APA Official Actions

Position Statement on the Ongoing Need to Monitor and Assess the Public Health and Safety Consequences of Legalizing Cannabis

Approved by the Board of Trustees, December 2025
Approved by the Assembly, November 2025

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:

The Controlled Substance Act (CSA) of 1970 established cannabis as a Schedule I drug, which according to the Drug Enforcement Administration (DEA) is a drug or other substance with high potential for abuse, has no currently accepted medical treatment use in the US and has a lack of accepted safety for use under medical supervision. Although cannabis containing THC concentrations greater than 0.3% dry weight is currently in Schedule 1,[1] and its use, possession, and sale is illegal under federal law, over the last three decades, a majority of states within the US have enacted legislation allowing exemptions for medical, recreational and industrial uses of cannabis.

[1] On May 21, 2024, the Department of Justice proposed to transfer marijuana from schedule I of the Controlled Substances Act to schedule III of the CSA, consistent with the view of the Department of Health and Human Services that marijuana has a currently accepted medical use as well as HHS's views about marijuana's abuse potential and level of physical or psychological dependence. The CSA requires that such actions be made through formal rulemaking on the record after opportunity for a hearing. If the transfer to schedule III is finalized, the regulatory controls applicable to schedule III controlled substances would apply, as appropriate, along with existing marijuana-specific requirements and any additional controls that might be implemented, including those that might be implemented to meet U.S. treaty obligations. If marijuana is transferred into schedule III, the manufacture, distribution, dispensing, and possession of marijuana would remain subject to the applicable criminal prohibitions of the CSA. Any drugs containing a substance within the CSA's definition of "marijuana" would also remain subject to the applicable prohibitions in the Federal Food, Drug, and Cosmetic Act. See: https://www.regulations.gov/document/DEA-2024-0059-0001

The Medical Marijuana and Cannabidiol Research Expansion Act of 2022 establishes a new, separate registration process to facilitate research on marijuana and directs the Drug Enforcement Administration (DEA) to follow procedures specified in the act to register practitioners to conduct marijuana research, and manufacturers to supply marijuana for the research.

It is the position of APA that:

- **Tracking rates of cannabis exposure, cannabis use disorder, overdose, emergency department visits, and other epidemiological measures is critical to formulating public**

health policy. Driving while intoxicated, cannabis-related arrests, incarceration, and other legal consequences should also be tracked in relation to disparate impacts on marginalized populations.

- **States legalizing cannabis should collect and report the data needed to monitor and measure the health and safety consequences of their policies and take precautionary steps to ameliorate adverse health and safety consequences.**
- **Regulatory oversight of the cultivation, processing, distribution, and adverse event monitoring is critical to protect public health and safety.**
- **The federal government should review and update regulations and support increased funding for cannabis research.**