In 1970, President Richard Nixon signed the Comprehensive Drug Abuse Prevention and Control Act of 1970 into law. Title II of that legislation, the Controlled Substances Act (CSA), created a process for classifying illicit drugs, substances, and chemicals into five distinct categories or schedules.

Drugs are placed into each schedule based on their medical value, safety for medical treatment, and potential for dependency / abuse. These classifications work on a sliding scale: Schedule I drugs are considered substances that have no medical use as well as contain a high potential for abuse, whereas Schedules II-V substances are all said to have some medical value (though they differ in ranking depending on their potential for dependence or abuse).

Schedule 1 drugs are subject to more restrictions on research, supply, and access than Schedule 2 drugs, which in turn are subject to more restrictions than substances in Schedules 3-5.

The federal government should deschedule marijuana and remove it from the Controlled Substances Act entirely.

WHAT IS DRUG SCHEDULING?

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### Drug Schedules

**Schedule I:**
- Marijuana
- Heroin
- LSD
- Ecstasy
- Magic Mushrooms

**Schedule II:**
- Cocaine
- Meth
- Oxycodone
- Adderall
- Ritalin
- Vicodin

**Schedule III:**
- Tylenol with Codeine
- Ketamine
- Anabolic steroids
- Testosterone

**Schedule IV:**
- Xanax
- Soma
- Darvocet
- Valium
- Ambien

**Schedule V:**
- Robitussin AC
- Lomotil
- Motofen
- Lyrica
- Parepectolin
**WHAT WOULD DESCHEDULING MARIJUANA DO?**

Descheduling marijuana would remove federal penalties for marijuana use. It would also eliminate most federal restrictions governing cannabis-related restrictions on accessing federally-subsidized housing, employment, education, gun rights, immigration privileges, and research dollars. Descheduling marijuana would not “legalize” its use nationwide. Individual states would retain the authority to prohibit it as they saw fit.

Descheduling would likely result in a federal agency being made responsible for regulating the interstate commerce of cannabis and cannabis-derived foods, drugs, and dietary supplements. Purveyors who would seek to make medical claims about cannabis usage would likely have to complete the FDA’s rigorous and costly drug approval process.

**WHAT ABOUT RESCHEDULING MARIJUANA?**

Some federal lawmakers signaled their openness to rescheduling the substance. Rescheduling marijuana would move it from a Schedule I to a Schedule II-V category. This would indicate that the federal government believes cannabis has some accepted medical value, and may not be as dangerous as previously thought.

However, the availability and regulatory status of the substance is highly dependent on which schedule marijuana is moved into. It might slightly relax the bureaucratic hurdles to research the medical benefits or impacts of cannabis, and might also allow FDA-approved cannabis derivatives to be sold to the public.

However, because a Schedule II designation still means the substance is considered to have “a high potential for abuse”, it would likely only be legally available to individuals with a doctor’s prescription. A Schedule II designation would also not solve the conundrum faced by state-regulated medical and adult-use cannabis businesses.