



# CANNABIS LEGALIZATION

2024 Cannabis Policy Brief  
Cannabis Rescheduling

May 2024

# M4MM POTENTIAL IMPLICATIONS FROM DHHS CRS REPORT, REVIEW OF RESCHEDULING RECOMMENDATION (DHHS), PROPOSED RULE (DEA), TALKING POINTS AND LETTERS OF SUPPORT FOR SCHEDULE III AND SCHEDULE V

## Potential Implications of a Move to Schedule III – Congressional Research Services (CRS) Report on DHHS rescheduling recommendation

A change to Schedule III would mark a major shift in the federal government's policy on marijuana. For over 50 years, marijuana has remained on Schedule I. Violations of CSA law involving marijuana have resulted in criminal sanctions for thousands of offenders. There are many federal policy implications of such a shift, particularly because most states now have comprehensive medical marijuana programs. The following are selected federal policy implications if marijuana were to be rescheduled:

- Those who manufacture, distribute, dispense, and possess medical marijuana may now be able to do so lawfully (under the CSA).
- States' medical marijuana programs may now be able to comply with the CSA, and will still be subject to CSA/DEA criminal and regulatory control, federal public health laws such as the Federal Food, Drug, and Cosmetic Act, and agricultural laws such as the Agricultural Marketing Act of 1946.
- The scope of and demand for FDA oversight for medical marijuana and related products may grow considerably. In the short term, FDA may need to generate or update a substantial amount of technical information to clarify its regulatory approach to marijuana for relevant stakeholders. Given that marijuana is a complex substance containing various pharmaceutical components and is available to consumers in numerous formats, FDA may also need to consider long-term resource allocation to ensure that marijuana products consistently meet applicable regulatory standards.
- Marijuana producers and retailers would be able to deduct the costs of selling their product (e.g., payroll, rent, advertising) for the purposes of federal income tax filings.
- Those who use medical marijuana lawfully may now be eligible to (1) access public housing, (2) obtain immigrant and nonimmigrant visas, and (3) purchase and possess firearms. Those who use marijuana recreationally would still face restrictions in these areas.
- Researchers would face less strict regulatory controls in researching marijuana as a Schedule III controlled substance, which may in turn promote further research on marijuana.
- DEA would no longer set production quota limitations for marijuana.
- Those who use medical marijuana lawfully may contend with fewer barriers to federal employment and eligibility to serve in the military.

# SUMMARY OF POSITIVE AND SUPPORTIVE CONCLUSIONS FOR RECOMMENDING MARIJUANA'S RESCHEDULING TO SCHEDULE III

The "Basis for the Recommendation to Reschedule Marijuana into Schedule III - HHS Report" presents several positive and supportive conclusions that justify the rescheduling of marijuana. Below is a detailed summary of these conclusions for distribution purposes:

## POSITIVE CONCLUSIONS

### 1. LOWER ABUSE POTENTIAL COMPARED TO SCHEDULE I AND II SUBSTANCES:

- Marijuana has a lower potential for abuse relative to substances in Schedules I and II. Epidemiological data indicate that marijuana is associated with fewer severe adverse outcomes compared to substances like heroin and cocaine

### 2. CURRENTLY ACCEPTED MEDICAL USE:

- Marijuana is recognized as having a currently accepted medical use in the United States. This is based on widespread clinical experience by licensed healthcare providers operating under state-authorized medical marijuana programs. Conditions for which marijuana is used include chronic pain, nausea, and vomiting associated with chemotherapy, and anorexia associated with weight loss in AIDS patients
- The CAMU test, which considers both widespread medical use and scientific support, has been satisfied, further supporting the recommendation

### 3. SAFETY PROFILE:

- Marijuana has an acceptable safety profile when used under medical supervision for the indicated conditions. This was determined based on data from clinical studies, professional organization position statements, and state medical marijuana programs. The evidence suggests that the adverse effects are generally manageable and less severe compared to many Schedule I and II substances
- FDA-approved drug products containing dronabinol, a synthetic form of THC, demonstrate that controlled use of THC can be safe and effective for certain medical conditions

### 4. MODERATE OR LOW PHYSICAL DEPENDENCE:

- Marijuana may lead to moderate or low physical dependence or high psychological dependence. The withdrawal symptoms are relatively mild compared to substances like alcohol and tobacco. This supports a lower scheduling as the risk of severe dependence and associated harm is less

### 5. SCIENTIFIC AND MEDICAL SUPPORT:

- Various professional organizations and systematic reviews acknowledge the therapeutic potential of marijuana. For example, the American Medical Association and other health organizations have recognized its potential benefits for specific medical conditions and have called for more research to expand its medical applications

### 6. COMPARATIVE SAFETY AND ABUSE DATA:

- Comparative analyses show that marijuana has a lower incidence of severe adverse outcomes and a lower potential for abuse compared to other controlled substances. Data from multiple epidemiological databases consistently place marijuana in a lower ranking for adverse health effects compared to drugs like heroin and oxycodone

## **7. FEDERAL AND STATE-LEVEL RECOGNITION:**

- The acknowledgment by federal agencies such as the FDA and NIDA, along with the widespread acceptance of medical marijuana programs at the state level, underscores the recognized medical utility and relative safety of marijuana

## **CONCLUSION**

The recommendation to reschedule marijuana to Schedule III is supported by its lower potential for abuse compared to Schedule I and II substances, its accepted medical use, and its manageable safety profile under medical supervision. The mild nature of its withdrawal symptoms and the supportive stance of various medical organizations further justify its rescheduling. This change would facilitate more research and potentially expand the medical use of marijuana while maintaining appropriate controls to mitigate risks of abuse and dependence.

