM
18	There is a possibility of addiction, the same as with alcohol and cigarettes. Each individual has their own tolerance level, and baby steps need to be taken for public acceptance.	5/3/2017 3:58 PM
19	Should be available to all and access should be without penalty	5/3/2017 3:50 PM
20	As a cannabis nurse and a cannabis patient, I find that it does not fit into the other schedules at all due to the abundant medical research that has already been completed and published and that fact that cannabis has been used medicinally for thousands of years around the world.	5/3/2017 2:45 PM
21	Reducing cannabis to Schedule IV would allow for research and the ability for patients to able to get full therapy treatment to address their disease process. To be included in the rescheduling cannabis should encompass the entire plant so that the patient gets the full benefit of the "entourage effect"	5/3/2017 2:08 PM
22	Cannabis is a botanical- not a "drug". This new category reflects it's qualities and range of uses.	5/3/2017 1:54 PM
23	The medicinal benefits of cannabis outweigh the risks associated with dependence as there are not many situations of dependence with it. The use of cannabis has great qualities for those that partake and the mindset of it being an addictive drug that should be viewed as recreational is an out-dated thought not backed by evidence-based research.	5/3/2017 11:41 AM
24	Deschedule is actually what I would like to see happen but that is not an option.	5/3/2017 11:21 AM
25	I have always been a firm believer that cannabis is a naturally occurring plant with many proven healing properties. There is no reason for it to be classified so harshly as it currently is. Our bodies were meant to utilize cannabis and its properties.	5/3/2017 10:47 AM
26	The rational is because of all the medical applications of Cannabis and its safety compared to opioids.	5/3/2017 10:44 AM
27	Can.abid is a plant that provides many benefits and less side effects than pharmaceuticals. It is a natural treatment that has the potential for helping millions of people. I believe that there needs to be legislation and oversight to ensure patients are taking the right dose, the right strain and best delivery method for her patients specific condition.	5/3/2017 10:32 AM
28	I don't think we should totally take it out of the abuse Schedule. It does have some abuse issues but very low.	5/3/2017 8:43 AM
29	It is important to conduct further research to establish legitimacy of medical benefits ( evidence based) and FDA approval with set standards for safe access	5/3/2017 8:30 AM
30	Until research is available that supports the efficacy of cannabis, incremental steps should be taken and one of those steps is moving cannabinoid products to Schedule II	5/3/2017 8:14 AM
31	We have data that supports that marijuana is not dangerous and can have various positive effects. It's a waste of government money to patrol and persecute for the use of marajuana. Either our government officials are ignorant, or they are playing on the ignorance of a certain demographic to gain support.	5/3/2017 8:06 AM
32	Cannabis is safer and has a significantly lower side effect profile than the majority of pharmaceuticals. It's effectiveness for a plethora of physical and mental ailments cannot be denied.	5/3/2017 8:02 AM
33	As medical professionals we need to at least be able to perform research and studies to base clinical evaluation on observable, reproducible facts and not superstition and heresay.	5/3/2017 7:12 AM
34	An herb is a plant or plant part used in its entirety, while a drug is a synthesized copy of one chemical component, such as a component found in an herb. It is my stance that cannabis is an herb and not a drug. I support whole plant usage with all of it's natural constituents and synergistic compounds.	5/3/2017 7:00 AM
35	Scheduling cannabis as a level IV drug would be able to give some oversight and control, though I believe personally it should have no schedule. As schedule V states, "The drug has low potential for abuse relative to drugs in schedule IV	5/3/2017 5:42 AM

## ACNA Member Feedback on DEA Scheduling

36	Cannabis has, time over time, been shown to be medicinal. It clearly has been proven to be an herb, a supplement that possesses nutritional as well as medicinal properties. It's not addictive like schedule 1. There are no dangerous side effects if used safely which requires more education and legalization.	5/3/2017 5:40 AM
37	The DEA schedule as it currently stands has no category to adequately or correctly define cannabis and its properties.	5/3/2017 5:25 AM
38	Cannabis should be treated like a herb. We should be allowed to grow it without government interferences for private and personal uses	5/3/2017 4:47 AM
39	Canabis is a god sent marvel. The cause of its becoming illegal is a man made atrocity which should be corrected immediately. It is a shame that so many are poisoned with man made meds such as opioids and the like when the good lord had given us what we truly needed and we shunned it for reasons that are simply insane.... Just do the right thing! Thanks! RN in Ok.	5/3/2017 4:24 AM
40	Cannabis is evidenced based, provides patient centered and is ethical. The NIDA should stop cannabis prohibition.	5/1/2017 7:09 PM
41	We need to make sure anyone needing medical cannabis can obtain it and we need lots more research on Cannabis to backup what we see and know about medical cannabis...thanks for doing this.	5/1/2017 11:22 AM
42	Cannabis has been studied and proven to treat and cure humans from health disparities. We are denying people being happy and health and the schedule classification for cannabis has been outdated for decades. Legalize cannabis, utilize hemp and help save the health of our human race and our planet.	4/30/2017 11:53 PM
43	I am 100% behind anything that gets cannabis to a place where it can have funded research and and improve our knowledge of uses. I am just beginning my learning so i am by far no expert but it is important to me that it be made available to be studied like any other medication.	4/30/2017 12:48 PM
44	Cannabis has medical benefit, so it is not Schedule 1. It doesn't normally cause severe psychological or physical dependence like methamphetamine, dilaudid, cocaine & oxycodone, so it isn't Schedule 2. I would class it as Schedule 3 the same as Marinol.	4/29/2017 9:41 PM
45	Cannibus fits all these categories. It should not be for adult use only as it may be useful for treating pediatrics, and we need to explore the potential uses.	4/29/2017 8:43 PM
46	It's a miraculous plant and every adult should have access to it. Thank you for supporting this cause.	4/29/2017 6:05 AM
47	I believe that cannabis is incorrectly included in the CSA and should be removed. I checked rescheduling to schedule V and regulation to provide oversight, safety and quality control because it's the closest. But complete de-scheduling is what I want to see.	4/28/2017 2:10 PM
48	I believe cannabis and cannabis hemp should fall under it's own Schedule VI. Due to the many uses as medicine, nutrition, the many products that can be made with hemp etc., the plant does not fall into any of the existing schedules wholly.	4/28/2017 11:42 AM
49	this plant is medicine, and should be available to all as such with quality control & known percentage/strain specificity, & also be available for tax/regulation as alcohol & tobacco.	4/28/2017 6:34 AM
50	The use of cannabis is either for medical purposes or recreational. There is no controversy in this statement. The medical use must be available to all in need of it. No controversy in this either. The real controversy ( or what they make us believe) is the potential abuse, but are they sure it is addictive? Cannabis is available to everybody and yet people are addicted to heroin, cocaine and legal substances like nicotine, alcohol, klonopin, valium and others. Not to Cannabis. A change in DEA schedule will solve much more problems and relieve the agency to pursue other the real society's drug abuse problems. Cigarettes and alcohol are more dangerous than cannabis and this has been demonstrated through time. To reschedule cannabis means patients will visit less the ER and it will be less expensive to medical insurance. This is a win win decision for everybody.	4/28/2017 6:16 AM
51	The newly-defined Schedule VI most closely reflects it's usage in fact, as well as reflecting it's uniquely safe profile, as opposed to the previous schedules. Too, the proposed new schedule prevents future legal restriction of strength/components by definition, preventing small provider development of new strains to meet public needs and demands. This new schedule might be accompanied by a professional advisement to restrict purchasing to 18 years old and over to reflect awareness of potential effects on adolescent's developing brains, for example. This true bottom-to-top direction of cannabis reintroduction into mainstream day-to-day life should not require law suits to reveal the good, bad and ugly to users, but should be transparent about benefits as well as potential problems in need of further research.	4/28/2017 2:48 AM
52	I believe cannabis should be legalized for medicinal and recreational use. Multiple studies have been done and have shown the effectiveness of cannabis and all the lives it has helped save. The pharmaceutical companies have been denying people the right this plant because they know its beneficial and would lose so much money if it was legalized.	4/27/2017 9:05 PM
53	I would rather choose number 5-newly-defined...., but option two is what I believe the Feds will swallow.	4/27/2017 7:18 PM

