

# AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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July 22, 2024

Anne Milgram, Administrator  
Drug Enforcement Administration  
8701 Morrisette Drive  
Springfield, VA 22152

Re: Rescheduling of Marijuana, Docket No. DEA-1362

Dear Administrator Milgram:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to comment on the Drug Enforcement Administration's proposal to transfer marijuana from schedule I of the Controlled Substances Act (CSA) to schedule III of CSA.

AACAP is the professional home to more than 11,000 child and adolescent psychiatrists, child and adolescent psychiatry fellows, psychiatry residents, and medical students. Our mission includes promoting the healthy development of children, adolescents, and families.

In response to the proposed reclassification of marijuana from Schedule I to Schedule III, AACAP would like to clarify its position on the matter. AACAP has significant concerns regarding the down scheduling of marijuana. As child and adolescent psychiatrists, we see the negative impact of marijuana use on the developing brain. The adverse effects are abundant, from precipitating psychosis and creating cognitive dulling to contributing to physiological and psychological dependence. AACAP has standing policy on these matters, calling for careful consideration of immediate and downstream effects of marijuana policy changes on children and adolescents, who are especially vulnerable to marijuana's adverse effects.<sup>i</sup> In addition, the increased availability of marijuana-derived products through changes in state laws in recent years, has served to distort the perception of the known risks highlighted above.<sup>ii</sup>

However, we are also acutely aware of the downstream effects of criminalizing marijuana, specifically disrupting families through incarceration and the outsized impact on marginalized communities.

Rescheduling marijuana would also lift many restrictions for research, allowing greater ease into investigation of its potential medical applications. As it stands now, Epidiolex, Marinol, Syndrom, and Cesamet are the only approved marijuana related drugs, none of which directly treat mental illness.

Regardless of its schedule, AACAP emphasizes the importance of avoiding the use of marijuana by persons aged 25 and under due to the negative impacts of marijuana on the developing brain. Many patients and their families believe that marijuana is a safe and effective medicine for a variety of conditions, but we know from much experience that marijuana has profound neuropsychiatric sequelae. Marijuana has been shown to precipitate and worsen chronic psychotic disorders, anxiety disorders, and depressive disorders. It has also demonstrated lasting harmful effects on cognition, such as significant impairments in intelligence quotient and attention, the latter of which remains a major concern given our ongoing stimulant shortage. Should the Administration down schedule marijuana, AACAP encourages federal agencies to consider a harm reduction approach that includes psychoeducation to patients and families about the ill effects of marijuana use, improved access to treatment for marijuana use disorder, minimized criminalization of marijuana use, and careful monitoring of the effects of marijuana-related policy changes on child and adolescent mental health.

Thank you for your consideration of our comments. AACAP and its members would welcome the opportunity for further dialogue on this topic. Please contact Karen Ferguson, Deputy Director of Clinical Practice at [kferguson@aacap.org](mailto:kferguson@aacap.org) with additional questions or discussion.

Sincerely,



Tami D. Benton  
President

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<sup>i</sup> [Marijuana Legalization \(aacap.org\)](http://aacap.org/marijuana-legalization)

<sup>ii</sup> [Medical Marijuana \(aacap.org\)](http://aacap.org/medical-marijuana)