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July 16, 2024

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Drug Enforcement Administration
Attn: DEA Federal Register Representative/DPW
8701 Morrisette Drive
Springfield, VA 22152

RE: Schedules of Controlled Substances: Rescheduling of Marijuana Docket No. DEA-1362

Dear Attorney General Garland & Administrator Milgram,

On behalf of the American Psychiatric Association (APA), the national medical specialty society representing over 38,900 psychiatric physicians and their patients, we submit the following comments regarding the proposal to transfer marijuana from schedule I of the Controlled Substances Act (CSA) to schedule III of the CSA. **APA supports continued research of marijuana for medical purposes but does not currently support the recommendation to transfer marijuana from a schedule I controlled substance to a schedule III-controlled substance.**

The proposition to reschedule marijuana from a schedule I to a schedule III demands a rigorous analysis. Rescheduling under the CSA would reclassify marijuana from a category of drugs considered to have a high potential for abuse and no accepted medical use to one that recognizes some medical use and a lower potential for abuse. Although there is accepted use of marijuana for the treatment of some physical health conditions, psychiatric conditions are not listed in the notice of proposed rulemaking, nor is there scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder and there continues to be a high prevalence of abuse.^{1,2}

However, if reclassified, it may lead to unintentional consequences, such as individual's believing that marijuana is safe to use medicinally or otherwise. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. In addition, adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development.³

Maintaining marijuana as a Schedule I substance is crucial to safeguarding public safety and well-being. While the US Department of Health and Human Services

¹ Position Statement on Opposition to Cannabis as Medicine, 2019, <https://www.psychiatry.org/getattachment/12aa44f8-016e-4f8c-8b92-d3fb11a7155f/Position-Cannabis-as-Medicine.pdf>

² Federal register, 89 FR 44597, pg 44616 <https://www.govinfo.gov/content/pkg/FR-2024-05-21/pdf/2024-11137.pdf>

³ Position Statement on Opposition to Cannabis as Medicine, 2019, <https://www.psychiatry.org/getattachment/12aa44f8-016e-4f8c-8b92-d3fb11a7155f/Position-Cannabis-as-Medicine.pdf>

(HHS) is proposing to reschedule, they did find that the abuse of marijuana may lead to moderate or low physical dependence, depending on the frequency and degree of marijuana exposure. Furthermore, HHS found that marijuana can produce psychic dependence in some individuals, but the likelihood of serious outcomes is low. The trend of dependence may continue to rise if rescheduled as the risk perception in youth will most likely decrease, and abuse of an addicting substance increase in developing brains.

APA recommends that the Department of Justice, in coordination with the DEA and HHS, review and update regulations that would support the ability to conduct further high-quality research, without reclassification to a Schedule III. This research must also include the lens of health equity, including communities often left out of research and include research for the treatment for cannabis use disorder.

Thank you for your review and consideration of these comments. If you have any questions, please contact Brooke Trainum (btrainum@psych.org), Director, Practice Policy.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marketa M. Wills', is displayed on a white rectangular background.

Marketa M. Wills, MD, MBA, FAPA
CEO & Medical Director