## **SUMMARY OF NEGATIVE AND UNCERTAIN CONCLUSIONS FOR RECOMMENDING MARIJUANA'S RESCHEDULING TO SCHEDULE III**

The "Basis for the Recommendation to Reschedule Marijuana into Schedule III - HHS Report" outlines several negative and uncertain conclusions regarding the rescheduling of marijuana to Schedule III. Below is a summary of these conclusions for distribution purposes:

### **NEGATIVE CONCLUSIONS**

#### **1. LACK OF HIGH-QUALITY EVIDENCE:**

- Many professional organizations and systematic reviews indicate that the evidence supporting the therapeutic benefits of marijuana is of low quality. For example, the American Academy of Neurology and the American Epilepsy Society both highlight insufficient scientific evidence to support the medical use of cannabis for neurologic disorders and epilepsy, respectively
- Studies often rely on synthetic THC rather than botanical marijuana, which limits the applicability of findings to real-world medical use of marijuana

#### **2. PSYCHIATRIC RISKS:**

- The American Psychiatric Association does not endorse cannabis as a medicine and notes its association with the onset of psychiatric disorders. This organization specifically recommends against its medical use due to the potential exacerbation of psychiatric conditions

#### **3. PHYSICAL AND PSYCHOLOGICAL DEPENDENCE:**

- Chronic use of marijuana can lead to both physical and psychological dependence. Symptoms of marijuana withdrawal, such as sleep difficulties, irritability, and decreased appetite, are relatively mild but do indicate a potential for dependence

#### **4. ADVERSE EFFECTS:**

- Common adverse effects reported include dry mouth, headaches, psychoactive euphoria, agitation, and palpitations. Severe adverse events, while uncommon, do occur and pose risks to patients

## UNCERTAIN CONCLUSIONS

### 1. INCONSISTENT EFFICACY FINDINGS:

- Systematic reviews and clinical studies show mixed results regarding the efficacy of marijuana for various medical conditions. For example, while some evidence supports its use for pain, nausea, and vomiting, the findings are not consistent across all studies
- The potential benefits of marijuana in treating PTSD are based on observational studies with high risk of bias, making the findings less reliable

### 2. LACK OF FDA APPROVAL:

- Marijuana has not been approved by the FDA for any therapeutic indication. Its use is primarily driven by state-level medical marijuana laws rather than federal approval, leading to variability in quality and control of the substance

### 3. NEED FOR MORE RESEARCH:

- Many professional organizations call for more rigorous research to better understand the long-term safety and efficacy of marijuana. The current restrictions on research due to its Schedule I status have limited the availability of high-quality clinical data

### 4. POTENTIAL FOR ABUSE:

- Although marijuana has a lower potential for abuse compared to substances in Schedules I and II, it still poses significant risks for nonmedical use and diversion. The abuse potential of marijuana necessitates careful consideration when rescheduling to ensure that it does not lead to increased misuse

## CONCLUSION

While the recommendation to reschedule marijuana to Schedule III is based on some evidence of its medical benefits, the conclusions drawn in the HHS report highlight several negative and uncertain aspects that warrant caution. The mixed quality of evidence, potential for psychiatric risks, and physical dependence, along with the need for more comprehensive research, underscore the complexities involved in changing the scheduling status of marijuana.



## **INTRODUCTION**

This document outlines the proposal by the Attorney General to reschedule marijuana from Schedule I to Schedule III under the Controlled Substances Act (CSA). The recommendation is based on an evaluation by the Department of Health and Human Services (HHS) which found marijuana has a lower potential for abuse compared to substances in Schedules I and II, and it may lead to moderate or low physical dependence or high psychological dependence.

