



## M4MM 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.