## ACNA Member Feedback on DEA Scheduling

54	Cannabis research so far has shown it to be safer than any of the medications listed. No one has ever died from Cannabis overdose, making it safer than most FDA approved medications.	4/27/2017 6:58 PM
55	After reading the descriptions, cannabis falls into none of those categories if following ordinances under current legislation that is defined. Rescheduling cannabis to a Schedule IV, would open up the potential for more research and studies to show how non-addictive it is. The reschedule will also help with statewide legalization of cannabis for adult use. We as a nation and society need to be able to move forward with the progression of society. Rescheduling cannabis helps this.	4/27/2017 5:48 PM
56	We have a louder voice if we stand with the ANA	4/27/2017 4:48 PM
57	This provides the most accurate designation of cannabis use into four identified categories. The precautions for each category including contraindications and cautions for people with medical disorders and route of administration would provide education to the p	4/27/2017 4:04 PM
58	Medicinal value of cannabis has been clearly established, patients using cannabis for chronic conditions will benefit from having a clear understanding of risks and benefits and also under the guidance of nurses and other health care providers.	4/27/2017 3:27 PM
59	Legalization federally needs to take place to provide the research, quality control and safety to the public. Without this, every state is at risk of having everything accomplished revoked.	4/27/2017 3:20 PM
60	We need the research to support the benefits of medical marijuana.	4/27/2017 3:09 PM
61	Evidence based medicine is all about pharmaceuticals, not botanicals, and therefore is not ready for medical cannabis.	4/27/2017 2:18 PM
62	I prefer reschedule cannabis to schedule VI for use as herb , nutritional supplement, medicine but not as an intoxicant.	4/27/2017 12:20 PM
63	Using the term "adult-use" eliminates the potential to ever treat children. That is extremely risky.	4/27/2017 11:10 AM
64	I chose V because its seemingly least restrictive. But Cannabis is an Herb. It should be scheduled and regulated as such.	4/27/2017 10:58 AM
65	Actually I believe that medical cannabis should be DE-scheduled.	4/27/2017 9:11 AM
66	Cannabis must be rescheduled to allow research. Aligning it with other products containing synthetic versions is logical. I support full descheduling as this is a plant that can grow without human involvement midst places on earth.	4/27/2017 8:52 AM
67	There are probably enough adults using cannabis legally to conduct a Phase 4 clinical trial. Having this organization taking a stand on legalization of adult-use cannabis seems premature. I've been pondering how to compare this to alcohol where medical use has sparse value but social use and abuse abounds. My conclusion is that medical cannabis has sufficient evidence to support removing it from Schedule 1 and moving it to Schedule III and studied independently by NIH or similarly non-profit entity.	4/27/2017 8:47 AM
68	Cannabis should be rescheduled to a Schedule VI because #1 we need to stop putting people in jail/prison for 1 lb or less. There also needs to be more research and education for the public on the benefits for Cannabis. Last month at my grandson's school the police came to talk about gateway drugs. The focus was on Cannabis for 2 days. This is not good education! I call this fear based education.	4/27/2017 8:45 AM
69	It is of utmost importance that marijuana be rescheduled including CBD. Patients need options and with options they deserve research and oversight to ensure a medicinally effective medication.	4/27/2017 8:16 AM
70	I believe the reason they refuse to reschedule marijuana is because of the way it is metabolized. Marijuana stores in fat cells and maybe there for 30 plus days. They only test to see if you have smoked or ingested not quantitative. This drug allows them to arrest people which makes their records look good. So they will not change anything it benefits them.	4/27/2017 8:07 AM
71	It's a difficult question for me. Cannabis is not as bad as alcohol or tobacco so why should it be placed as a scheduled drug at all. I realized that once something is placed on the DEA list it is hard to remove it so perhaps shooting for Schedule V is the best we can hope for. I have been an ER nurse for years and have seen many alcohol, tobacco and opioid related "problems" (OD's/accidents/seeking behaviors/respiratory problems) in the ER but, no problems with cannabis...except 3 cases of first time users getting "to high" and scared (all came to ER slept it off with no other side effects).	4/27/2017 8:05 AM
72	In this time of political uncertainty, with many of the "leaders" being unable or unwilling to embrace science, we are compelled to study and educate...for the benefit of ourselves and our patients.	4/27/2017 7:53 AM
73	Herbal medicines are different than synthetic medicines as there are multiple components in herbs that contribute to the overall effect of the herb, not just one main component. More research on the entire plant (with any herb!) should be accomplished without the burden of a strict schedule classification.	4/27/2017 7:46 AM
74	I don't think Marinol and cesamet have the potential for abuse especially with the leagalization of marijuana throughout the country. That's like scheduling Tylenol.	4/27/2017 7:46 AM

