

Congress of the United States
Washington, DC 20515

September 11, 2023

The Honorable Anne Milgram
Administrator
Drug Enforcement Administration
8701 Morrisette Drive
Springfield, VA 22152

Dear Administrator Milgram,

We write to urge the Drug Enforcement Administration (DEA) to reject any petition or request to remove marijuana from Schedule I of the Controlled Substances Act (CSA). Any effort to reschedule marijuana should be based on proven facts and science- not popular opinion, changes in state laws, or the preferred policy of an administration.

The CSA lists five categories of controlled substances that correspond with the restriction level placed on specific drugs. Schedule I drugs have a high potential for abuse, no currently accepted medical use, and a lack of accepted safety under medical supervision.¹ We are concerned by the recent reports that the Department of Health and Human Services (HHS) has recommended that DEA reclassify marijuana as a Schedule III drug.

Current research, science, and trends support the case that marijuana should remain a Schedule I drug. According to the National Institute on Drug Abuse (NIDA), research suggests that 30% of marijuana users have marijuana use disorder, which includes individuals who are severely addicted to the drug.² The amount of tetrahydrocannabinol (THC) in marijuana has consistently increased in recent years. It is estimated that today's marijuana has three times the amount of THC compared to the marijuana consumed 25 years ago. A higher concentration of THC is likely linked to higher rates of addiction.³ These facts indicate that marijuana has a high potential for abuse and that the risk is only increasing.

Marijuana also does not have a currently accepted medical use. The FDA has approved one marijuana-derived drug and three synthetic marijuana-related drugs.⁴ The crucial distinction is that these drugs are not the marijuana products that individuals inhale or consume to become intoxicated. Rather, they are made from derivatives and related compounds that are very different from the marijuana found in dispensaries across the United States. For example, the FDA-approved drug Epidiolex is used to treat seizures and contains marijuana-derived CBD.

¹ 21 U.S.C. § 812 (b)(1).

² NIDA, *Is Marijuana Addictive?*, National Institute on Drug Abuse, (2021), <https://nida.nih.gov/publications/research-reports/marijuana/marijuana-addictive>.

³ SAMHSA, *Know the Risks of Marijuana*, Substance Abuse and Mental Health Services Administration, (2023), <https://www.samhsa.gov/marijuana>.

⁴ FDA, *FDA and Cannabis: Research and Drug Approval Process*, U.S. Food and Drug Administration, (2023), <https://www.fda.gov/news-events/public-health-focus/fda-and-cannabis-research-and-drug-approval-process>.

This drug does not cause intoxication and does not contain THC, which is the psychoactive component of marijuana.⁵ The FDA has never approved marijuana as a treatment for any disease or condition.

Marijuana also lacks accepted safety for use under medical supervision, since marijuana is not an FDA-approved drug. In 2016, DEA rejected two petitions to reschedule marijuana. The rejection letter stated, “At this time, the known risks of marijuana use have not been shown to be outweighed by specific benefits in well-controlled clinical trials that scientifically evaluate safety and efficacy.”⁶ We believe this analysis is still true today. In fact, HHS recommended at the time that DEA reject these petitions and that marijuana remain in Schedule I.

The known facts about marijuana have not changed since 2016. If anything, the situation has only gotten worse. A recent study published in the American Academy of Pediatrics found that marijuana edible ingestions in children six and under increased by 1375.0% between 2017 and 2021.⁷ A recent New York Times article explored the negative effects marijuana has on teenagers. It stated that “In addition to uncontrollable vomiting and addiction, adolescents who frequently use high doses of cannabis may also experience psychosis that could possibly lead to a lifelong psychiatric disorder, an increased likelihood of developing depression and suicidal ideation, changes in brain anatomy and connectivity and poor memory.”⁸

It is irresponsible for HHS to recommend that marijuana be removed from Schedule I. It would also be irresponsible for DEA to act on this recommendation. Our country relies on DEA to enforce our nation’s drug laws. We ask you to uphold your mission by rejecting any effort to remove marijuana from Schedule I.

Sincerely,



James Lankford
United States Senator



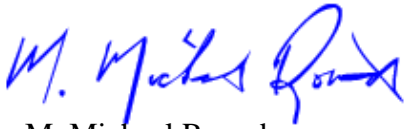
Pete Sessions
Member of Congress

⁵ Press Release, FDA, FDA Approves First Drug Comprised of an Active Ingredient Derived from Marijuana to Treat Rare, Severe Forms of Epilepsy (June 25, 2018), <https://www.fda.gov/news-events/press-announcements/fda-approves-first-drug-comprised-active-ingredient-derived-marijuana-treat-rare-severe-forms>.

⁶ Denial of Petition to Initiate Proceedings to Reschedule Marijuana, 81 FR 53767 (August 12, 2016).

⁷ Marit S. Tweet, MD, Antonia Nemanich, MD, Michael Wahl, MD, *Pediatric Edible Cannabis Exposures and Acute Toxicity: 2017-2021*, American Academy of Pediatrics, (2023), <https://publications.aap.org/pediatrics/article/151/2/e2022057761/190427/Pediatric-Edible-Cannabis-Exposures-and-Acute>.

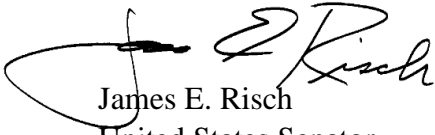
⁸ Christina Caron, *Psychosis, Addiction, Chronic Vomiting: As Weed Becomes More Potent, Teens are Getting Sick*, New York Times, (2022), <https://www.nytimes.com/2022/06/23/well/mind/teens-thc-cannabis.html>.



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