A wide variety of options are currently used for regulating dangerous drugs of abuse in the United States. Note that some extremely dangerous substances are in the most restrictive class (heroin), while other extremely dangerous drugs are in the least restrictive class (abused solvents), with many other extremely dangerous drugs in between. Therefore, classification is based not only on potential dangers, but also on potential medical, industrial, and practical considerations.

Type of regulation	Federal Schedule guidelines (paraphrased)	Examples	Relevant Comments
Schedule I	High potential for abuse and no medical use	• Heroin • Marijuana (note that the active ingredient THC is scheduled lower, in Schedule III) • PCP, LSD	Some of these drugs are associated with clear and dramatic effects on public health, and lead to addiction, such that they are placed in the very most restricted category by society. For example, the clear damage heroin abuse has caused in Baltimore (societal and personal degradation, overdose fatalities, HIV/AIDS)
Schedule II	High potential for abuse, accepted medical use; use may lead to high levels of dependence High level of regulation and control of prescription use by DEA	• Cocaine • Opioids such as morphine and Oxycontin® • Methamphetamine and amphetamine	• Cocaine is used medically in nose/throat surgery as a local anesthetic • Opioids are invaluable pain relievers in medicine • Methamphetamine, amphetamine are used in treatment of childhood and adult ADHD Many of these drugs can be extremely addictive, even more so than some drugs in schedule I, but are nonetheless valuable and widely used in medicine and medical research
Schedules III – V	Some potential for abuse and dependence, but less than higher schedules (abuse potential of Schedule 3 is less than Schedule 2; abuse potential of Schedule 4 less than Schedule 3, etc.) Different Schedules (III – V) have different regulations about medical use, such as frequency of allowable prescription refills	• Anabolic steroids (III) • Some opioids, eg., Vicodin® (III) • Marinol® (III) (FDA-approved THC, active constituent of marijuana • Sedatives (IV) such as Xanax® and Valium®	• Steroids used medically in many circumstances • Opioids are invaluable pain relievers in medicine • FDA-approved THC used medically to treat nausea in chemotherapy • Sedative used medically to treat insomnia Some of these drugs, such as sedatives, are involved in many deaths per year when abused, but are nonetheless valuable in medicine and medical research
Regulation of sales with age restriction (must be 21); restrictions on public use; strict prohibition of public impairment and impaired driving	N/A	• Alcohol	Alcohol is responsible for 100,000 deaths/year in U.S., second only to tobacco in fatalities. Enforcement of drunk driving laws has saved thousands of lives
Regulation of sales with enforcement of age restriction (must be 18); public health/education focus	N/A	• Tobacco • Over-the-counter medications such Robotusin® and Sudafed® (very powerful drugs of abuse at high doses)	Tobacco is responsible for 400,000 deaths/year in U.S.; 2-3 million deaths/year world-wide. More than any other drug. Tobacco is a good example in which this form of regulation has been effective. Smoking rates in the US have been cut roughly in half since peak rates in the 1950s and 1960s, primarily through education, public health warnings, and age restriction
Limited or no regulation; public health/education focus	N/A	• Solvents like gasoline, and chemicals in paint thinner and model airplane glue	Among the most toxic and dangerous of all drugs of abuse - many teens and children die from "huffing" and "sniffing glue" every year; permanent brain damage Value to society in other respects is substantial, such that the best approach has been judged to be primarily education and public health warnings