## ACNA Member Feedback on DEA Scheduling

75	A newly defined schedule VI just for cannabis makes perfect sense. It should stand alone as a medicinal herb, supplement, intoxicant to be studied and regulated.	4/27/2017 7:36 AM
76	I am a Psychiatric NP and know how cannabis helps the population that I serve with insomnia, night terrors, hyper vigilance and anxiety.	4/27/2017 7:30 AM
77	It's multiple uses and components	4/27/2017 7:21 AM
78	Regulation and safety are important, legalization removes penalties and allows for freer use of a non toxic substance	4/27/2017 7:16 AM
79	While I respect the ANA position, ACNA needs to take a leadership stance on this issue. Descheduling cannabis altogether should also be an option, in line with the recommendations of the Shafer Commission.	4/27/2017 7:07 AM
80	We need more research. Employers still screen for THC. Patients avoid it for fear of loosing their job. If it were "just another medication" it might get more use.	4/27/2017 6:44 AM
81	Although not a perfect solution, putting cannabis in Sched II with other opioids will encourage doctors to learn more about prescribing and opening up availability to patients who do not have access to cannabis. If it is in a separate category ie sched VI, I fear it will add to the resistance of doctors who do not feel they know enough about it to prescribe and they will continue to avoid getting certified.	4/27/2017 6:08 AM
82	Marijuana has many medicinal purposes and it doesn't have the side effects that come with opioids ,	4/27/2017 5:21 AM
83	i do not like the negative connotation of "intoxicant". perhaps something more along the lines of pleaseure promoting, or something that aligns with the biochemical properties of endocannabinoids	4/26/2017 9:39 AM
84	I agree with a newly defined cannabis-specific Schedule VI instead of trying to fit cannabis into an existing category. Cannabis is like no other and should be truthfully re-defined.	4/26/2017 7:06 AM
85	Due the the legalization of recreational and medicinal cannabis in various states the use is increasing. Much like prohibition during the 20s, people will find a way to distribute it, and it would be a greater service to the public as far as safety to regulate it.	4/26/2017 5:51 AM
86	Cannabis is a natural herb that has existed on this planet for over six thousand years and used for medicanal purposes for three thousand years of those years.. There's in no documentation of anyone dying of Cannabis Over dose, look at all the people alcohol and cigarette smoking kill every year and they are legal! I have been a R.N. working the floor caring for patients because I enjoy it..However, watching a 38 year die from cirrhosis of the liver from drinking himself to death is not a pretty scene or the 44 year old who choose cigarettesomething over his arms, legs and intestines...I packed his belly, while his family lit his cigarettes till he died..Now, how are they legal when Cannabis has never had a documented case like these?	4/25/2017 2:14 PM
87	It is a necessary nutrient missing in the global diet which would support health and fight diseases common to humans.	4/24/2017 5:10 PM
88	Repeal and Replace the Controlled Substances Act As I looked long and hard at your choices to "describe my opinion" I could not decide on one. This is because I feel the DEA needs to be abolished and the Controlled Substances Act (CSA) of 1970 needs to be "Repealed and Replaced"! Chemicals should not be treated as crimes simply because they are being used. Caffeine for example is unregulated but is supplied in pill form and can kill a person if taken in excess. Alcohol was once made illegal but could be prescribed by a doctor. Prohibition of alcohol was signed into law in 1919 by the 18th amendment and repealed in 1933 (just 14 years) and made for use as a beverage. The rules for use of alcohol were left up to the states. In fact, rules for most drugs have been at best arbitrary and at worst racist and punitive, rather than being based on scientific evidence of harm vs benefit. All of the choices you have provided try to fit Cannabis into a very outdated system of "Scheduling" dictated by an agency that wants to see self-medication as a crime. As a consequence of the CSA, the United States has 25% of the world's prisoners but only 5% of the world's population. It's time to stop treating chemicals as a crime! It has been almost 50 years since the CSA was signed into law by Richard Nixon. At that time Nixon's self-appointed Shafer Commission studied Cannabis and recommended that it NOT be treated as a controlled substance. Nixon chose to put Cannabis into Schedule 1 anyway, largely because he associated Cannabis with the antiwar movement and wanted to penalize the antiwar activists. Please Google "Shafer Commission Report" and educate the ACNA. So as you can see the CSA is way outdated and needs to be "Repealed and Replaced". I am aware this is a new concept, but that's what I feel is needed for Cannabis to be fairly treated in the eyes of medicine and the world at large. Respectfully submitted by, Sandy Webb, BSRN, ACNA P.S. I only chose one of the above because it would not let me continue without doing so.	4/24/2017 12:48 PM
89	Marijuana is solidly shown to have medical benefits, so it can no longer be classed as a Schedule I drug. Since half of the States legalized its medical use, the federal government MUST comply with the rationale for it being removed from Schedule I. The federal government has to align itself with the FACTS as well as the obvious will/& consistent Congressional testimony, to have Cannabis made available to ALL. This is a non-issue. The War on Drugs is SO OVER. The CURRENT war is between Cannabis, and Big Pharma (allied w Alcohol & cotton/fiber/paper producers). This war is all about Established Money & corporate lobbyists. Time for BIG guns. We are on the right side of history. Please support our momentum.	4/24/2017 11:10 AM
90	Personally, I don't feel it should be regulated to any greater extent than cigarettes or alcohol...Maybe even less so.	4/24/2017 10:56 AM