## **KEY FINDINGS AND RECOMMENDATIONS**

### **1. POTENTIAL FOR ABUSE:**

- **Evaluation by HHS:** Marijuana is associated with a high prevalence of use, but its abuse potential is lower than that of Schedule I and II substances such as heroin and cocaine. The abuse of marijuana may lead to moderate or low physical dependence and a low likelihood of severe psychological dependence
- **Attorney General's Conclusion:** Based on HHS's scientific and medical findings, marijuana does not warrant control under Schedule I due to its lower abuse potential and dependence liability

### **2. MEDICAL USE:**

- **Currently Accepted Medical Use (CAMU):** HHS has recognized that marijuana has a currently accepted medical use in the United States. This conclusion is based on its widespread use by licensed healthcare practitioners in state-authorized medical programs and credible scientific support for at least one medical use
- **Recommendation for Schedule III:** The recommendation to transfer marijuana to Schedule III rather than Schedule II is due to its lower potential for abuse and dependence compared to substances in those schedules

### **3. EPIDEMIOLOGICAL DATA:**

- **Comparison with Other Substances:** Marijuana ranks lower on various measures of harm compared to Schedule I and II substances. Despite high availability and use, it produces fewer serious outcomes than these more strictly controlled drugs

**Health Outcomes:** Epidemiological data suggest that while marijuana use is prevalent, it does not produce serious health outcomes comparable to those of substances in Schedules I and II

#### 4. REGULATORY IMPACT:

- **International Treaty Obligations:** Rescheduling marijuana to Schedule III will allow the United States to continue meeting its international treaty obligations under the Single Convention on Narcotic Drugs and the Convention on Psychotropic Substances with additional regulatory controls as needed

**Economic Considerations:** Rescheduling may have significant economic impacts, including effects on federal taxes, research, and development investments in the pharmaceutical industry. The DEA is seeking comments on these potential economic impacts as part of the rulemaking process

### CONCLUSION

The proposed rulemaking to reschedule marijuana to Schedule III is based on a comprehensive review of scientific, medical, and epidemiological data by HHS. The recommendation acknowledges marijuana's lower potential for abuse and dependence compared to Schedule I and II substances and its recognized medical use in the United States. The DEA is inviting public comments to further inform this rulemaking process



# TALKING POINTS FOR PUBLIC COMMENT PERIOD: SUPPORT FOR RESCHEDULING MARIJUANA TO SCHEDULE III

## INTRODUCTION

Members of Minorities for Medical Marijuana (M4MM) who support the recommendation to reschedule marijuana to Schedule III can use the following talking points during the federal rulemaking public comment period. These points highlight the scientific, medical, and regulatory reasons for supporting the rescheduling initiative as outlined in the DEA Rescheduling Draft (Docket No. DEA-1362; A.G. Order No. 5931-2024).

## KEY TALKING POINTS

### 1. LOWER POTENTIAL FOR ABUSE:

- **Scientific Consensus:** The Department of Health and Human Services (HHS) has determined that marijuana has a relatively lower potential for abuse compared to Schedule I and II substances. This aligns with the broader scientific understanding that while marijuana is widely used, its abuse potential is significantly less than that of drugs like heroin and cocaine
- **Attorney General's Conclusion:** Based on HHS's scientific and medical findings, marijuana does not warrant control under Schedule I due to its lower abuse potential and dependence liability

### 2. ACCEPTED MEDICAL USE:

- **Medical Utility:** Marijuana has a currently accepted medical use in the United States, as recognized by the HHS. It is used in state-authorized medical programs to treat conditions such as chronic pain, nausea, and other debilitating symptoms
- **Clinical Evidence:** There is substantial clinical evidence supporting the medical benefits of marijuana, which justifies its placement in Schedule III where drugs with accepted medical uses and lower abuse potential are classified

### 3. SAFETY UNDER MEDICAL SUPERVISION:

- **Regulatory Controls:** Rescheduling marijuana to Schedule III will impose appropriate regulatory controls to ensure its safe use under medical supervision. This will include specific guidelines for manufacturing, distributing, and prescribing marijuana, thereby minimizing risks associated with its medical use
- **Public Health Benefits:** By rescheduling marijuana, patients will have better access to a substance that can effectively manage their symptoms while ensuring that the necessary safeguards are in place to prevent misuse and abuse

### 4. ECONOMIC AND SOCIAL IMPACTS:

- **Support for Minority Communities:** Rescheduling marijuana to Schedule III can have positive economic and social impacts, particularly for minority communities.



**1. Health Equity:** Rescheduling marijuana to Schedule III acknowledges its medicinal value and will ensure that individuals from minority communities have improved access to alternative treatment options for various health conditions.

**2. Community Impact:** Rescheduling marijuana can positively impact the overall well-being of minority communities by providing access to safer and regulated products, reducing the reliance on illicit markets, and promoting responsible use through medical oversight.

**3. Criminal Justice Reform:** Rescheduling marijuana would help alleviate the disproportionate impact of drug enforcement policies on minority communities at the state level, (depending upon state by state statutory law social justice reforms enacted as a response to rescheduling), leading to fairer treatment and reducing the number of individuals incarcerated for non-violent drug offenses.

**4. Medical Benefits:** Recognizing marijuana's medical use and rescheduling it to a lower category will facilitate further research into its benefits and potential as a treatment option for various ailments, benefiting individuals from minority groups who may disproportionately suffer from certain health conditions.

**5. Cultural Considerations:** Acknowledging the historical and cultural significance of cannabis in minority communities and recognizing its potential benefits through rescheduling reinforces the importance of cultural competence and inclusivity in health policy decisions.

