



NO DRUGS INCORPORATED

1 (800) 490-DRUG(3784)

Fax (510) 661-9955

3225 Seldon Court

Fremont CA 94539

The Honorable Donald J. Trump
President of the United States
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

August 25, 2025

Re: Protecting America's Workers and Consumers: A Clear Path for CBD and THC Regulation

Executive Summary

Dear President Trump,

In response to your recent statement on marijuana reclassification, and NDASA's call for its members to weigh in, I want to share my perspective as both an employer and participant in the drug and alcohol testing industry. The best solution is to separate CBD from THC under federal law.

The problem: Current marijuana policy lumps together two very different substances — CBD and THC. CBD has legitimate wellness and medical applications. THC is a psychoactive drug that impairs judgment, slows reaction time, and increases accident risk. Treating them the same blurs zero-tolerance workplace standards, confuses state and federal law, and suggests marijuana is safe under supervision despite clear evidence to the contrary. Synthetic-THC medicines such as Marinol are already regulated in Schedule III, which makes it even more important to separate those narrowly prescribed products from broader cannabis use.

The opportunity: CBD, when verifiably free of THC, is safe, non-intoxicating, and already FDA-recognized (Epidiolex, Schedule V). Yet today's mislabeled CBD products have cost safety-sensitive workers their jobs after accidental THC exposure. A clear federal standard is long overdue.

The solution: A three-tier framework

1. CBD – Certified 100% THC-free → Schedule V
2. Synthetic THC medicines (e.g., Marinol) → Schedule III
3. Cannabis-derived THC – Remains in Schedule I

This framework protects consumers from mislabeled products, shields workers from unfair risk, and preserves the clarity employers and regulators need to enforce safety standards.

Mr. President, this is an opportunity to lead with clarity, protect the American workforce, and resolve decades of confusion with a policy grounded in science, safety, and common sense.

I welcome the opportunity to discuss this framework further with your staff or relevant agencies.

Respectfully,

JohnMichael Schlim
President, No Drugs, Inc.
(800) 490-3784
jmschlim@nodrugs.net

Cc:

The Honorable Attorney General Pam Bondi

The Honorable Secretary of State Marco Rubio

The Honorable Secretary of Health & Human Services Robert F Kennedy, Jr.

The Honorable Administrator of the Drug Enforcement Agency, Terry Cole

U.S. Department of Transportation Secretary, Sean Duffy

Office of Drug and Alcohol Policy and Compliance, Doug Simon

Nation Drug and Alcohol Screening Association, NDASA

Background and Policy Analysis

Re: Protecting America’s Workers and Consumers: A Clear Path for CBD and THC Regulation

Prepared by JohnMichael Schlim, President, No Drugs, Inc.

The debate over cannabis regulation has reached a point where clarity is essential. The current framework under the Controlled Substances Act does not distinguish between cannabis compounds with vastly different properties and risks. This confusion undermines consumer confidence, threatens workplace safety, and leaves employers without clear guidance. A rational reclassification is overdue, one that recognizes cannabidiol (CBD) as a distinct, low-risk compound when it is verifiably free of tetrahydrocannabinol (THC), while keeping THC as a psychoactive drug with high abuse potential.

The present CBD marketplace illustrates why reform is needed. Numerous studies, along with FDA investigations, show that products labeled “THC-free” often contain measurable THC, in some cases up to 0.8 percent. The FDA has issued repeated warnings about mislabeled and contaminated CBD products sold without quality assurance. These failures have real consequences: safety-sensitive workers in aviation, trucking, and rail have lost their livelihoods after testing positive for THC despite relying on CBD marketed as harmless. Unlike alcohol, where federal law defines impairment thresholds, THC has no tolerance level under Department of Transportation (DOT) rules. A single accidental exposure can end a career. This is not hypothetical-it happens daily.

CBD itself, however, warrants different treatment. The FDA’s approval of Epidiolex, a purified CBD medication for severe epilepsy, proved that CBD can be safe and effective. After scientific review, Epidiolex was classified in Schedule V, reserved for the lowest abuse-potential substances. The precedent is clear: CBD, when purified and certified as free of THC, is not intoxicating, does not impair, and carries minimal misuse risk.

By contrast, cannabis-derived THC presents well-documented hazards. Synthetic-THC products such as dronabinol (Marinol) are regulated separately, with limited medical use, but they are rarely prescribed today because safer alternatives exist. Cannabis-derived THC is primarily a recreational drug with psychoactive effects that impair judgment, slow reaction time, and increase accident risk, outcomes fundamentally incompatible with workplace safety. Reclassifying cannabis-derived THC as anything less than a tightly controlled substance would ignore decades of public health evidence.