## ACNA Member Feedback on DEA Scheduling

91	Rescheduling gives us the opportunity to get more testing approved for what strands of marijuana can fix and certain disease processes and I think that it should be available for every single patient who asked for it for pain anxiety depression.	4/23/2017 6:14 PM
92	I believe that cannabis should be descheduled by the DEA and regulated like alcohol. There are no CB1 receptors in the brain stem so it is virtually impossible to die from respiratory suppression from cannabis. Alcohol is much more toxic and addictive than cannabis. Cannabis has not been proven to be a gateway drug. If cannabis were descheduled people wouldn't be arrested for possession and the black market would disappear. Research would be easier and lawful. It would be easier to educate people about cannabis without the "Reefer Madness" stigma clouding peoples' opinions.	4/23/2017 5:34 PM
93	I would like to see cannabis completely removed from the schedule. Cannabis is a safe choice for many varied and diverse uses. The more that I learn, the more I see it as a medicine for illness and a safe choice for recreation.	4/23/2017 3:03 PM
94	Scientifically impossible to cause death	4/23/2017 12:43 PM
95	My answer above (schedule VI) seems to be the only one that may keep cannabis from falling under the control of the AMA, pharm industry etc. I would say, especially compared to these pharmaceuticals, it IS in a class by itself. But intoxicant? How about a valued botanical herb with conscious-raising properties as well several unique potentially beneficial physiological effects, the use of which would greatly benefit from the input and guidance of trained nurses to help people heal and thrive in an integrative way. :)	4/23/2017 10:46 AM
96	Schedule 5 applies to medicinal cannabis only. Medications should always have oversight.	4/23/2017 7:13 AM
97	It is clear that cannabis has medical properties and very likely that this substance should be eventually rescheduled to schedule 3. However, we need to further perform and evaluate research on its medicinal properties to support this dramatic change in scheduling, and thus so far, rescheduling cannabis to DEA Schedule II is already backed by a plethora of research and adequate for the time being.	4/23/2017 6:51 AM
98	Xanax, Valium, and Ativan, etc are Schedule IV drugs that can cause death by overdose unlike any Cannabis product. Scientific studies and testing as done in Israel and Spain for instance should be promoted immediately in the USA. Evidence is available for anyone to see on YouTube what cannabidiols can do for certain epilepsies, Parkinson's, and cancerous tumors to name a few. The worldwide scientific studies over the past several decades warrant immediate rescheduling of Cannabis and opening the doors to vigorous studies. Money talks and the big pharmaceutical companies with their horrendous Marinol and other non-cannabidiol chemical (not plant-based) drugs should be concerned over the tremendous benefits derived from Cannabis. If there was ever a plant that has shown such remarkable healing properties in so many ways as this, it should be the one to concentrate on. The ridiculous small-minded people like Mr. Sessions are not only uneducated apparently about cannabinoids and the endocannabinis system, but are still in the dark ages in their failed 'war on drugs'. My biggest regret of the past administration is failing to reschedule cannabis. Beau Biden's death due to glioblastoma should have prompted VP Biden to vigorously support studies that have already been shown to promote apoptosis and autophagy of cancerous and radiation/chemo damaged cells. Promote science, not an old man with an angry anti-human stance who is for now the AG. Thank you, J. Morgan, RN	4/23/2017 12:04 AM
99	No mortality during or after cannabis use.plants are provided for human use. Humans have cannabis receptor sites.	4/22/2017 11:48 PM
100	Cannabis has shown to be a safe and effective medicinal substance which is non-addictive and does not act on the areas of the brain that control breathing and heartbeat, thus can not be overdosed. This is a safe medicine that all people should have legal access to. Thank you.	4/22/2017 8:40 PM
101	Making cannabis a schedule III drug would validate the medical claims of cannibals and and allow for more research.	4/22/2017 4:25 PM
102	I don't think it should be scheduled at all. It should be treated like alcohol.	4/22/2017 11:57 AM
103	I feel that going from a Class I to III would be more acceptable for our government to accept. Taking positive steps to make cannabis a more accessible product for medical use would be a win. Subject to more research on the product then it would be more realistic to move it to Class IV or V. So moving slowly with the block head legislators is the way to go. Thank you!!	4/22/2017 8:32 AM
104	As an educator of medical marijuana, I feel that reclassification to a schedule V is very important. As a Registered Nurse, Marijuana is an important medicine for many of my patients. Reclassifying this drug would open it up to research and easier access for patients who rely on this med. I have seen proof that it is a medicine with many medicinal values. My patients have relayed stories on how much medical marijuana is a valuable medicine that has improved their quality of life.	4/22/2017 7:50 AM
105	Allow more research and legalize informed use.	4/21/2017 3:11 PM
106	I feel that cannabis scheduling should be in conjunction with its designation as a nutritional supplement of the endo cannabinoid receptors of the human body...	4/21/2017 2:39 PM