- **Research and Development:** Rescheduling will facilitate more extensive research and development into marijuana's therapeutic potentials, leading to better medical products and treatments, which can benefit a broad range of patients

## 5. COMPLIANCE WITH INTERNATIONAL OBLIGATIONS:

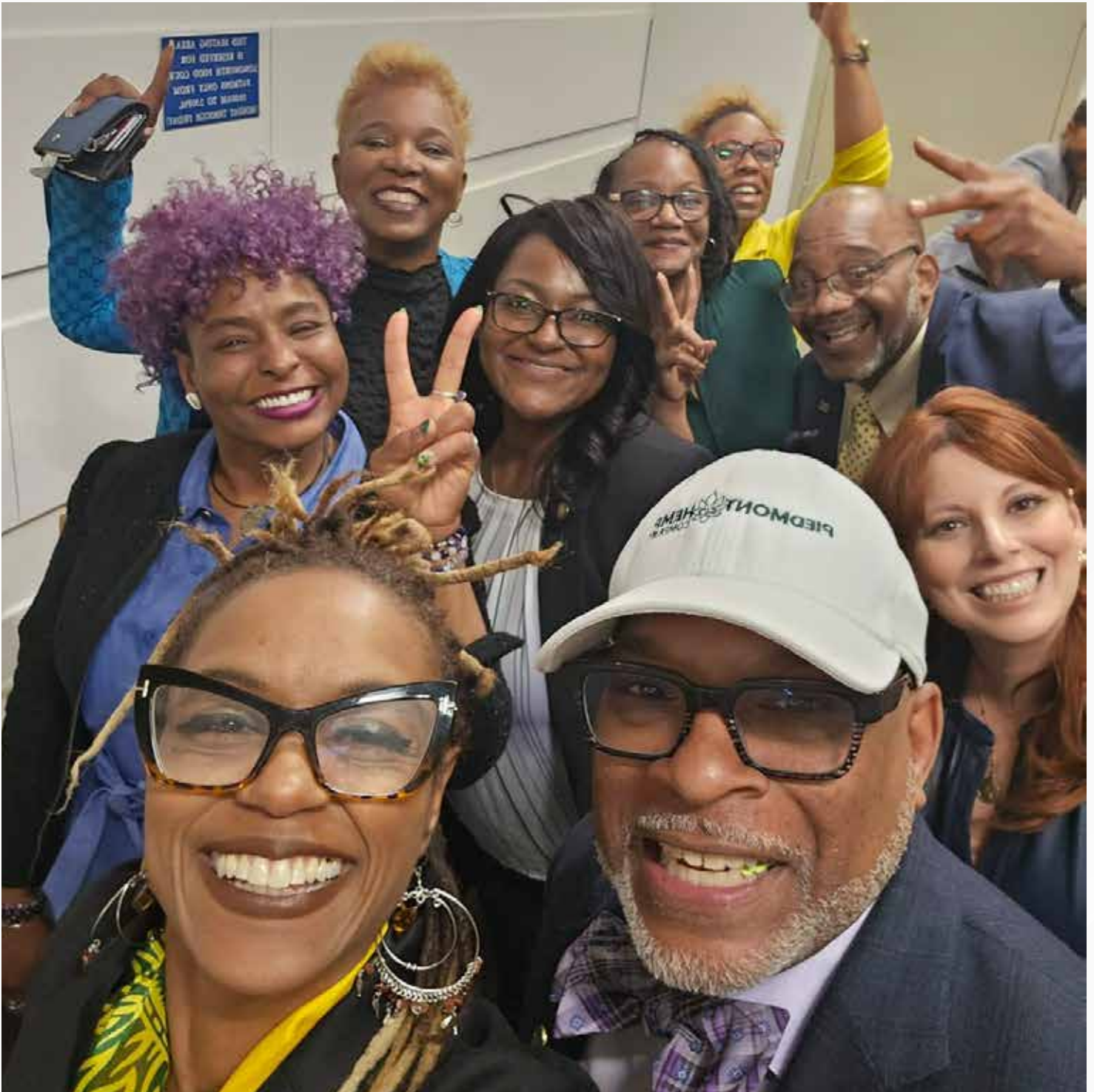
- **Treaty Compliance:** Rescheduling marijuana to Schedule III will ensure that the United States remains compliant with international treaty obligations, balancing domestic regulatory needs with international commitments

## 6. INVITATION FOR PUBLIC COMMENTS:

- **Participatory Process:** The DEA is soliciting public comments on this proposed rulemaking. M4MM members are encouraged to participate actively in this process by submitting their comments and supporting the rescheduling initiative, ensuring that their voices and perspectives are considered

## CONCLUSION

Rescheduling marijuana to Schedule III is a scientifically sound and medically justified step that acknowledges its therapeutic benefits while ensuring proper regulatory oversight. This move will benefit patients, support economic growth, particularly in minority communities, and align with both domestic and international regulatory standards.



