

Where We Stand:

NAMI believes that public policies should be guided by credible, evidence-based research. NAMI supports public policies and laws that facilitate research into the benefits and risks that Schedule I drugs have for people with mental health conditions.

Why We Care:

Current [federal law](#) places various substances in one of five schedules based on their medical use, potential for misuse, safety, and risk for dependence. Schedule I drugs, substances or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs include lysergic acid diethylamide (LSD), marijuana (cannabis), methylenedioxymethamphetamine (ecstasy), methaqualone, peyote and psilocybin ("magic mushrooms" or psychedelics).

Federal law prohibits the manufacture, distribution, dispensation and possession of Schedule I substances except for federal government-approved research studies. As a result, U.S. researchers face regulatory hurdles to studying any Schedule I drugs. This situation has limited the development of robust scientific research, particularly as it relates to potential benefits or risks for people with mental health conditions.

There is a significant need to understand the impact these drugs have on people with an existing mental health condition or those at risk of developing a mental health condition. While research on the effects of these drugs is limited, SAMHSA's [National Survey on Drug Use and Health](#) consistently shows that people with mental illness are more likely to use illicit drugs than people without a mental illness. Some people with a mental health condition use these substances as a form of self-medication to positively impact some of their symptoms.

While still evolving, research on the effects of Schedule I drugs is currently insufficient, particularly as it relates to people with mental illness.

For example, several [studies](#) have documented a correlation between marijuana and the onset of schizophrenia or other psychotic conditions. Heavy use of marijuana and related products during teen and young adult years can particularly [increase](#) the risk of triggering the onset of schizophrenia and psychosis. Yet, preliminary [studies](#) suggest that cannabidiol (CBD), a compound found in marijuana, may have potential positive effects for some mental health symptoms.

NAMI supports public policies and laws that facilitate research into the benefits and risks that Schedule I drugs have for people with mental health conditions.

Similarly, studies have shown that psychedelic treatment with psilocybin [relieved](#) major depressive disorder symptoms in adults; yet, other studies have shown psilocybin can [cause](#) distressing hallucinations or feelings of panic and anxiety in some individuals, especially at high doses.

As more states legalize the use of marijuana and other Schedule I drug products, it is essential that credible, evidence-based research is available to fully understand the risks and potential benefits these products have on people with mental health conditions.

To learn more about NAMI's work on this issue, visit www.nami.org/Advocacy/Policy-Priorities