## ACNA Member Feedback on DEA Scheduling

107	Most appropriate, cannabis doesn't fall under any schedules as defined and is more versatile plant TN an those described in the schedules. It needs it's own schedule	4/21/2017 1:27 PM
108	Since my retirement from nursing due to physical limitations and chronic disorder, I have personally experienced the benefits of cannabis therapy. The positive results since 2013 have astounded me! As an RN educated have a rational to what medical treatments are appropriate, I have seen over and over the efficacy of this amazing healing plant. More research needs to be done, but just the clinical evidence we have now begs us as a society to rethink the Federal scheduling of cannabis.	4/21/2017 12:14 PM
109	Cannabis and/or hemp cannot and should not be grouped into any current DEA drug schedule because it is a completely organic substance. A plant that grows from seed and is able to deliver its medicinal effects completely independent of adulteration needs its own catagory. I was unable to select the last option of rescheduling to schedule V and concurrent legalization (although I fully support legalization) due to the 'adult-use' clause. There are instances where cannabis should be a viable option for informed parents and holistic healthcare practitioners to treat children. Unlike drugs in any other class, individuals do not die from marijuana overdose. It is completely unethical of the government to outlaw a substance that could potentially heal or cure people.	4/21/2017 12:01 PM
110	This is the appropriate schedule use with an appropriate corollary that supports adult-use cannabis much in the same way alcohol and tobacco are regulated	4/21/2017 11:44 AM
111	Because the benefits currently are far more beneficial than what was once stated as harmful.	4/21/2017 11:35 AM
112	The schedule needs to change to allow more research to be done in the effects and published with out fear of retaliation for it being a higher schedule	4/21/2017 10:12 AM
113	This is not a gateway drug that will lead to Class II offenses by it's patients. Marijuana is natural, and although it goes through stages of processing to make oils, there are no other chemicals added that will affect the compounds of what the patient is truly getting when using cannabis for the many symptoms it helps to control.	4/21/2017 9:10 AM
114	I believe it should be schedule four for all the health benefits marijuana provides. As a nurse I often see multiple medications for pain, then the need for nausea medications, etc. Whereas for many patients marijuana can take care of multiple issues they may be experiencing.	4/21/2017 9:04 AM
115	Cannabis IS an herb. Cannabis is not dangerous. Every drug in each class currently listed has danger associated with its use. Cannabis should not be on the current schedule list. It is very much a medicinal herb, nutritional supplement and a medicine, along with a stress reliever (which many folks in our society are in need of). If cannabis is going to be scheduled, then alcohol needs to be as well. Alcohol is physically addictive and kills people every day. It is so very important for the public to have access to this medicine, plant, herb.	4/21/2017 7:30 AM
116	This was difficult to answer as there was no option for completely removing from the controlled substances list and/or decriminalizing cannabis altogether. An amazing "role model" is Portugal and how they have had success with decriminalization of all drugs and proving medical care to those with addictions as addiction is a medical condition, not a criminal condition. My thoughts on this are that we should treat cannabis as alcohol -- and alcohol is far worse than cannabis in regards to addiction and medical effects. The alcohol prohibition was truly short-lived, and therefore society does not have that brainwashed effect on alcohol as it does from the decades of cannabis prohibition ( I regularly drink red wine after work). So, having said all that, I chose the least offensive opotion for a DEA scheduling, since there was no "completely de schedule and decriminalize" option.	4/21/2017 7:30 AM
117	I think we would be stronger as an organization to have the ANA backing us up. The research component is a huge need! This is in alignment with the CARERS Act.	4/21/2017 6:55 AM
118	Either reschedule to V or place in a newly defined category. I absolutely cannot understand how the drugs in schedule IV are allowed in that space and would think that they should be bumped up to a higher class due to the potential for abuse and addiction. Cannabis should be legalized and classified as an herb, or nutritional supplement.	4/21/2017 5:11 AM
119	This appeals to all sides of the issue.	4/21/2017 4:39 AM
120	I am a RN who works at a hospital. I see my community struggle with addiction both prescription and street drugs. I also see and administer medications prescribed by the MDs that contribute to this issue. I truly believe that most of these medications should replace what MDs are prescribing which in turn will help with the opioid issue.	4/20/2017 10:32 PM
121	Cannabis has proven itself to have medical uses and definitely needs to lose it's schedule I status. It is not physically harmful, so it doesn't fit on schedule II. In this political climate, I don't see anyone giving it less than a schedule III status. It is the drug of choice for many Americans as a leisure activity and needs to be regulated similarly to alcohol for many reasons, including taking it back from the criminal market and stopping incarceration of otherwise law-abiding persons. I would love to see a schedule VI happen, but my pragmatic side believes that's a pipe-dream.	4/20/2017 10:20 PM
122	Cannabis should be completely legalized, taxed and regulated . Regulations should protect the public, not perpetuate prohibition. The cannabis indusstry spreads wealth, protects nature and embraces diversity. Legalization opens cannabis for greater medical research. Prohibition leads to incarceration, weakening communities, particularly the poor and minorities.	4/20/2017 9:48 PM

## ACNA Member Feedback on DEA Scheduling

123	I actually think Cannabis should be descheduled entirely. It is a much safer drug than tobacco or alcohol, both readily available to adults for recreational use.	4/20/2017 7:47 PM
124	I love the idea of schedule VI which incorporates the fact that cannabis is plant medicine. However, I believe we will have more success if we take a stance to reschedule in our current classification. I live in Oregon where cannabis is legal for adult use. This has been beneficial for our communities, both socially and financially. I love that we (ACNA) will be making a position statement. It is our duty as Cannabis nurses. I look forward to hearing more about this topic.	4/20/2017 6:22 PM
125	Through the research I performed last year, I have learned that cannabis is not as addictive as tobacco & alcohol; it is less dangerous than alcohol; is a natural treatment for a PLETHORA of ailments; was listed on the US pharmacopoeia until 1937; and in the March, 1972 study report "Marihuana: A Signal of Misunderstanding," it was reported that marijuana has minimal impact on society & overall has no ill effects physically but treated many diseases. The results of this study were never publicized as they were contradictory to President Nixon's stance against drugs. In all honesty, I would prefer DEScheduling of cannabis and allow it to be regulated much like tobacco & alcohol. Removing it from the scheduling system would keep big pharma out of it. Left scheduled, pharmaceutical companies will generate new meds that will take many years to study & develop & will cost an excessive amount while on the market without a generic equivalent. Allowing people to purchase from dispensaries provides selection & variations appropriate for different illnesses / desired effects. Also, several articles I have seen lately show that youth use & abuse is no worse in those states with legalized cannabis than in those where it is illegal. When opioid abuse & overdose is as rampant in the US as it is, allowing adults to purchase cannabis & use as desired will not kill them. Accidental (or INTENTIONAL) fatal overdose with cannabis is not possible. Needless to say, it angers me that this healing plant has been stigmatized & made illegal. I am able to submit actual references if needed. Thank you for addressing this issue! Jill Wherry, RN, 5455campbell@gmail.com	4/20/2017 5:45 PM
126	It is a league of its own and the specialized scheduling helps to better define what it is without mudding it with other drugs that do not support its worth.	4/20/2017 5:17 PM
127	Marijuana should not be compared to Schedule I substances like heroin and ecstasy. Marijuana can be used responsibly and therapeutically, unlike the other schedule I drugs.	4/20/2017 5:03 PM
128	Unscheduled medical cannabis. It does not belong in any of these categories as botanical medicines cannot be FDA approved. They don't have a mechanism to make them into a scheduled substance.	4/20/2017 4:49 PM
129	De scheduling is a step in the right direction	4/20/2017 4:47 PM
130	I believe marijuana may be like Marinwood, but this herb isn't. We need to start new. Let's not try to fit a square bolt in our round hole. Let's make another hole for medical marijuana and for recreational marijuana.	4/20/2017 3:40 PM
131	I see cannabis less dangerous than alcohol.	4/20/2017 2:25 PM
132	Rescheduling is vital to the fundamentals of science. This allows researchers to scientifically conduct their tests & experiments. There is no option for opinions or beliefs. Science allows true and false to be surfaced. We as human beings have the right to find out the truth about this plant and the sooner we then can debate about political agendas.	4/20/2017 1:39 PM
133	Medical cannabis is not highly addictive nor abusive. It could be made available to those suffering with chronic issues and make life more worth living. Now, we have groups of opioid addicted people, with little or no hope for rehab, or a more manageable pain reduction approach.	4/20/2017 1:35 PM
134	CBC is a supplement to our endocannabinoid system.	4/20/2017 1:25 PM
135	With expanded research	4/20/2017 12:51 PM
136	I believe rescheduling medical cannabis to Schedule II aligns the ACNA with the ANA, which is a very important since the ANA is the largest nursing organization which represents the interest of all nurses. It would be a productive step in the right direction to reschedule cannabis to DEA Schedule II, allowing researchers to step in and do their work, which will help nurses to provide evidence-based care. I think trying to reschedule cannabis to its own rightful place (Schedule VI) should be an eventual goal, but at this time presents as a probable uphill battle. We need data, we need to educate our fellow healthcare professionals as well as the public, and we need to work with what we have in this political landscape. Beyond this, patients who are suffering, who use cannabis to treat symptoms need access to quality products NOW. Therefore, regulation of adult-use cannabis to provide oversight, safety, and quality control for the public is NEEDED and indicated.	4/20/2017 12:41 PM
137	Cannabis cannot be labeled a schedule I drug by the U.S. government as long as the U.S. government holds a patent for the medical use of cannabis. Other relaxants such as diazepam and lorazepam are schedule IV which seems comparable to cannabis.	4/20/2017 12:15 PM
138	medical benefits are known, abuse potential is present. Since Marinol is a derivative, it makes sense given the long standing history of MArinol use for medical issues to place Marijuana in the same schedule.	4/20/2017 11:59 AM
139	Cannabis should be descheduled and considered as GRAS herbal supplement. The safety profile is unparalleled, i certainly hope if a resolutiin is adopted I get credited as a coauthor. Dawn	4/20/2017 11:17 AM