# LONG-FORM GENERIC LETTER FOR PUBLIC COMMENT: SUPPORT FOR RESCHEDULING MARIJUANA TO SCHEDULE III

[YOUR NAME]  
[YOUR ADDRESS]  
[CITY, STATE, ZIP CODE]  
[EMAIL ADDRESS]  
[DATE]

Drug Enforcement Administration  
Attn: DEA Federal Register Representative/DPW  
8701 Morrissette Drive  
Springfield, Virginia 22152

**RE: DOCKET NO. DEA-2024-0059-000**

Dear Sir/Madam

I am writing to express my support for the rescheduling of marijuana to Schedule III under the Controlled Substances Act, as proposed in the DEA Rescheduling Draft Docket No. DEA-1362; A.G. Order No. 5931-2024. Below are the key reasons for supporting this change:

## **LOWER POTENTIAL FOR ABUSE**

Marijuana has been found to have a lower potential for abuse compared to substances in Schedule I and II. Scientific studies and epidemiological data indicate that marijuana's abuse potential is significantly lower than that of drugs like heroin and cocaine, justifying its placement in Schedule III.

## **ACCEPTED MEDICAL USE**

Marijuana has a currently accepted medical use in the United States, as recognized by the Department of Health and Human Services (HHS). It is used in state-authorized medical programs to treat various conditions, such as chronic pain, nausea, and more, demonstrating its therapeutic benefits.

## **SAFETY UNDER MEDICAL SUPERVISION**

Marijuana has an acceptable safety profile when used under medical supervision. Rescheduling to Schedule III will ensure that necessary regulatory controls are in place, allowing for safe medical use while minimizing risks associated with misuse and abuse.

## **LIMITED DEPENDENCE LIABILITY**

The potential for physical and psychological dependence on marijuana is moderate to low. Withdrawal symptoms are generally mild, further supporting the appropriateness of Schedule III classification, where drugs have a lower potential for abuse and dependence compared to Schedules I and II.

## **SUPPORT FROM MEDICAL ORGANIZATIONS**

Various professional organizations recognize the therapeutic benefits of marijuana and support its rescheduling to facilitate more research and reduce regulatory barriers. This support underscores the medical community's confidence in marijuana's safety and efficacy.

## **REGULATORY AND ECONOMIC BENEFITS**

Rescheduling marijuana to Schedule III will enable more research and development into its medical uses, potentially leading to new treatments and medications. It will also align with international treaty obligations, ensuring compliance while allowing for domestic regulatory flexibility.

## **CONCLUSION**

Rescheduling marijuana to Schedule III is a scientifically and medically justified step that acknowledges its therapeutic benefits while ensuring proper regulatory oversight. This change will benefit patients, support economic growth, particularly in minority communities, and align with both domestic and international regulatory standards.

I urge the DEA to proceed with rescheduling marijuana to Schedule III to reflect its lower abuse potential and recognized medical use

## **Thank you for considering my comments**

Sincerely,

[Your Name]

Members and advocates can use this letter as a template to submit their comments to the DEA Rules Making public comment site at [regulations.gov](https://www.regulations.gov).



# SHORT-FORM CONCISE GENERIC LETTER FOR PUBLIC COMMENT: SUPPORT FOR RESCHEDULING MARIJUANA TO SCHEDULE III

[YOUR NAME]  
[YOUR ADDRESS]  
[CITY, STATE, ZIP CODE]  
[EMAIL ADDRESS]  
[DATE]

Drug Enforcement Administration  
Attn: DEA Federal Register Representative/DPW  
8701 Morrissette Drive  
Springfield, Virginia 22152

**RE: DOCKET NO. DEA-2024-0059-0001**

Dear Sir/Madam

I am writing to support the rescheduling of marijuana to Schedule III under the Controlled Substances Act. Here are the main reasons

## **LOWER POTENTIAL FOR ABUSE**

Marijuana has a lower potential for abuse compared to Schedule I and II substances like heroin and cocaine. Its abuse potential is significantly less, making Schedule III appropriate.

## **MEDICAL USE**

Marijuana is recognized for its medical use in treating conditions such as chronic pain and nausea. It meets the criteria for Schedule III, which includes drugs with accepted medical uses and moderate to low abuse potential.

## **SAFETY AND DEPENDENCE**

Marijuana is safe when used under medical supervision. Its potential for physical and psychological dependence is low, and withdrawal symptoms are mild, supporting its classification in Schedule III.

## **PROFESSIONAL SUPPORT**

Many medical organizations recognize the benefits of marijuana and support its rescheduling. This reflects the medical community's confidence in its safety and efficacy.

## **REGULATORY AND ECONOMIC BENEFITS**

Rescheduling to Schedule III will facilitate more research into marijuana's medical uses and ensure compliance with international treaties while allowing for domestic regulatory flexibility.

## **SUPPORT FROM MEDICAL ORGANIZATIONS**

Various professional organizations recognize the therapeutic benefits of marijuana and support its rescheduling to facilitate more research and reduce regulatory barriers. This support underscores the medical community's confidence in marijuana's safety and efficacy.

