



## M4MM 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.
- **Moderate to Low Dependence:** Marijuana may lead to moderate or low physical dependence and has a low likelihood of psychological dependence. This makes it suitable for Schedule III, which includes substances with a lower risk profile compared to those in Schedules I and II.

#### **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. It can create more opportunities for legal business ventures in the cannabis industry, fostering economic growth and reducing disparities.
  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. **Economic Empowerment:** Rescheduling marijuana could create new economic opportunities for minorities in the legal cannabis industry, initially through the tax relief through removal of 280e deduction allowance prohibition, allowing for increased equity investment structures with enhanced returns on investment in minority ownership. Reduced insurance premiums, expanded employee recruitment and retention tools and dual research licensing opportunities can also increase participation in a thriving market that has historically excluded minority communities.
  4. **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.



5. **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.
6. **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.