



July 22, 2024

BY ELECTRONIC SUBMISSION

Drug Enforcement Administration, Department of Justice

Re: Request for Public Comment Concerning Proposed Rule on Schedule of Controlled Substances: Rescheduling of Marijuana, Docket No. DEA-1362.

Dear Sir or Madam:

The Ethics & Religious Liberty Commission (ERLC) of the Southern Baptist Convention (SBC) respectfully submits the following comments regarding our concerns with the proposed rule “Schedule of Controlled Substances: Rescheduling of Marijuana.”

The ERLC is the public policy and ethics entity of the SBC, the nation’s largest Protestant denomination, with approximately 13 million members in more than 45,000 churches and congregations. We are charged by the SBC with addressing public policy affecting such issues as the sanctity of human life, religious liberty, marriage and family, and human dignity. We believe that all people are made in the image of God, and we desire to see public policy promote the good and flourishing of all of our neighbors.

The stated motivation of this NPRM stems from the results of a 2023 HHS “scientific and medical evaluation of marijuana” that concluded that “marijuana has a potential for abuse less than the drugs or other substances in schedules I and II.” HHS recommended that marijuana be transferred to schedule III.

I am writing to convey the perspective of Southern Baptists with regards to marijuana and its impact on our society, specifically in response to the news of this potential reclassification.

Southern Baptists have historically objected to marijuana usage due to a combination of legal and moral concerns, stretching back 50 years to the Southern Baptist Convention’s Resolution on Alcohol and Other Drugs¹ from 1973. In this resolution, Southern Baptists expressed a desire to

¹“Resolution on Alcohol and Other Drugs,” Southern Baptist Convention, 2006. Source: <https://www.sbc.net/resource-library/resolutions/resolution-on-alcohol-and-other-drugs/>



“restrain commercial promotion” of harmful and addictive drugs, including marijuana. While proponents of legalization, decriminalization, and rescheduling of marijuana often cite—and overstate—the medical benefits and the disproportionate impact of criminalization on marginalized communities, there are compelling arguments to keep marijuana illegal, especially at the federal level.

The ERLC is deeply concerned about the rescheduling of marijuana as the use of marijuana generally harms public health and undermines a well-functioning society.

It has been well documented that marijuana has substantial health hazards associated with usage. The National Institute on Drug Abuse² has highlighted several adverse effects such as impairment in learning, memory, and attention. Moreover, it has been associated with an increased heart rate and a higher risk of heart attack. The drug is also more addictive than is assumed, with an estimated 10% of users becoming addicted.

In 2017, the National Academies of Sciences, Engineering, and Medicine³ convened a committee of experts to conduct a comprehensive review of the literature regarding the health effects of marijuana use. They found there is substantial evidence of a statistical association between cannabis use and increased risk of motor vehicle crashes. Also, in states where cannabis use is legal, they found an increased risk of unintentional cannabis overdose injuries among children.

The potential impact on mental health further accentuates the concerns surrounding marijuana usage. Early marijuana use is linked to lower IQ scores, dropout rates, and risk of mental illness like psychosis or schizophrenia later in life. Marijuana smoke also contains many of the same carcinogens as tobacco smoke, which could increase future risk of lung cancer and chronic bronchitis.

In 2019, five years after legalization of recreational sale of marijuana in Colorado, more people were visiting emergency rooms for marijuana-related problems⁴, and hospitals reported higher

² "Cannabis (Marijuana) DrugFacts," National Institute on Drug Abuse, 2023. Source: <https://nida.nih.gov/publications/drugfacts/cannabis-marijuana>

³ "The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research," National Academies of Sciences, Engineering, and Medicine, 2017. Source: <https://nap.nationalacademies.org/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>

⁴ Wang, G., et al., "Marijuana and acute health care contacts in Colorado," Preventive Medicine, Volume 104, p.24-30, Nov. 2017. Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5623152/>



rates of mental-health cases tied to marijuana. Legalization can potentially lead to a public health crisis, particularly if marijuana use begins during adolescence, a period when the brain is still developing.

With such significant public health concerns associated with marijuana use, we should be deeply concerned at the staggering percentage of Americans who regularly use the drug. An estimated 52.5 million Americans⁵ reported use in 2021. According to the National Institute on Drug Abuse,⁶ 30% of marijuana users exhibit “marijuana use disorder,” often associated with an addiction-based dependence on marijuana. Additionally, daily marijuana use reached its peak in 2022, with 11% of adults aged 19-30⁷ reporting daily use. The addictive nature of marijuana is not a question, but a reality.