## **REGULATORY AND ECONOMIC BENEFITS**

Rescheduling marijuana to Schedule III will enable more research and development into its medical uses, potentially leading to new treatments and medications. It will also align with international treaty obligations, ensuring compliance while allowing for domestic regulatory flexibility.

## **CONCLUSION**

Rescheduling marijuana to Schedule III is justified by its lower abuse potential, recognized medical use, and manageable safety profile. This change will benefit patients and support economic growth, especially in minority communities.

I urge the DEA to proceed with rescheduling marijuana to Schedule III.

## **Thank you for considering my comments**

Sincerely,

[Your Name]

Members and advocates can use this letter as a template to submit their comments to the DEA Rules Making public comment site at [regulations.gov](https://www.regulations.gov).



# TALKING POINTS FOR PUBLIC COMMENT PERIOD: ADVOCACY FOR RESCHEDULING MARIJUANA TO SCHEDULE V

Members of Minorities for Medical Marijuana (M4MM) who advocate for rescheduling marijuana to Schedule V can use the following talking points during the federal rulemaking public comment period. These points highlight the rationale for a Schedule V designation, addressing the DEA's and the Department of Health and Human Services' (HHS) procedures and the eight-step process identified in 21 U.S.C. 811.

## KEY TALKING POINTS

### 1. LOWER POTENTIAL FOR ABUSE:

- **Relative to Schedule III:** Marijuana has a lower potential for abuse compared to substances in Schedule III. The abuse potential of marijuana is lower than that of many substances currently classified in higher schedules, making Schedule V a more appropriate classification
- **Comparative Data:** Evidence shows that marijuana is associated with fewer severe health outcomes compared to drugs in Schedules I-III, supporting a lower scheduling designation to reflect its lower risk profile

### 2. CURRENTLY ACCEPTED MEDICAL USE:

- **Widespread Medical Acceptance:** Marijuana is recognized for its medical use in numerous states across the U.S., demonstrating its efficacy in treating conditions like chronic pain, nausea, and more. This acceptance aligns with the requirements for Schedule V, which includes drugs with accepted medical uses
- **Scientific Evidence:** Multiple studies and clinical trials have documented the therapeutic benefits of marijuana, reinforcing its status as a drug with accepted medical use

### 3. LIMITED DEPENDENCE LIABILITY:

- **Physical and Psychological Dependence:** Marijuana's potential for physical and psychological dependence is relatively low, fitting the criteria for Schedule V. The mild withdrawal symptoms observed further support this lower scheduling
- **Comparison with Schedule IV:** The potential for dependence on marijuana is less than that of Schedule IV substances, which supports its placement in Schedule V where drugs have an even lower potential for abuse and dependence

### 4. PUBLIC HEALTH AND SAFETY:

- **Safety Profile:** The safety of marijuana when used under medical supervision is well-established, with fewer severe adverse effects compared to higher-scheduled substances. This aligns with the requirements for Schedule V, which include safety under medical supervision
- **Regulatory Controls:** Rescheduling marijuana to Schedule V would maintain necessary regulatory controls while allowing broader access for medical use, ensuring public health and safety are protected

## 5. ECONOMIC AND SOCIAL IMPACTS:

- **Positive Community Impact:** Rescheduling to Schedule V could significantly benefit minority communities by creating more opportunities in the legal cannabis industry, fostering economic growth, and reducing disparities
- **Research Opportunities:** Lowering the scheduling to V would facilitate more extensive research into marijuana's therapeutic potentials, potentially leading to new medical products and treatments

## 6. COMPLIANCE WITH INTERNATIONAL OBLIGATIONS:

- **Treaty Compliance:** Rescheduling marijuana to Schedule V can be done while ensuring compliance with international treaty obligations. This balance allows for domestic regulatory flexibility without compromising international commitments

## EIGHT-STEP PROCESS FOR RESCHEDULING (21 U.S.C. 811)

To reschedule marijuana to Schedule V, the following eight factors must be considered

- 1. Potential for Abuse:** Marijuana has a low potential for abuse relative to substances in Schedule IV.
- 2. Scientific Evidence of Pharmacological Effect:** Evidence supports marijuana's efficacy in treating various medical conditions.
- 3. Current Scientific Knowledge:** There is extensive scientific knowledge about marijuana's effects and medical uses.
- 4. History and Pattern of Abuse:** The abuse pattern of marijuana is less severe than that of higher-scheduled drugs.
- 5. Scope and Significance of Abuse:** The overall public health impact of marijuana abuse is relatively low.
- 6. Risk to Public Health:** Marijuana poses a lower risk to public health compared to higher-scheduled substances.
- 7. Dependence Liability:** Marijuana's potential for dependence is low, supporting a Schedule V classification.
- 8. Immediate Precursor:** Marijuana is not an immediate precursor of any substance already controlled under the CSA

## CONCLUSION

Rescheduling marijuana to Schedule V is supported by its lower potential for abuse, recognized medical use, limited dependence liability, and manageable public health risks. This change would facilitate broader access for medical purposes while maintaining appropriate regulatory controls, benefiting public health and supporting economic growth, particularly in minority communities.