## ACNA Member Feedback on DEA Scheduling

140	Cannabis has been a medicine for humanity for thousands of years. It has co-evolved with us. It is EXTREMELY safe with a LD50 of more than a person can possible consume/eat. It is EXTREMELY beneficial in its health effects.	4/20/2017 11:03 AM
141	I also agree that research should be a priority, taxation should support this and Medicaid in the states. All prisoners with marijuana charges only be released. We will loose so many businesses and quality control of the cannabis industry if Canada goes legal first. CBD only should be a nutritional supplement no regulations, safe for children. Many more women grow and farm marijuana then men in this country, we need to support small farmers and stop BIG RX and BIG FARMS that could destroy the historical properties of cannabis/DNA, we need laws to protect the plant so badly.	4/20/2017 11:02 AM
142	I like VI due to its reflection of cannabis as a plant with multiple benefits/uses. It stands alone in its lack of negatives, unlike the man made, high potential for abuse drugs like benzodiazepines and opioid. As a second choice I would say IV.	4/20/2017 10:48 AM
143	Medical cannabis is not a pharmaceutical drug, and should not be classified as such.	4/20/2017 10:46 AM
144	Schedule III drugs have a moderate to low possibility of physical dependence and a high incidence of psychological dependence. I think that description accurately describes canabis. Though comparing to drugs in Schedule IV and even V, canabis could fit there as well.	4/20/2017 10:31 AM
145	Science does not support the Schedule 1 classification of cannabis. There appears to be a lack if education in the part of the government and DEA that could be remedied by careful reading if the literature pertaining to the medical uses if cannabis, it's relatively low incidence of addiction (9%) and the safety profile with few serious side effects. A 2017 report from the National Academy of Sciences concluded that cannabis is therapeutically effective in treating chronic pain, chemotherapy induced nausea and vomiting and spasticity duento MS. Furthermore, the NIH states that research suggests that the cannabinoids in cannabis may have potential in the treatment of: pain, nausea, epilepsy, wasting disease, addiction, autoimmune disorders, and other conditions. Don't we owe it to the American people, our parents and other loved ones suffering from these conditions, to do the research and and suppply them with safe and effective medicine? America should be leading the charge on a scientific as well as humanitarian front, not standing by hamstringed by outdated and unfouded laws.	4/20/2017 10:26 AM
146	Cannabis needs to be regulated, safe, tested, and understood for all of the ways we can use it. We need clinical trials, data, & results to steer care.	4/20/2017 10:24 AM
147	The current schedule III includes synthetic THC, whole leave cannabis includes CBDS which can diminish THC effects. For medical purposes, I would not be apposed to a cap on the THC content, as far as I know, we do not yet use high THC cannabis for medical purposes. However, the field is young, and we may find value in high THC strains for medical use in the future. With this this in mind, we would need a schedule II qualifier. In the current medical usage form, I would like to see medical cannabis at a level III. After all this, bottom line may have to be, take what we can get, and shoot for schedule II	4/20/2017 10:15 AM
148	It is only recently that marijuana is used legally for medicinal purposes, therefore the drug needs more research. Pending research, there may be different classifications depending on the constitute of the cannabinoid (Eg. THC, CBD).	4/20/2017 10:09 AM
149	Cannabis has proved much more than just be a use for pain relief, it helps and is an effective medication against seizures. The list goes on to how many medical conditions it's helps, a schedule III with legalization for adult-use would need to include a firm effective re-education platform for the public.	4/20/2017 10:00 AM
150	There needs to be a separate category that reflects safety regulations as well as further research into benefits of medical marijuana!	4/20/2017 9:57 AM
151	Torn between Schedule V & VI. Needs to be regulated to prevent to prevent "bad/lazy/quick for a buck" manufacturers from sending poor quality medicine to the public. Maybe combine the two. The Schedule as a whole is screwed up. Some Schedule 3 drugs should be Schedule 2.	4/20/2017 9:45 AM
152	I am a supporter of the ANA, I agree more research is needed. And I believe that it needs to be legalized as there are many people that would gain from its use	4/20/2017 9:43 AM
153	The medial use of cannabis in my field of hospice care is invaluable. I believe by changing the schedule of this medicinal substance will decrease suffering for so many , especially at end-of-life.	4/20/2017 9:32 AM
154	I think it should have a classification of its own or be within the same class as alcohol.	4/20/2017 9:29 AM
155	Need to be able to further research and see what additional benefits are present	4/20/2017 9:20 AM