The FDA and DEA have recognized this reality for the past 50 years, designating marijuana as a Schedule I illicit drug, meaning that the likelihood of abuse and addiction to this illicit drug is severe, and there are no perceived medicinal benefits. As recently as 2016, this classification was upheld. Reclassification from a Schedule I to a Schedule III status retains the illegal nature of this drug, but removes the emphasis on the addictive nature. However, marijuana remains a highly addictive substance, and the FDA has never approved a marketing application for marijuana for the treatment of any disease or condition.

Secondly, marijuana usage, possession, and trade remain illegal under federal law.

Though many states have taken various steps toward decriminalizing marijuana, the Department of Justice has [stated](#) that refusal by states to enforce the law does not negate the legal reality of the law; marijuana is still illegal. The attempt to relegate marijuana to a Schedule III status does not change the legal status of this drug, but it may make enforcement of federal law less likely.

⁵ "Cannabis Facts and Stats," Center for Disease Control, Feb. 2024. Source: https://www.cdc.gov/cannabis/data-research/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/marijuana/data-statistics.htm

⁶ "Is marijuana addictive?" National Institute on Drug Abuse, June 2015. Source: <https://nida.nih.gov/publications/research-reports/marijuana/marijuana-addictive>

⁷ "Marijuana and Hallucinogen Use, Binge Drinking Reached Historic Highs Among Adults 35 to 50," National Institute on Drug Abuse, Aug. 2023. Source: [https://nida.nih.gov/news-events/news-releases/2023/08/marijuana-and-hallucinogen-use-binge-drinking-reached-historic-highs-among-adults-35-to-50#:~:text=Daily%20marijuana%20use%20also%20reached,high%20in%202022%20\(28%25\)](https://nida.nih.gov/news-events/news-releases/2023/08/marijuana-and-hallucinogen-use-binge-drinking-reached-historic-highs-among-adults-35-to-50#:~:text=Daily%20marijuana%20use%20also%20reached,high%20in%202022%20(28%25))



The confusing nature of shifting enforcement and policy stances that directly contradict sound research makes it difficult for Americans to wisely consider the ramifications of their actions. Such confusion sows distrust in our judicial and legislative institutions, from a local to a federal level, and undermines the perceived soundness of the law. If states can choose at will whether or not to enforce federal law, are they not contesting the legitimacy of the federal government?

Finally, Southern Baptists believe that all life is precious and worthy of protection, and our pro-life views extend beyond the womb to all areas of life, including family and community relationships.

As the drug abuse epidemic in our nation continues to spread, the ERLC remains committed to combating this growing problem. Those addicted deserve our respect and compassion, along with the devotion of Congress and federal law to provide solutions that best serve each individual and community. So often, children bear the devastating consequences of the cycle of illicit drug use, leading to abuse, neglect, and abandonment. We must support families caught up in this vicious cycle of abuse. Signaling that marijuana is not a dangerous substance will only serve to further ensnare these families, rather than helping to alleviate the destructive effects of the drug abuse crisis.

As long-term studies have shown, marijuana alters brain chemistry and primes it for sensitivity to other drugs. Usage of the drug has been shown to lead to experimentation with harder drugs such as cocaine and heroin. Also, as has been shown over the last decade, decriminalizing and legalizing marijuana has normalized drug use⁸, making individuals—especially young people—more susceptible to trying substances that are even more dangerous than cannabis. Supporters of loosening restrictions argue that there are valid medical reasons for reclassifying marijuana from a Schedule I to Schedule III drug under the Controlled Substance Act. But such a shift is unnecessary since there are already legal and regulated medications available to address the medical conditions that proponents argue marijuana can alleviate.

While marijuana contains compounds like THC with potential medicinal benefits, there are FDA-approved medications like Marinol⁹ that serve similar purposes but within a regulated framework. This regulation ensures a standardized dosage and quality, minimizing the potential

⁸Friese, B., et al., "Is Marijuana even a drug?" A qualitative study of how teens view marijuana use and why they use it" J Psychoactive Drugs, Volume 49, Issue 3, p. 209-216, 2017. Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5550346/>

⁹"Marinol," WebMD, 2023. Source: <https://www.webmd.com/drugs/2/drug-9308/marinol-oral/details>



for abuse that comes with the raw, unregulated form of marijuana that has over 400 components, many of which have not been studied well.

For the sake of our most vulnerable neighbors, we must continue to educate the American public that marijuana use is dangerous, destructive, and addictive. Anything short of a Schedule I categorization for marijuana is a failure in the government's duty to protect its citizens.

In light of these concerns, we urge the Drug Enforcement Administration to retain marijuana's classification status as a Schedule I substance under the CSA. Thank you for your attention to these important matters.

Thank you for the opportunity to comment.

Respectfully submitted,

Frederick Brent Leatherwood
President
Ethics & Religious Liberty Commission
of the Southern Baptist Convention