Members of Minorities for Medical Marijuana are encouraged to support this initiative and participate in the public comment period to ensure their perspectives are included in the decision-making process.



# LONG-FORM GENERIC LETTER FOR PUBLIC COMMENT: ADVOCACY FOR RESCHEDULING MARIJUANA TO SCHEDULE V

[YOUR NAME]  
[YOUR ADDRESS]  
[CITY, STATE, ZIP CODE]  
[EMAIL ADDRESS]  
[DATE]

Drug Enforcement Administration  
Attn: DEA Federal Register Representative/DPW  
8701 Morrissette Drive  
Springfield, Virginia 22152

**RE: DOCKET NO. DEA-2024-0059-0001**

Dear Sir/Madam

I am writing to express my support for the rescheduling of marijuana to Schedule V under the Controlled Substances Act (CSA), as proposed in the DEA Rescheduling Draft Docket No. DEA-1362; A.G. Order No. 5931-2024. This letter outlines the key reasons for advocating this change based on the scientific, medical, and regulatory rationale provided in the draft.

## **LOWER POTENTIAL FOR ABUSE**

Marijuana has been found to have a lower potential for abuse compared to substances in Schedule III. Its abuse potential is significantly less than that of drugs like heroin and cocaine, making Schedule V a more appropriate classification. Epidemiological data support this by showing fewer severe health outcomes related to marijuana use compared to higher-scheduled substances.

## **CURRENTLY ACCEPTED MEDICAL USE**

Marijuana is recognized for its medical use in numerous states across the U.S., treating conditions such as chronic pain and nausea. The widespread acceptance and substantial clinical evidence of marijuana's therapeutic benefits justify its placement in Schedule V, which includes drugs with accepted medical uses and lower abuse potential.

## **LIMITED DEPENDENCE LIABILITY**

Marijuana's potential for physical and psychological dependence is relatively low. The mild withdrawal symptoms observed further support this lower scheduling. Compared to Schedule IV substances, marijuana's dependence liability is less, making Schedule V a suitable classification.

## **PUBLIC HEALTH AND SAFETY**

The safety profile of marijuana when used under medical supervision is well-established, with fewer severe adverse effects compared to higher-scheduled substances. Rescheduling marijuana to Schedule V would maintain necessary regulatory controls while allowing broader access for medical use, ensuring public health and safety are protected.

## ECONOMIC AND SOCIAL IMPACTS

Rescheduling marijuana to Schedule V can significantly benefit minority communities by creating more opportunities in the legal cannabis industry, fostering economic growth, and reducing disparities. Additionally, this rescheduling would facilitate more extensive research into marijuana's therapeutic potentials, leading to new medical products and treatments.

## COMPLIANCE WITH INTERNATIONAL OBLIGATIONS

Rescheduling marijuana to Schedule V ensures that the United States remains compliant with international treaty obligations. This balance allows for domestic regulatory flexibility without compromising international commitments.

## EIGHT-STEP PROCESS FOR RESCHEDULING (21 U.S.C. 811)

To reschedule marijuana to Schedule V, the following eight factors must be considered:

- 1. Potential for Abuse:** Marijuana has a low potential for abuse relative to substances in Schedule IV.
- 2. Scientific Evidence of Pharmacological Effect:** Evidence supports marijuana's efficacy in treating various medical conditions.
- 3. Current Scientific Knowledge:** There is extensive scientific knowledge about marijuana's effects and medical uses.
- 4. History and Pattern of Abuse:** The abuse pattern of marijuana is less severe than that of higher-scheduled drugs.
- 5. Scope and Significance of Abuse:** The overall public health impact of marijuana abuse is relatively low.
- 6. Risk to Public Health:** Marijuana poses a lower risk to public health compared to higher-scheduled substances.
- 7. Dependence Liability:** Marijuana's potential for dependence is low, supporting a Schedule V classification.
- 8. Immediate Precursor:** Marijuana is not an immediate precursor of any substance already controlled under the CSA.

## CONCLUSION

Rescheduling marijuana to Schedule V is supported by its lower potential for abuse, recognized medical use, limited dependence liability, and manageable public health risks. This change would facilitate broader access for medical purposes while maintaining appropriate regulatory controls, benefiting public health and supporting economic growth, particularly in minority communities.

I urge the DEA to consider these points and proceed with rescheduling marijuana to Schedule V to reflect its therapeutic benefits and lower abuse potential.

## Thank you for considering my comments

Sincerely,

[Your Name]

Members and advocates can use this letter as a template to submit their comments to the DEA Rules Making public comment site at [regulations.gov](https://www.regulations.gov).