## ACNA Member Feedback on DEA Scheduling

156	I support rescheduling period and would be happy with any rescheduling that helps to remove stigma and increase education. Cannabis is not benign and its not for everyone. Its also unlike any other "drug". Its has wide modalities of use and its use as a nutritional supplement to modulate the endocannabinoid system should be supported along side research into its diverse amount of strains the plant expresses. Rescheduling to II, III, or IV would just keep it under Big Pharma control, which has some benefits, but I fear that it comes at risk of separating us from more community-oriented benefits (resources government or pharma do not provide, variety of strains, connections within one's own community, etc). Thank you for taking the steps to formulate a statement. It is needed.	4/20/2017 9:13 AM
157	I firmly believe in the medical benefits of cannabis and feel that further research is necessary in order to gain a complete understanding of all of its potential medical uses. I also feel that aligning our position with that of the ANA only stands to strengthen our position and present a unified front to legislatures.	4/20/2017 9:13 AM
158	I can't reexplain my answer. It stands alone.	4/20/2017 9:08 AM
159	I do not support scheduling in any measure, but given these choices, the most liberal choice is made.	4/20/2017 8:50 AM
160	Cannabis is a naturally occurring substance whose synthetic replication does not have the same properties or deliver the same results as the naturally occurring products. It is the combination of all the components in cannabis that relieve symptoms and alleviate disease. As it is an herb, it should not be regulated by the FDA, anymore than coffee or valerian. Its medicinal value far outweighs its use as an intoxicant. And unlike alcohol, if someone were to become overly intoxicated, they can be brought into a more sober state with a high dose of cannabidiols, a component of cannabis. Also, unlike alcohol, no one has ever died from an overdose of cannabis. It is not addictive. The reason certain people use more and more to get the same effects is because they are not trained in the use of cannabis by medical professionals (I.E. nurses). Nurses, after all, are the ones who do most medication teaching and are the logical professional to instruct on the use of cannabis.	4/20/2017 8:49 AM
161	Cannabis should be moved to a schedule V substance and legalized for adult use because it has recognized medical uses - too numerous to mention and is relatively safe. Legalizing cannabis would allow it to be regulated like alcohol and tobacco. Legalizing cannabis will bring in tax revenue as well as making it less accessible to children. It will lower the crime rate and clear out the inmates convicted of cannabis crimes that take up space and resources in our prisons. It will provide revenue to help fight the heroin/opioid epidemic occurring by providing public health resources to help these people who need it. Cannabis can even help treat these people going through withdrawals from other drugs. The DEA and FDA are using a catch-22 situation to continue the suppression of a much needed medication to patients, as well as suppress a recreational substance that helps many deal with the stress of life issues. It is safer than alcohol and tobacco. The only reason it isn't legal yet is due to the lobbying of the pharmaceutical companies who stand to lose millions when people start treating their conditions with a natural medication. The DEA needs to stop living in the past and recognize the hundreds of studies proving the efficacy of cannabis as a medicine. It is sad so many people in our "free country" lack safe access to a medication that could help them get their lives back.	4/20/2017 8:47 AM
162	We need to align with ANA, they have a powerful voice	4/20/2017 8:44 AM
163	I believe cannabis should be in a class of its own and that we, as humans, should have the right to choose this natural alternative therapy.	4/20/2017 8:42 AM
164	I have had the privilege educating patients on the use cannabis and assisting and following up on the results of its use. The average age are 75 years. They have chronic issues ( pain, insomnia, anxiety). These patients are reaching out for help but are made to still feel like criminals !! They want to stop their opioids, hypnotics etc... ideally de schedule cannabis to III but Just getting it out of that schedule 1 class would make a big difference for nurses especially. I still run into so many that are afraid of loosing their license even mentioning cannabis! After experiencing the amazing results and quality of lives changed getting off of so many drugs I'd be more worried loosing my license giving all the other federally approved drugs!!!! Thank you so much for ACNA and all you do for patients ♥️	4/20/2017 8:39 AM
165	This addresses the full spectrum of cannabis potential, and suggests the need for education on the many uses of cannabis. It helps to break the the stereotype that cannabis is just a means of getting high and invites discussion. It also defines cannabis as an herb...very important for a number of reasons.	4/20/2017 8:36 AM
166	Cannabis should be legalized and made readily available via prescription for patient use. Maintenance of purity and cultivation of strains for variant therapeutic effects are of utmost importance.	4/20/2017 8:24 AM
167	The answer explains itself. Schedule IV currently lists drugs that are have significant dependence so a new schedule IV as listed here is appropriate and it is a herb	4/20/2017 8:20 AM
168	I think it is imperative that oversight, safety regulations and quality control parameters be implemented on a national level. There has to be consistency in all aspects of production and administration. I believe a dispensary physicians should write prescriptions for specific dosing for specific uses. My son has epilepsy goes to the dispensary and just "picks what he wants" with no idea of strength etc. he should be counseled as a pharmacist would do for other medications. This will help with the potential to overmedicate due to ignorance. This would also assist with the negative public and government perception of the drugs use as medical marijuana.	4/20/2017 8:17 AM

