

August 25, 2025

The Honorable Donald J. Trump
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

President Trump,

We, a diverse coalition of organizations including public policy, faith, law enforcement, and healthcare groups, write to strongly urge that you reject reclassifying marijuana as a Schedule III drug. Not only does marijuana not belong in Schedule III, but rescheduling will result in serious harm to public health and safety. You have an opportunity to make a stand for the safety of children across America by opposing the flawed proposal to reschedule marijuana.

Arguments like “marijuana should not be in the same category as heroin” are politically salient and easy to understand, but they fundamentally misunderstand how drug scheduling works. Contrary to popular belief, drug scheduling is not a harm index. Rather, it balances the accepted medical use of a substance with its potential for abuse.

Schedule I drugs have no accepted, safe medical use and a high potential for abuse. Marijuana fits squarely within this definition, a fact acknowledged in every scheduling review prior to 2023 (the Obama Administration recommended against rescheduling in 2016).¹

No Accepted Medical Use

Marijuana has not been approved for any medical use by the FDA, nor has any raw plant.² And it likely never will. No smokeable (combustible) substance would ever receive approval by the FDA, for example, because of its inherent carcinogenic harm.³

Research also fails to support marijuana as medicine. The 2023 Biden Administration FDA recommendation to reschedule marijuana admits as much. When the FDA analyzed the accepted medical use of marijuana, it lowered the bar to permit (for the first time) studies that are not well-controlled and would not support a new drug approval.⁴

It’s true that some compounds of marijuana have been approved by the FDA for narrow medical use via specific delivery methods. For example, Marinol is a Schedule III drug made of synthetic THC and administered by oral capsule.⁵

Because certain components of marijuana have been approved by the FDA does not mean that the sum of all parts (the marijuana plant, in its entirety) is considered safe and acceptable

medicine. There is precedent for scheduling a substance as a whole differently than its approved compounds. GHB (gamma-hydroxybutyric acid) is a Schedule I drug whereas Xyrem, an FDA-approved drug consisting of the sodium salt of GHB, is in Schedule III.⁶

High Potential for Abuse

There's no question that marijuana has a high potential for abuse. According to the Centers for Disease Control and Prevention (CDC)⁷ and National Institute on Drug Abuse (NIDA), 30% of marijuana users meet the clinical definition for having a cannabis use disorder, or marijuana addiction.⁸ This represents a steep increase from the 9% rate of the pre-legalization era.⁹

Marijuana has other significant negative impacts on the developing brains of young people. Research has linked marijuana use to serious mental health conditions, including psychosis,¹⁰ schizophrenia,¹¹ anxiety,¹² depression,¹³ worsening PTSD symptoms,¹⁴ and even suicidality.¹⁵

The risks for youth are especially severe. A 2023 study found that teenagers struggling with marijuana addiction are more than 450% more likely to experience negative mental health and behavioral outcomes.¹⁶

The dangers extend beyond mental health. Marijuana use has been associated with a three- to eight-fold increase in head and neck cancers.¹⁷ Daily use also raises the risk of cardiovascular problems, increasing the odds of a heart attack by 25% and a stroke by 42%.¹⁸

Addiction-for-profit tax breaks

Rescheduling marijuana would hand dispensaries and drug dealers a massive tax break estimated at \$2 billion annually.¹⁹ Under current law, Section 280E of the tax code prevents businesses trafficking Schedule I or II drugs from receiving deductions or tax credits.²⁰ This commonsense safeguard against giving tax breaks to illicit drug trafficking would be undermined by marijuana rescheduling. Under Schedule III, street dealers and dispensaries alike would be able to receive deductions for promoting or marketing the sale of addictive drugs.

This loophole wouldn't just benefit domestic traffickers. International drug cartels, already operating thousands of marijuana farms across the country—many licensed at the state level—would also qualify for tax breaks.²¹ These operations, linked to human trafficking and other serious crimes, are already making billions from the marijuana trade.²² Rescheduling would funnel federal tax benefits to them rather than to law-abiding American businesses.

No drug testing for safety-sensitive industries

If marijuana is reclassified as a Schedule III drug, the federal government will lose its ability to test safety-sensitive industries and government employees for marijuana. For example, truck drivers and pilots will no longer be mandated to undergo marijuana testing.

This fact was confirmed by the National Transportation Safety Board (NTSB), which stated, “HHS-certified laboratories used for such testing are not authorized to test for Schedule III controlled substances. This would mean that airline pilots, airline maintenance workers, bus and truck drivers, locomotive engineers, subway train operators, ship captains, pipeline operators, personnel transporting hazardous materials, and other safety-sensitive transportation employees would be prevented from being tested for marijuana use.”²³

By rescheduling marijuana, particularly when no carve-out within DOT exists for testing safety-sensitive workers, our roads and skies would be significantly less safe.

Reducing perception of harm among youth

Reclassifying marijuana as Schedule III will also hurt our kids. Drugs in Schedule III have, by definition, a low to moderate abuse potential. By communicating to youth that marijuana has a low abuse potential at a time when marijuana is more potent and harmful than ever before, we would be sending them mixed messages.

The University of California San Francisco Center for Tobacco Control Research and Education has expressed concerns over rescheduling’s impact on youth marijuana perceptions, stating, “DOJ’s rescheduling of cannabis could lead adolescents and young adults to having decreased perception of the health harms related to cannabis and therefore result in increased use of cannabis.”²⁴

State-level marijuana legalization is already causing increases in youth use.²⁵ Rescheduling would compound this issue. Reducing the harm associated with marijuana by reclassification will only serve to worsen marijuana use rates among children.

Rescheduling marijuana would not only ignore the science around the drug, but it would give tax breaks to corporate marijuana and drug traffickers, make our roads more dangerous, and send the wrong message to youth. We strongly urge you to reject rescheduling, and keep marijuana in Schedule I.