If THC were reclassified to **Schedule II**, it would be recognized for medical use and allow more research. Unlike Schedule I, where federal prohibition has been tempered by DOJ non-enforcement, Schedule II imposes a mandatory federal framework. Under this system, THC could only be cultivated, prescribed, and dispensed under strict DEA and FDA oversight. Recreational dispensaries, cannabis clubs, and gas station sales would directly conflict with

federal law. Just as no state can independently legalize opioid sales outside federal channels, state cannabis markets could not legally continue in their current form. This would require physicians to become prescription gatekeepers, pharmacies to replace dispensaries as points of sale, and state governments to dismantle or radically restructure their cannabis systems. For DOT-regulated workers and federal employees, the result would remain the same: any THC-positive test is disqualifying, prescription or not. In these industries, where the margin for error is zero, psychoactive drugs cannot be reconciled with safety-critical duties.

While Schedule II would bring strict clarity by making cannabis prescription-only, **Schedule III** creates the opposite effect. It may seem like a moderate compromise, but in reality, it would create greater problems. Schedule III status would recognize medical use and research, and it would also eliminate the IRS tax penalty under Section 280E, providing massive financial relief to the cannabis industry. But those benefits come at the cost of regulatory clarity and public safety. By placing THC alongside substances like codeine combinations or anabolic steroids, the federal government would send the message that marijuana is safe under medical supervision, which is not supported by decades of data on impairment, driving risks, and cognitive harm. More importantly, Schedule III would undermine workplace enforcement. Today, under Schedule I, employers and regulators have clarity: marijuana is federally illegal, and safety-sensitive workers cannot use it. Under Schedule III, employees could claim protection through prescriptions, forcing employers, unions, and courts into endless disputes, even though DOT regulations would still ban use. This legal friction would weaken workplace safety programs and erode the zero-tolerance standard that protects the public.

Finally, Schedule III would create the worst federal–state conflict of all. State recreational programs would continue to operate, while the federal government recognized only medical use. Unlike Schedule II, which would clearly preempt state systems, Schedule III would leave them in a legal gray zone—confusing consumers, emboldening recreational claims, and making enforcement inconsistent. At the same time, looser prescription rules would increase the risk of diversion into the illegal market. In short, Schedule III would appear lenient but would destabilize enforcement, confuse the courts, and weaken workplace safety without resolving the federal–state conflict.

The most responsible path forward is to adopt a **Three-Tiered Framework**. CBD products must be required to contain absolutely no THC, verified by FDA-approved testing and transparent labeling. Once certified they should be classified in Schedule V, consistent with the precedent set by Epidiolex. Synthetic THC medications such as dronabinol (Marinol), which have limited but recognized therapeutic value, should be kept in Schedule III to ensure medical access under controlled conditions. Cannabis-THC should remain in Schedule I, reflecting its psychoactive properties, high abuse potential, declining medical utility, and incompatibility with public and workplace safety.

This framework is clear, practical, and enforceable. It protects consumers from mislabeled products, shields workers and employers from unnecessary risk, and allows limited medical access where it is appropriate and proven. Most importantly, it preserves the integrity of drug testing and workplace safety standards that protect the American public every day.

No Drugs, Inc., which serves employers nationwide in drug and alcohol testing, sees firsthand the damage caused by today's lack of clarity. On behalf of employers, workers, and the public, I urge you to set a policy that draws a firm line between safe, THC-free CBD and impairing THC.

Prepared in response to NDASA's call for response to President Donald J Trumps statement that his administration is currently looking at the possibility of rescheduling marijuana in the U.S. Controlled Substance Act.

About the Author: JohnMichael Schlim is the President of No Drugs, Inc., a nationwide drug and alcohol testing provider serving employers across aviation, transit, rail, trucking, and other safety-sensitive industries. NDI performs approximately 70,000 drug and alcohol tests per year and advises Fortune 500 companies and public-sector employers on DOT and non-DOT compliance.

Selected References

- *U.S. Food and Drug Administration (FDA). (2020). FDA Warns Companies for Illegally Selling CBD Products. Retrieved from <https://www.fda.gov>*
- *National Institutes of Health (NIH) / NCBI Bookshelf. (2020). Cannabidiol (CBD) in Epilepsy. Retrieved from <https://www.ncbi.nlm.nih.gov/books>*
- *National Cancer Institute (NCI). (2022). Cannabis and Cannabinoids (PDQ®) – Health Professional Version. Retrieved from <https://www.cancer.gov>*
- *National Institute on Drug Abuse (NIDA). (2021). Is Marijuana Addictive? Retrieved from <https://nida.nih.gov>*