

# DEA To Reclassify Cannabis as A Schedule III Drug

*As of April 30th, 2024, Marijuana has been rescheduled from a Schedule I to a Schedule III drug. Leafy8 explores the implications and nuances around this change*

ORLANDO, FL, UNITED STATES, May 2, 2024 /EINPresswire.com/ -- On January 12th, 2024, Texan lawyer, Matthew Zorn, released a [letter](#) from the HHS to the DEA regarding their suggestion to reclassify marijuana from a Schedule I drug to a Schedule III drug. This means that Marijuana is potentially being moved from a category with heroin to a category with testosterone. This letter provides much insight into what is known about marijuana and its potential as a drug.

The time has finally come! On April 30th, 2024, The DEA announced they are moving forward with reclassifying cannabis from a Schedule I to a Schedule III Drug.

## Marijuana's Reclassification

For clarification, when the term "marijuana" is used throughout this article, it refers to all parts of the cannabis sativa plant. In recent months, Scientists from the U.S. Food and Drug Administration have stated in recently released documents that marijuana "has a potential for abuse less than the drugs or other substances in Schedules I and II" and should be reclassified as a Schedule III. A document released in January of this year revealed the DEA's finding of evidence backing it as a medical treatment.

According to the Alcohol Policy Information System, Marijuana has been a Schedule I Drug since the Controlled Substances Act of 1970. In the years after that legislation, 11 states moved to decriminalize cannabis possession. As many following the Cannabis Rights movement know, the cause has only recently begun to move.

This rescheduling started in 2022. That year, President Joe Biden asked US Health and Human Services Secretary Xavier Becerra and the attorney general to start reviewing the current scheduling of marijuana under federal law.

In August of 2023, HHS Assistant Secretary for Health Adm. Rachel Levine wrote a 252-page letter to the Drug Enforcement Administration. In this letter, she states her support for the reclassification to Schedule III.

The Schedule III category is for "drugs with a moderate to low potential for physical and

psychological dependence". This category includes ketamine, testosterone, and Tylenol with codeine. A doctor can prescribe all these substances.

### How and Why Can Marijuana Be Reclassified?

When determining if a drug can be reclassified, one must consider 8 factors. Those factors are potential for abuse, medicinal value, state of scientific knowledge, its history, the significance of abuse, the risk to public health, physiologic dependency, and if it's derived from a controlled substance.

Under these factors, it was found that marijuana abuse may lead to moderate or low physical dependence or high psychological dependency. Furthermore, they discuss how marijuana withdrawal is short, compared to other substances. On page 60 of Levine's letter, it states "...In heavy, chronic individuals who use marijuana, drug discontinuation can lead to a withdrawal syndrome(Budney & Hughes, 2006; Haney et al., 1999). Most marijuana withdrawal symptoms begin within 24-48 hours of drug discontinuation, peak within 2-6 days, and reduce over 1-2 weeks as $\Delta$ 9-THC levels decline(Connor et al., 2021)." In comparison, heroin withdrawal has an onset of 8-24 hours after the last use and can peak between 3-10 days, as stated by American Addiction Centers.

In this document, they do highlight evidence of marijuana having medicinal value but they preface this data with the following statement. "The analysis of, and conclusions regarding, the available data are not meant to imply that safety and effectiveness have been established for marijuana that would support FDA approval of marijuana for a particular indication."

Overall, they found that marijuana fits the criteria to be reclassified from Schedule I to Schedule III, due to its lower potential for abuse, low dependency, and potential medicinal value.

### What is Drug Scheduling?

As mentioned before, The Controlled Substance Act of 1970 created the Scheduling system for drugs and substances. Currently, there are 5 categories. Below is a brief synopsis of each category and the substances they include:

#### Schedule I

Schedule I drugs are substances with no accepted medical use and high potential for abuse. Some examples are heroin, LSD, and ecstasy.

#### Schedule II

Schedule II drugs are substances that have a high potential for abuse and lead to severe psychological and physical dependency. Some examples are cocaine, methamphetamine, and morphine.

#### Schedule III

Schedule III drugs are substances with moderate to low potential for physical and psychological

dependency. Some examples are Tylenol with Codeine, Anabolic steroids, and Ketamine. This is the category Marijuana has been placed in now.

#### Schedule IV

Schedule IV drugs are substances with a low potential for abuse and a low risk of dependency. Some examples are Xanax, Valium, and lorazepam.

#### Schedule V

Schedule V drugs are substances with a lower potential for abuse than Schedule IV and consist of primarily prescriptions containing limited quantities of certain narcotics. Some examples are Robitussin AC, Epidiolex (cannabidiol), and Anticonvulsants.

#### What Does This Mean for Cannabis-Related Prosecution?

With marijuana being reclassified as a Schedule III, there are bound to be some changes in the way the federal government treats cannabis-related offenses. Schedule III substances, such as Ketamine, carry lighter sentences. This could potentially mean fewer people incarcerated and less severe consequences.

With the reclassification, there is hope that those who have had cannabis-related crimes in the past will be relieved of the burden they've carried for so long. Perhaps, they will adjust these records to fit the current understanding and acceptance of marijuana.

#### What does this mean for the Marijuana Industry?

While this doesn't mean we are anywhere close to marijuana legalization across all states, this letter shows a step in a positive direction. This reclassification will allow further research, potentially increasing the availability of marijuana-based pharmaceuticals and an open mind towards its regulation at state and federal levels.

While this reclassification may not do much in the way of regulation or legalization, it provides much insight into what is known about marijuana and its potential as a medicinal treatment. This reclassification inspires hope for the future of marijuana and a brighter tomorrow.

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