Sincerely,

Smart Approaches to Marijuana (SAM)

Foundation for Drug Policy Solutions (FDPS)

Concerned Women for Legislative Action Committee
Family Research Council
CatholicVote
National Narcotic Officers' Associations' Coalition
Drug Enforcement Association of Federal Narcotics Agents (DEAFNA)
NAADAC, the Association for Addiction Professionals
CADCA
American Principles Project
Eagle Forum
Alabama Eagle Forum
Pennsylvania Eagle Forum
Illinois Eagle Forum
Texas Eagle Forum
Georgia Eagle Forum
Oklahoma Eagle Forum
Washington Eagle Forum
Association of Indiana Prosecuting Attorneys, Inc.
Physicians for Healthy Communities
Drug Free America Foundation Inc
Save Our Society From Drugs
Culture Shield Network
Kansas Bureau of Investigation
Kansas Association of Chiefs of Police
Kansas Narcotics Officers Association
Kansas Catholic Conference
Stand Up For Kansas
Holcomb, Kansas Police Department

Bel Aire, Kansas Police Department
Sedgwick County, Kansas Sheriff's Office
Kansas Family Voice
Tall Cop Says Stop
Tall Cop Emerging Drug Trends Conference
Idaho Youth Alcohol & Drug Prevention & Education Program, Inc.
One Chance to Grow Up
Community Alliance for Teen Safety
Coalition for a Drug Free Texas
Communities for Alcohol- and Drug-Free Youth
Georgians for Responsible Marijuana Policy
Family Council in Arkansas
Wisconsin Family Action
Prevention Means Progress
Drug Free Comfort
Student Assistance Services Corporation
Prevention Alliance of Tennessee
Newfound Coalition for Youth
Raymond Coalition For Youth
Greater Nashua Prevention Coalition

¹ <https://www.federalregister.gov/documents/2016/08/12/2016-17954/denial-of-petition-to-initiate-proceedings-to-reschedule-marijuana>.

² <https://www.heritage.org/public-health/report/twenty-first-century-illicit-drugs-and-their-discontents-why-the-fda-could-not>.

³ <https://www.ncbi.nlm.nih.gov/books/NBK425761/>.

⁴ <https://www.dea.gov/sites/default/files/2024-05/2016-17954-HHS.pdf>.

⁵ https://www.accessdata.fda.gov/drugsatfda_docs/label/2005/018651s021lbl.pdf.

⁶ <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/xyrem-sodium-oxybate-information>.

⁷ <https://www.cdc.gov/cannabis/health-effects/cannabis-use-disorder.html>.

⁸ <https://nida.nih.gov/research-topics/cannabis-marijuana#cannabis-addictive>.

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- ⁹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC2797098/>.
- ¹⁰ [https://www.thelancet.com/article/S2215-0366\(19\)30048-3/fulltext](https://www.thelancet.com/article/S2215-0366(19)30048-3/fulltext).
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- ¹² <https://nida.nih.gov/research-topics/cannabis-marijuana>.
- ¹³ <https://nida.nih.gov/research-topics/cannabis-marijuana>.
- ¹⁴ <https://pubmed.ncbi.nlm.nih.gov/27214172/>.
- ¹⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10334849/>.
- ¹⁶ <https://www.columbiapsychiatry.org/news/recreational-cannabis-use-teens-linked-risk-depression-suicidality>.
- ¹⁷ [https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2822269?guestAccessKey=6cb564cb-8718-452a-885f-f59caecbf92f&utm_source=For The Media&utm_medium=referral&utm_campaign=ftm links&utm_content=tf1&utm_term=080824](https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2822269?guestAccessKey=6cb564cb-8718-452a-885f-f59caecbf92f&utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tf1&utm_term=080824).
- ¹⁸ <https://www.ahajournals.org/doi/10.1161/JAHA.123.030178>.
- ¹⁹ https://www.wsj.com/business/cannabis-companies-profits-taxes-3f8bbe0?gaa_at=eafs&gaa_n=ASWzDAi9dubFRkCJci3CC1OeFJam9WbV7mjAycX2a5lMQWUllQJpw2blVADuHe0ode8%3D&gaa_ts=68a37eba&gaa_sig=VIHBY7VCYB1zrhAAyQMrNU-tFf9Zu8UgF4pVoSpUEJsp7M4GlcYCYfEiuCFWURmoCPaaG0UvzG_gXWAft_fffw%3D%3D.
- ²⁰ <https://www.law.cornell.edu/uscode/text/26/280E>.
- ²¹ https://www.wsj.com/us-news/law/how-chinese-marijuana-operations-cropped-up-in-small-town-america-45b7b598?gaa_at=eafs&gaa_n=ASWzDAjfvS7q-Mh5hkGLIYkOSCoAAk2cULM6eYASUqbRMT6RESbYRUP3SEWxAcUi90o%3D&gaa_ts=68a37efa&gaa_sig=D1vGRj3xrXSbQY7OAjAkjI-RYCVaFeMk3GjCoWe4tBxOUwLBIWz3n275oJXCSYs4NX_tuZBVwwJzBILmq-tOnw%3D%3D.
- ²² <https://www.propublica.org/article/chinese-organized-crime-us-marijuana-market>.
- ²³ <https://www.nts.gov/news/Documents/DEA-Schedules-of-Controlled-Substances-Rescheduling-of-Marijuana.pdf>.
- ²⁴ <https://tobacco.ucsf.edu/because-perceived-harms-cannabis-affect-youth-use-regulators-must-consider-impact-rescheduling-cannabis-schedule-i-schedule-iii-youth-perceptions-and-use-and-design-appropriate-communications-describing-health-risks>.
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