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Re: Testimony in support of HB 110, The Delaware Marijuana Control Act

Dear Honorable Members of the Revenue & Finance Committee:

I recently retired after 23 years as the Distinguished Professor of Alcohol and Drug Abuse Research at the University of Texas Southwestern Medical Center and over 30 years as an addiction psychiatrist in the Department of Veterans Affairs, having served as the director of substance abuse programs at both the Charleston, South Carolina and Dallas VA Medical Centers. I have published and spoken widely on the biological effects and treatment of addictive disorders, with over 160 peer-reviewed publications and chapter,<sup>1</sup> and I am the Editor-in-Chief of *The American Journal of Drug and Alcohol Abuse*. My research has been funded by the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Department of Veterans Affairs and I am a Distinguished Fellow in the American Academy of Addiction Psychiatry.

Through my extensive clinical work and research with individuals with substance use disorders I have come to believe that cannabis prohibition has done far more harm than good, and that it should be replaced with thoughtful regulation for adults 21 and older. Laws against cannabis possession used to be far harsher. These laws did not stop cannabis use back then and they do not stop it now. I have never had a cannabis user tell me that the penalty for cannabis possession influenced their decision as to whether to use it or not. What influences cannabis use or addiction is its cost, the perception of harm, and availability, as well as a user's genetic make-up, personality, environment and co-occurring medical and psychiatric problems. The penalty for use plays little role in this decision. Yet these penalties (even misdemeanors, as is the case in Delaware for possession over one ounce) can cause lifelong problems in employment.

As the California Medical Association (CMA) explained in its 2011 white paper endorsing marijuana regulation:

- Thus far, the criminalization of cannabis has proven to be a failed public health policy for several reasons, including:
- a) The diversion of limited economic resources to penal system costs and away from other more socially desirable uses such as funding health care, education, transportation, etc.;
  - b) The social destruction of family units when cannabis users are incarcerated, rather than offered treatment and other social assistance;
  - c) The disparate impacts that drug law enforcement practices have on communities of color;
  - d) The continued demand for cannabis nationally, which supports violent drug cartels from Mexico and other international sources;
  - e) The failure to decrease national and international supplies of cannabis from criminal and unregulated sources;
  - f) The failure of the federal government's limited actions through the 'War on Drugs' in mitigating substance abuse and addiction.

Voters in California agreed with the CMA, and California is now one of nine states where voters have chosen to regulate cannabis. (In a 10<sup>th</sup> state, Illinois, the General Assembly recently approved a similar bill. Gov. J.B. Pritzker championed the bill and will surely sign it into law.) In Delaware, as was the case in Illinois, there is no citizen's initiative process, so state marijuana policy is in your hands. [It is noteworthy that states with citizen's initiatives are far more likely to have legal cannabis, revealing the significant bipartisan support for ending cannabis prohibition; a 2018 poll by the University of

Delaware found that 61% of Delawareans support legal cannabis for adult use (1).]

### **Cannabis Is Far Safer Than Alcohol and Tobacco**

From a pharmaceutically perspective, botanical cannabis is a very safe drug. In the U.S., tobacco kills almost 500,000 people last year (2), alcohol almost 90,000. The opioid epidemic was responsible for over 70,000 overdose deaths in 2017 (3). In contrast, to my knowledge, even though medical cannabis was first legalized 23 years ago and the full plant is now legal (for medical purposes) in 33 states, nobody has ever died from a cannabis overdose.

In contrast, a number of studies indicate that cannabis is used as a safer substitute for prescription drugs and alcohol (4, 5). A review of over 60 studies reported, “Research suggests that people may be using cannabis as an exit drug to reduce use of substances that are potentially more harmful, such as opioid pain medication” (6). *JAMA Internal Medicine* reported that states with medical marijuana laws saw a 25% decrease in opioid overdose deaths compared to states that did not have medical marijuana (7). This observation has been confirmed by other investigators. In states with medical cannabis, studies also show a decrease in Medicaid (8) and Medicare Part D (9) prescriptions for opioids and psychoactive drugs.

Regulating marijuana will allow patients to legally use a safer alternative to alcohol and opiates. In addition, the cannabis itself will be safer, in light of the sensible regulations — such as ones regulating pesticides and requiring testing and labeling standards — that would be included in the program.

### **Alex Berenson’s Book Is Reefer Madness 2.0 and Should Be Discounted**

Your committee will no doubt be told of fiction writer and former journalist Alex Berenson’s book, *Tell Your Children*, which was the original name of the notorious exploitation film “Reefer Madness.” Berenson’s book inaccurately claims there is a causal connection between cannabis and violence. This is false. As former U.S. Surgeon General Joycelyn Elders, Dr. David Nathan, and I explain in the attached piece, which recently ran in *Psychiatric Times* (10), “To date, research has not demonstrated a simple connection — let alone a causal connection — between cannabis and violence.”

### **Cannabis Cannot be Regulated Without Legalization**

Regulating cannabis has numerous health and safety benefits. Only in a regulated setting can consumers be assured a tested product that is free of pesticides and other contaminants. Only with regulation can Delaware ensure consumers are given accurate warnings about the risks of cannabis, along with standardized serving sizes. And only through legalization and regulation can Delaware stop derailing lives of those who will inevitably continue to possess and sell marijuana, and instead create good, regulated jobs and tax revenue that can be used for important needs. Delaware, in fact, has one of the highest per capita fiscal expenditures enforcing cannabis possession laws in the U.S. (11-13).

Although there were concerns that adolescent use would increase if cannabis was legalized, multiple studies have confirmed that adolescent use of cannabis does not increase states with legalized cannabis compared to other states (14). In fact, a recent study in the *American Journal of Drug and Alcohol Abuse* found that the number of teenage cannabis smokers was one percent *less* in states that had enacted medical marijuana laws compared to those that hadn't, even when accounting for other important variables such as tobacco and alcohol policies, economic trends, youth characteristics and state demographics (15). This finding is not surprising. One of the important goals of cannabis

regulation was to make it *more difficult* for adolescents to access cannabis; this effort has been successful.

Thank you for your attention to this important issue. I hope that you will join me in concluding that regulating marijuana for adults' use — not relegating it to the illicit market — is the best approach. I urge you to support and advance HB 110, so that Delaware can replace decades of cannabis prohibition with regulation.

Sincerely,

Bryon Adinoff, M.D.

Executive Vice President, Doctors for Cannabis Regulation

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