

Rescheduling Cannabis: Just the Start for Research Advancements

For Nearly Two Decades: A Personal Journey in Drug Policy

For nearly two decades, I have been deeply involved in drug policy at both the state and federal levels, serving first at the New York State Office of Addiction Services and Supports and later as general counsel in the White House's Office of National Drug Control Policy. During this time, I have witnessed firsthand the catastrophic misuse of prescribed opioids, which have claimed more than 80,000 lives due to the rise of illicitly manufactured fentanyl alone.

Despite the daily horrors that opioid misuse continues to inflict on communities, I believe we are on the cusp of a potentially transformative moment. The possible rescheduling of marijuana and the realization of Medicare innovation might provide seniors with a non-opioid alternative to treat many age-related medical conditions.

Cannabis Research on the Horizon

In May, the U.S. Department of Justice initiated the rulemaking process to move marijuana from Schedule 1, the most restrictive drug classification, to Schedule 3. This step is significant because it indicates that medical experts at the Department of Health and Human Services have determined marijuana has a currently accepted medical use.

Equally important is the potential impact of rescheduling marijuana on accelerating desperately needed research into its medical applications for treating various conditions. However, the act of rescheduling marijuana alone will not be enough to further the necessary work.

Meaningful change can only happen if decision-makers take bold and swift steps to open the door for more research into the potential of medical cannabis as an alternative for treating age-related conditions.

A Call for Compassionate Care and Research

“Advancing the understanding of the medical uses of marijuana through compassionate care and research is the greatest hurdle standing in our way of integrating medical cannabis into 65-plus health care,” said Howard Kessler, founder of The Commonwealth Project in Massachusetts. Kessler has spent the past half-decade working to bring cannabis-based treatments to aging Americans for pain and other ailments.

Kessler played a key role in launching a study at the MorseLife Health System in Florida, which found that more than 62% of senior residents aged 65-75 either replaced or reduced pharmaceutical usage because of cannabinoid-based therapies.

“While these results are promising,” Kessler noted, “we need more research to safely inform more seniors and their health care practitioners about the benefits of medical cannabis.”

Medicare at Risk

Kessler’s insights resonate with the same commitment to senior health that led President Lyndon Johnson to sign the Medicare and Medicaid Act into law in 1965, establishing Medicare to provide health coverage for Americans aged 65 and older.

Nearly 60 years later, this ironclad commitment is under threat due to the rising costs of sustaining Medicare. Ironically, one of the greatest threats to senior health today is the overuse of prescribed opioids. Too many seniors are being treated with highly addictive opioids for pain management, putting them at risk for addiction and overdose. Medical cannabis might be the solution.

The Promise of Medical Cannabis

In states where marijuana is legal, doctors prescribed an average of 1,826 fewer daily doses of painkillers per year to patients enrolled in Medicare Part D. Using those figures, making medical marijuana accessible nationwide could result in cost savings of up to \$500 million per year.

If marijuana is rescheduled, our first priority must be expanding research to study the use of medical cannabis for treating pain and other conditions for seniors in a controlled way. Integrating compassionate care within a payer-provider health care system such as Medicare Advantage could be a game-changer. The potential savings to the Medicare system could be substantial, and it could help improve the quality of life for seniors.

A Historic Opportunity

The DOJ and Drug Enforcement Administration are on the verge of ushering in one of the most historic moments in marijuana policy since the 1970s. However, this moment will remain little more than a squandered opportunity without additional action.

Now is the time to pave the way for more research on medical cannabis as an alternative to prescription drugs. By reducing the 65-and-older population’s reliance on opioids for treating pain and other medical conditions, we can significantly improve the lives of millions of older Americans who deserve more and better treatment options as they navigate increasingly complex health issues in their golden years.

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