



DEA Moves to Reschedule Marijuana to Schedule III: Questions and Answers

As many Americans [believe medical cannabis should be](#) legal as recognize the [earth is round](#) — about 90%. Yet, for more than 50 years, the federal government has classified marijuana alongside heroin as a [Schedule I substance](#), which is reserved for substances with no currently accepted medical use and a high potential for abuse.

At long last, the [DEA](#) and [FDA](#) are [proposing](#) moving botanical cannabis to a schedule that acknowledges its medical value and that cannabis is less risky than Schedule II drugs. While cannabis should not be in any schedule, just as alcohol is not, the DEA and FDA moving cannabis to Schedule III would be a major breakthrough. [You can weigh in until July 22, 2024.](#)

There's been a lot of confusion about what rescheduling does and doesn't mean. Here are some answers to common questions.

What are the impacts of rescheduling to Schedule III?:

For the first time in almost a century, federal law would acknowledge that cannabis has medical value and is less dangerous than opiates. This should ease the passage of medical cannabis laws in states that still do not yet have them and reduce the stigma medical cannabis patients face.

It will likely result in more healthcare professionals becoming educated about cannabis and being willing to recommend it. We expect rescheduling to reduce the number of medical cannabis patients who suffer bias in child custody cases, denial of organ transplants and other medical treatments, employment discrimination, eviction from HUD housing, and other areas of their lives. It also increases pressure on Congress and the president to stop criminalizing cannabis consumers and providers. And it should make research into cannabis' medical benefits easier.

Rescheduling to Schedule III would also remove a [restriction on cannabis businesses deducting business expenses from their taxes](#), so they would not have an exorbitant federal tax rate that is passed on to customers. This could also help state-legal businesses be more competitive with the unlicensed market.

When will cannabis be rescheduled?:

It's unclear. It could be as short as a couple of months or possibly as long as years. [The DEA is accepting public comments](#) through July 22, 2024. Prohibitionists are raising money to try to challenge rescheduling in court.

How do I weigh in?:

[We have compiled the Federal eRulemaking Portal link to submit comments, along with a sample comment, and other guidance here.](#)

What led to this?:

[Cannabis has been used as a medicine for thousands of years](#), but it has been prohibited in the U.S. since 1937, [over the objections of the American Medical Association](#). For decades, brave patients and loved ones, organizations (including MPP), and legislators have been spearheading state medical cannabis laws. The modern movement was largely the result of [people with AIDS and their networks defying and challenging laws](#) to alleviate wasting and nausea.

After the first modern medical cannabis law passed in 1996, [doctors had to go to court after the federal government threatened to take away their licenses to prescribe](#) if they recommended medical cannabis. [Researchers faced outrageous federal obstacles](#) and delays to conduct clinical trials to prove what thousands of patients already knew from real life experience. Some [patients](#), [cooperatives](#), and [caregivers](#) faced raids and prosecutions.

After decades of advocacy, [more than 70% of Americans now live in a medical cannabis state](#). The HHS found there are six million Americans using cannabis pursuant to the recommendation of 30,000 health care practitioners in medical cannabis programs, and there is credible evidence to support it. Thanks to all of those that spoke out and researched cannabis despite hurdles, cannabis now has “currently accepted medical use.”

Does this mean cannabis will be legally available as a prescription nationwide?:

No. Rescheduling does not make cannabis an approved drug, as the HHS report noted. On average, [each prescription takes about 10 years and hundreds of millions of dollars in research for approval](#). Each individual preparation and chemovar of cannabis would likely be a separate “drug.”

Does rescheduling mean state-legal cannabis businesses will become federally legal?:

No. Congressional action is needed to legalize state-legal businesses.

What’s the bottom line?:

Rescheduling acknowledges a reality patients have known for millennia — cannabis has medical value. It also would have positive, real world impacts. While rescheduling is a step forward, Congress and the president also need to deschedule and legalize cannabis to harmonize state and federal law and to stop criminalizing the 60 million Americans who are cannabis consumers, along with the businesses and workers who serve them.

It is also crucial to continue advocating for the state-by-state legalization of both adult-use and medical cannabis. This approach ensures that we prevent the criminalization of individuals for cannabis-related offenses and secure comprehensive and regulated access to medical cannabis for patients in need. Each state's legalization contributes to a more equitable and just system, reinforcing the importance of local action in the broader movement towards more comprehensive nationwide cannabis reform. [You can support the Marijuana Policy Project in this vital work by donating today](#). Your contributions help us continue the fight for fair and accessible cannabis laws.