## ACNA Member Feedback on DEA Scheduling

169	None of the choices fits. Cannabis is a highly beneficial and versatile plant and should be DE- scheduled - just like chamomile or garlic or lavender. It is a food and a medicine and is beneficial to the planet - why would nurses support any regulation of the plant (and this is separate from medicinal "products" made from the plant.	4/20/2017 8:10 AM
170	Medical marijuana needs to have own class. It is nothing like any man made/ synthetic drug. Because of this, this is why it needs it's on class. Benefits out way the risk of many other drugs currently on market.	4/20/2017 8:09 AM
171	Cannabis is an herb with numerous documented medical indications. It should be rescheduled to reflect its safety, low risk of dependence, and medical uses. It should be regulated only to provide oversight for safety, purity and quality control.	4/20/2017 8:06 AM
172	Cannabis is in not addicting and heals many conditions. Further research is needed to expand the uses for this medicinal herb.	4/20/2017 8:06 AM
173	The way I see it,cannabis is no different than alcohol,except that cannabis does have Medical benefits were alcohol doesn't	4/20/2017 8:04 AM
174	I think herbs/whole plants should have a separate category.	4/20/2017 7:52 AM
175	This would be a good and maybe realistic first step	4/20/2017 7:45 AM
176	In my opinion cannabis is most similar to adaptogenic herbs. If we reschedule in the existing system it will force cannabis into the pharmaceutical industry exclusively.	4/20/2017 7:44 AM
177	Marijuana is a plant a Herb, science has proven it's wide variety of effectiveness in treating many alignments. Let's stop the overdoses and prescription pill ebidimic and support further research in order to save lives.	4/20/2017 7:43 AM
178	Cannabis has medical benefits for problems, which often utilize medications scheduled as IV and III; although, cannabis has not been associated with some of the side effects of approved schedule III and IV medications currently utilized.	4/20/2017 7:42 AM
179	Cannabis kills literally no one. It is a safe medicine and safe for recreational use after the development of the brain is complete.	4/20/2017 7:34 AM
180	Pharmaceutical companies will block cannabis as a plant being descheduled because they won't be able to profit off of a plant people can grow. If cannabis has a new category it might be seen differently.	4/20/2017 7:31 AM
181	Seeing as xanax and tramadol are schedule IV, I believe cannabis had similar medicinal properties and is the natural equivalent to these medications and should be scheduled as such.	4/20/2017 7:24 AM
182	Cannabis is safer than pharmaceuticals	4/20/2017 7:21 AM
183	Cannabis really does not fall into any of the scheduling categories that we currently use for controlled substances. We need to push to get cannabis out there and to educate every health care provider.	4/20/2017 7:16 AM
184	Rescheduling cannabis to schedule II would allow scientists to do needed research. Also, going from schedule I to schedule II would change the classification of having no accepted medical use in treatment to having a currently accepted medical use with severe restrictions. However, I am uncertain how I feel about having cannabis under the regulation of the FDA.	4/20/2017 7:16 AM
185	I feel that the term medical use for cannabis has been taken to the extreme, and some states are attempting to over regulate it, driving up costs, limiting access. Cannabis is an herb. It has therapeutic and non therapeutic effects,but should not be considered medicine, like Vicodin. People should be able to grow it in their back yard.	4/20/2017 7:15 AM
186	Medical cannabis has been proven beneficial in treating numerous health conditions with studies and research to support this. I also believe cannabis should be legalized concurrently so that individuals without healthcare insurance have access to the benefits of using cannabis.	4/20/2017 7:14 AM
187	schedule IV most closely aligns with the properties and effects of the plant derivatives and other chemical agents of this classification.	4/20/2017 7:13 AM
188	Providers of healthcare as well as patients deserve guidelines and research to help with suffering and treat conditions that benefit from medical cannabis.	4/20/2017 7:02 AM
189	This should not require a vote. This organization should be able to make this decision on our behalf. We obviously whole heartily support cannabis since we have willingly joined this organization. The rationale behind my choice is from the knowledge that cannabis does have by nature a psychoactive component so it should be regulated to some small degree only for the sole protection of the public but also deregulated enough so that more research, oversight, safety and quality control can be conducted. We should not want cannabis to be any higher in scheduling which would give complete control to the governing bodies like the FDA who are bought by big PHARMA.	4/20/2017 6:59 AM

## ACNA Member Feedback on DEA Scheduling

190	Initial our statement should be aligned with a ANA because it makes sense and its a highly respected organization, its the face of Nursing as a profession. As we [ACNA] grow and cannabis research moves forward we will have opportunities to further define our own statement.	4/20/2017 6:55 AM
191	We need to be in alignment with the truth. Israel is years ahead of us and has a tremendous about of research supporting the medicinal effects of mj. We are SO far behind.	4/20/2017 6:53 AM
192	Scientific research is the foundation for validating cannabis' many contributions to health and well being by providing an alternative or adjuvant treatment in medicine.	4/20/2017 6:53 AM
193	Cannabis is an herb which has been utilized since ancient times. The oldest known written record of its use was in China in the year 2727BC. It should be legalized in all forms and unregulated by the US Government.	4/20/2017 6:51 AM
194	I believe that Cannabis used in many different ways.	4/20/2017 6:37 AM
195	Cannabinoids are essential nutrients for human health and wellbeing	4/20/2017 6:29 AM
196	I chose the least restrictive option in question 2, schedule V, because the option to de-schedule was not offered in the answers. Cannabis should be de-scheduled. If cannabis products need to meet FDA medicinal drug approval criteria, the cannabis industry will be negatively impacted. Of note, neither alcohol or tobacco are included in the five drug schedules; both substances have an enormous negative impact on public health.	4/20/2017 6:29 AM
197	Cannabis is a natural substance with a mound of supporting evidence that it truly aids in the comfort and healing of many ailments. It's rediculous and makes no sense at all being in a class that doesn't support it's health benefits. It's difficult to believe that it's in a class with highly addictive substances that kill and cause death.	4/20/2017 6:24 AM
198	I am very much of the opinion that a total rescheduling and redefining of cannabis is necessary. The scheduling it self needs an overhaul. (but that discussion is for another day) Abuses and addiction do not come from the drug itself, but the individual taking, and in some cases the heavy handedness of the provider. Cannabis, is an herb, a nutritional supplement, medicine and an intoxicant. It is very much different from the others and should, therefore; be put in a class by itself.	4/20/2017 6:20 AM
199	Cannabis is so very useful in treating many medical ailments WITHOUT the horrible side effects of many pharmaceuticals.	4/20/2017 6:17 AM
200	Cannabis does not fit under any of the current categories as it is an herb that grows naturally with qualities that enhance the physiological functioning of the human body.	4/20/2017 6:17 AM