

FDA review supports reclassifying marijuana as less risky drug

January 15 2024, by Robin Foster



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Scientists from the U.S. Food and Drug Administration conclude in newly released documents that marijuana has less potential for abuse than other drugs with the same restrictions and it should be reclassified

as a less dangerous drug.

Not only that, the review found there is some evidence backing its use as a [medical treatment](#).

Right now, cannabis is classified as a [Schedule I](#) controlled substance, a high-risk category that includes heroin and LSD.

The move to reconsider the dangers of marijuana first began in 2022, when President Joe Biden asked U.S. Health and Human Services (HHS) Secretary [Xavier Becerra](#) and the [attorney general](#) to begin reviewing how marijuana is scheduled under federal law.

As part of that process, HHS Assistant Secretary for Health Adm. [Rachel Levine](#) wrote a letter to the Drug Enforcement Administration (DEA) in August supporting the reclassification of marijuana to a Schedule III [drug](#), a list that includes ketamine, testosterone and Tylenol with codeine.

The FDA documents, which were [posted online](#) Friday, state that the agency recommends rescheduling marijuana because it meets three criteria: a lower potential for abuse than other Schedule I and II substances; an accepted medical use; and a low or moderate risk of physical dependence in people who abuse it.

The National Institute on Drug Abuse backed the recommendation, the documents state.

Although marijuana is widely used for recreational purposes, it doesn't seem to trigger the serious outcomes that drugs such as heroin, oxycodone and cocaine do, the researchers stressed.

"This is especially notable, given the availability" of [marijuana products](#)

that contain very high levels of THC, the psychoactive compound in cannabis.

The data also provides "some credible level of scientific support for some of the therapeutic uses for which marijuana is being used in clinical practice in the United States," namely anorexia, pain, nausea and vomiting from chemotherapy, the researchers added.

Finally, the scientists noted that marijuana withdrawal has only been reported in heavy, chronic users.

And "the marijuana withdrawal syndrome appears to be relatively mild compared to the withdrawal syndrome associated with alcohol, which can include more serious symptoms such as agitation, paranoia, seizures and even death," they added.

If the agency follows the recommendations of its researchers, rescheduling marijuana could allow for more research, give cannabis businesses the ability to bank more freely and have such firms no longer subject to a 40-year-old tax code doesn't allow credits and deductions from income generated by sales of Schedule I and II substances, *CNN* reported.

Twenty-four states, two territories and Washington, D.C. have legalized cannabis for adult recreational use, while 38 states allow the medical use of cannabis products, according to [data](#) from the National Conference of State Legislatures.

The DEA will have the final authority to make any changes to [marijuana](#)'s scheduling, and it will go through a process that includes a period of public comment, *CNN* reported.

More information: Visit the National Institute on Drug Abuse for

more on [marijuana](#).

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Citation: FDA review supports reclassifying marijuana as less risky drug (2024, January 15)
retrieved 29 April 2024 from

<https://medicalxpress.com/news/2024-01-fda-reclassifying-marijuana-risky-drug.html>

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