

# Rescheduling Risks: Cannabis High-Risk, Low-Reward Path

As the Biden administration attempts to move full speed ahead in its efforts to loosen federal restrictions around marijuana, Americans should avail themselves of the opportunity to make their voices heard. Given the pot and tobacco industry's long history of spreading misinformation and downplaying the harms associated with high-potency psychoactive THC drugs, we need to embrace the science and medical data as the nation faces a potential shift in policy.

## Rescheduling Cannabis: The Current Scenario

Last month, following a process that strayed markedly from normal scientific and investigative procedures by the Department of Health and Human Services (HHS), the Drug Enforcement Administration (DEA) posted a proposed rule to the Federal Register summarizing the attempt to reschedule marijuana from Schedule I (the most restrictive level) to Schedule III. Schedule I drugs have a high potential for abuse and no accepted medical use, while Schedule III drugs have a lower potential for abuse and an accepted medical benefit.

## Misconceptions About Cannabis

Contrary to the industry's marketing, marijuana is highly addictive and is abused by millions of Americans who are now consuming it daily at an even higher rate than alcohol. It is also dangerous, with use being scientifically linked to IQ loss, schizophrenia, psychosis, depression, and suicidality. According to Surgeons General appointed by both Republican and Democratic presidents, it is not medicine approved to treat any ailment.

## Cannabis Use Disorder: A Growing Concern

According to the 2022 National Survey on Drug Use and Health, 30.7 percent of past-year marijuana users developed a cannabis use disorder. In other words, nearly one-third of the people who used marijuana became addicted. By comparison, only 7 percent of past-year hallucinogen users developed a hallucinogen use disorder. Many hallucinogens remain in Schedule I, including psilocybin ("magic mushrooms"), LSD, and ecstasy. Additionally, 24.4 percent of past-year marijuana users were daily or almost daily users, compared with 0.4 percent of past-year hallucinogen users, 0.6 percent of past-year inhalant users, 2.2 percent of past-year cocaine users, 6.6 percent of past-year crack users, and 22.3 percent of past-year methamphetamine users.

## FDA Approval and Medical Legitimacy

HHS' own analysis recognizes that the Food and Drug Administration (FDA) has not approved marijuana for the treatment of any disease or condition, meaning it's not medicine, and cannot be prescribed by a doctor for anything. But the Biden administration wants people to believe that just because something is popular it

should be viewed as “accepted,” instead of using FDA approval to determine what makes something medicine.

## **A Flawed and Precedent-Breaking Process**

Regardless of the DEA’s decision, the entire rescheduling attempt has followed a tainted and unprecedented process from the outset. Rather than using a long-trusted five-factor test to determine whether marijuana has a currently accepted medical use, HHS’ review used an unprecedented and arbitrary two-factor test that pointed to state adoption of so-called medical marijuana laws as evidence that the drugs should be reclassified. In effect, the administration changed the test to get the answer it wanted.

## **The Obama Administration’s Stance**

In 2016, when the Obama administration last reviewed marijuana, it concluded that marijuana belonged in Schedule I because it met the legal criteria. The science hasn’t changed—if anything, it shows more clearly why marijuana belongs in Schedule I. Since then, THC-laced candies, sodas, cookies, gummies, and other products with marketing geared towards children have continued to become stronger and dangerously more potent. Today, those drugs are doing serious damage to young people, minorities, and millions of others.

## **Big Cannabis and Big Tobacco: The Profiteers**

But it all started with an industry promoting the notion that marijuana is a safe wonder drug. Big Marijuana and its allies in Big Tobacco are the ones who stand to benefit the most from rescheduling. The goal of pro-pot activists is full legalization, normalization, and descheduling. Schedule III is not their best-case scenario as it does not legalize marijuana, but it does give them a financial gift by allowing business expense deductions under Section 280E of IRS code.

## **Rescheduling: A Handout to Pot Profiteers**

Rescheduling is essentially a handout to pot-profiteers and investors that will be used to produce and promote stronger, more addictive drugs. As the DEA finalizes its decision, it is imperative that the medical and legal professionals reviewing the public comments rely on the sound science behind the real harms of an expanded marijuana industry.

## **The Importance of Public Participation**

At a time when use is skyrocketing, the data have never been clearer that marijuana rescheduling isn’t about medicine. It’s about politics and a payoff to an industry favored by many in power. Americans need to participate in this process to ensure campaign politics don’t overrule the established scientific processes used by the FDA and the DEA to determine its potential for abuse.

As the nation stands on the brink of a significant policy shift regarding marijuana, it is crucial for Americans to engage in the discussion and make informed decisions based on scientific evidence. The push to reschedule marijuana from Schedule I to Schedule III raises serious concerns about public health and the influence of profit-driven industries. By making their voices heard, Americans can help ensure that the future of marijuana regulation is grounded in sound science and genuine medical need.

## **FAQs**

*What is the current status of cannabis under federal law?*

*Cannabis is currently classified as a Schedule I drug under the Controlled Substances Act, indicating it has a high potential for abuse and no accepted medical use.*

***What changes are being proposed for marijuana rescheduling?***

*The Biden administration is proposing to reschedule marijuana to Schedule III, which acknowledges a lower potential for abuse and some accepted medical use.*

***Why is marijuana considered dangerous?***

*Scientific studies link marijuana use to IQ loss, schizophrenia, psychosis, depression, and suicidality. It is also highly addictive.*

Email: [info@cannabisriskmanager.com](mailto:info@cannabisriskmanager.com) | Phone: +415-226-4060

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