# SHORT-FORM CONCISE GENERIC LETTER FOR PUBLIC COMMENT: ADVOCACY FOR RESCHEDULING MARIJUANA TO SCHEDULE V

[YOUR NAME]  
[YOUR ADDRESS]  
[CITY, STATE, ZIP CODE]  
[EMAIL ADDRESS]  
[DATE]

Drug Enforcement Administration  
Attn: DEA Federal Register Representative/DPW  
8701 Morrissette Drive  
Springfield, Virginia 22152

**RE: DOCKET NO. DEA-2024-0059-0001**

Dear Sir/Madam

I am writing to support the rescheduling of marijuana to Schedule V under the Controlled Substances Act. Below are the key reasons for this recommendation:

## **LOWER POTENTIAL FOR ABUSE**

Marijuana has a lower potential for abuse compared to drugs in Schedule III. It is less harmful and has fewer severe health outcomes than substances like heroin and cocaine.

## **MEDICAL USE**

Marijuana is widely accepted for medical use in many states, treating conditions such as chronic pain and nausea. It meets the criteria for Schedule V, which includes drugs with accepted medical uses and low abuse potential.

## **DEPENDENCE LIABILITY**

Marijuana's risk of causing dependence is low. The mild withdrawal symptoms further support its placement in Schedule V.

## **PUBLIC HEALTH AND SAFETY**

Marijuana is safe when used under medical supervision, with fewer severe side effects compared to higher-scheduled substances. Rescheduling to Schedule V will maintain necessary controls while allowing broader medical access.

## **ECONOMIC AND SOCIAL BENEFITS**

Rescheduling to Schedule V can benefit minority communities by creating more legal business opportunities and fostering economic growth. It will also support more research into marijuana's medical benefits.

## **COMPLIANCE WITH INTERNATIONAL OBLIGATIONS**

Rescheduling to Schedule V ensures compliance with international treaty obligations, allowing for necessary regulatory flexibility.

## CONCLUSION

Rescheduling marijuana to Schedule V is justified by its lower abuse potential, recognized medical use, low dependence liability, and manageable public health risks. This change will facilitate broader medical access and support economic growth, especially in minority communities.

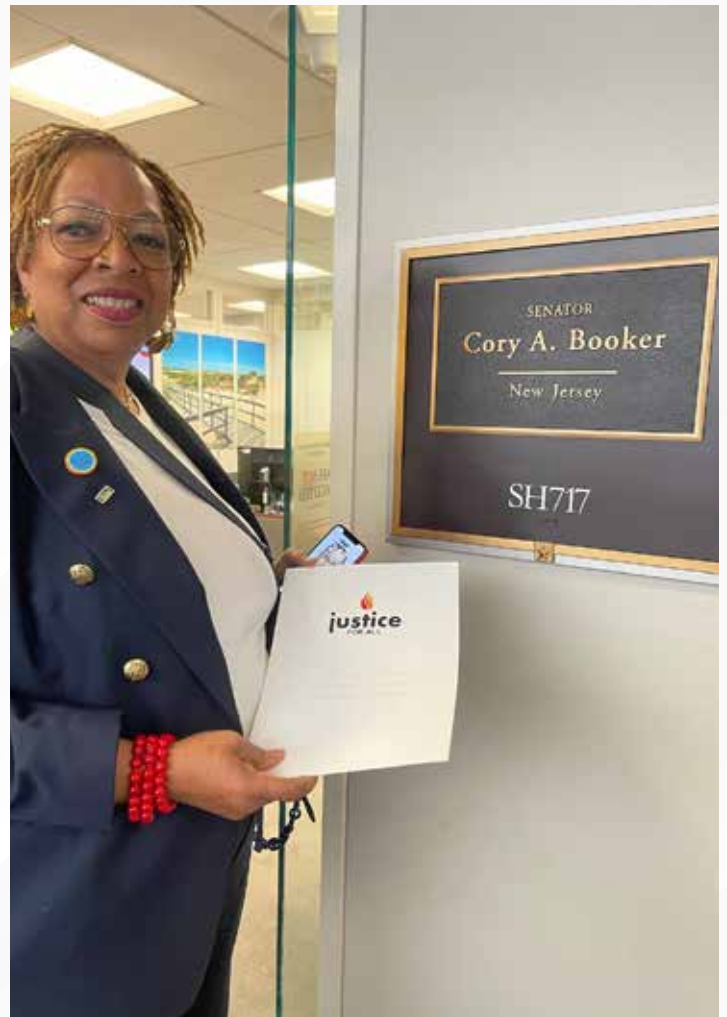
I urge the DEA to proceed with rescheduling marijuana to Schedule V.

### Thank you for considering my comments

Sincerely,

[Your Name]

Members and advocates can use this letter as a template to submit their comments to the DEA Rules Making public comment site at [regulations.gov](https://www.regulations.gov).





# 2024 POLICY BRIEF CONTRIBUTORS

**ROZ MCCARTHY**

M4MM FOUNDER/CEO

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CANNABIS AND HEMP POLICY

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