

Submit a Public Comment to the DEA on the Schedules of Controlled Substances: Rescheduling of Marijuana

*Submit comments here: <https://www.regulations.gov/document/DEA-2024-0059-0001>

*Please also refer to the [How to Submit a Comment guide](#) on the [Coalition for Cannabis Scheduling Reform](#) website.

Sample Comment Template

I am writing to support the Department of Health and Human Services' (HHS) recommendation to reclassify marijuana from Schedule I to Schedule III. The HHS appropriately concluded that cannabis "has a currently accepted medical use" and that its abuse potential does not warrant its placement as either a Schedule I or Schedule II controlled substance.

Cannabis has a currently accepted medical use, and its abuse potential does not warrant its classification as a Schedule I substance. HHS reached this determination because there exists a widespread understanding in the medical community that cannabis has a legitimate use in the treatment of specific conditions, including pain, and that it can be administered comparatively safely under medical supervision. Over 30,000 healthcare practitioners in 38 states recommend it to more than six million registered patients, making marijuana's medical use in treatment and its medical application crystal clear. Surveys of healthcare professionals, such as a 2022 study by the CDC, show that over two-thirds believe in its medical use, and numerous medical associations support legal access to cannabis for medical purposes.

HHS's review accurately finds cannabis to be safer than many other controlled substances, and cannabis clearly does not meet the criteria of a Schedule I or II substance. Cannabis poses lower public health risks compared to Schedule II drugs, including fentanyl, oxycodone, and morphine, and compared to Schedule IV drugs like benzodiazepine. Cannabis also has a lower abuse potential and a lower level of physical or psychological dependence than alcohol, which is not scheduled. This low public health risk of cannabis is well supported based on a robust evaluation of epidemiological evidence, including overdose deaths.

Specifically, HHS determined, “The risks to the public health posed by marijuana are low compared to other drugs of abuse,” such as benzodiazepines, a Schedule IV drug, or alcohol, which is unscheduled.” HHS concluded, “No safety concerns were identified in our review that would indicate that the medical use of marijuana poses unacceptably high safety risks for the indications where there is some credible scientific evidence supporting its therapeutic use.”

Extensive clinical research—including FDA-approved trials—and widespread medical treatment in the United States support the medical efficacy and low abuse potential of cannabis. Based on this evidence, cannabis should be rescheduled to Schedule III to reflect its medical benefits and relative safety. While complete removal from the Controlled Substances Act would better promote public health and safety and align federal policy with state laws, I support and believe the medical evidence and factual basis support HHS’s recommendation to reschedule cannabis to Schedule III.