Testimony before the NJ Assembly Oversight, Reform and Federal Relations Committee on Marijuana Legalization

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March 5, 2018

Good morning Chair Danielson and members of the Oversight, Reform and Federal Relations Committee.

My name is David Nathan. Originally from the Philadelphia area, I attended Princeton University, received my M.D. from the University of Pennsylvania School of Medicine and completed my residency at Harvard Medical School. I am a board-certified psychiatrist, and for the past 19 years I have maintained a private practice in Princeton, New Jersey, where I live with my wife and our two teenage children. I am a Clinical Associate Professor at the Rutgers Robert Wood Johnson Medical School and a Distinguished Fellow of the American Psychiatric Association. For the past 15 years, I have volunteered as the Physician Advisor for the New Jersey State Chapter of the Depression and Bipolar Support Alliance.

I am the founder and board president of Doctors for Cannabis Regulation (or DFCR). With a prestigious roster of physicians, including former Surgeon General Joycelyn Elders and integrative medicine pioneer Andrew Weil, DFCR is the first and only national medical association dedicated to the legalization, taxation and – above all – the effective regulation of marijuana in the United States. DFCR has members around the world and in nearly every state and US territory, and it all started here in New Jersey.

Esteemed members of the Assembly: The time has come to end the prohibition of marijuana in the state of New Jersey.

Alcohol Prohibition was repealed after just thirteen years because of unintended consequences: organized crime, increased use of hard alcohol, and government waste.

So, what have we gotten from our eighty-year experiment with marijuana prohibition? Organized crime, increased use of stronger marijuana, and government waste.

Marijuana prohibition began in the 1930s – over the objections of the American Medical Association – based on scare tactics and fabricated evidence that suggested that the drug was highly addictive, made users violent, and was fatal in overdose. We now know that none of those assertions are true. Cannabis is less addictive than alcohol and tobacco.[1] It doesn't make users violent,[2] and there are no documented cases of fatal cannabis overdose.[3] In short, from the medical standpoint, marijuana should never have been illegal for consenting adults.

Today, opponents of legalization ostensibly favor decriminalization as an alternative to legalization. But decriminalization does not empower the government to regulate product labeling and purity, which leaves marijuana vulnerable to contamination and adulteration.

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[1] Joy, Janet E., et al. Marijuana and Medicine: Assessing the Science Base. Washington, DC: National Academy Press, 1999. http://medicalmarijuana.procon.org/sourcefiles/IOM_Report.pdf
[2] "Learn About Marijuana: Marijuana and Aggression," Alcohol and Drug Abuse Institute, University of Washington, 3/2015. http://learnaboutmarijuanawa.org/factsheets/aggression.htm
[3] Collen, Mark. "Prescribing cannabis for harm reduction." Harm Reduct J. 2012; 9:1. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3295721/

Moreover, where marijuana is merely decriminalized, the point-of-sale remains in the hands of drug dealers who will sell marijuana – as well as more dangerous drugs – to children.

Cannabis cultivation has led to the development of more potent strains, to the extent that illegal marijuana today is often five times stronger than it was 30 years ago.[4] Decriminalization prevents regulation of labeling, rendering consumers unable to judge the potency of marijuana, which is like drinking alcohol without knowing its strength. Thus, the increasing potency of marijuana is a medically sound argument – not for prohibition or decriminalization, but for the legalization and regulation of marijuana, so that products are properly labeled with potency, ingredients and serving sizes.

Today, informed opponents of cannabis legalization must concede that – more potent or not – marijuana is less dangerous for adults than other legal drugs. Most adults who use cannabis occasionally are not harmed by it,[5] and alcohol and tobacco pose a far greater threat to public health.[6]

Now I would like to address what may be the biggest misconception about marijuana – namely, that it is a "gateway" to the use of harder drugs. It's true that users of hard drugs often tried marijuana first, but they're even more likely to have tried alcohol and tobacco. And the vast majority of those who try marijuana, alcohol and tobacco don't go on to use harder drugs. Simply put, the fact that some people who use hard drugs also used marijuana *in no way* implies that marijuana *causes* people to use hard drugs.

The marijuana "gateway" hypothesis is an archaic, misleading and oversimplified explanation of substance misuse, and it distracts from the serious discussion of how to address one of the greatest public health crises in history: our nation's deadly opioid epidemic.

While the "gateway theory" is a fictional invention of the 1930s, there is a broader "common liability theory", which accurately and unsurprisingly predicts the effect of underlying social ills – poverty, incarcerated family members, inadequate education – on teens' use of all drugs. If we want to reduce the underage use of drugs, then we should legalize marijuana, ensure diversity in the legal industry, and rebuild communities most affected by marijuana prohibition.

Ladies and gentlemen, I thank you for your time and attention. I would be happy to answer your questions.

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[4] Mehmedic, Z. et al. "Potency trends of Δ9-THC and other cannabinoids in confiscated cannabis preparations from 1993 to 2008." J. Forensic Sci 2010 Sep; 55(5):1209-1217. http://www.ncbi.nlm.nih.gov/pubmed/20487147. References earlier work.

[5] "Learn About Marijuana: Adult Recreational Marijuana Consumers," Alcohol and Drug Abuse Institute, University of Washington, 3/2015, http://learnaboutmarijuanawa.org/consumers.htm

[6] Fish, Jefferson. *Drugs and Society: U.S. Public Policy*. New York: Rowman and Littlefield, 2006. Chapter 7: Acute toxicity of drugs versus regulatory status. https://books.google.com/books?hl=en&lr=&id=xpZhjBuDkuwC&oi=fnd&pg=PA149&dq=Acute+toxicity+of+drugs+versus+regulatory+status+gable&ots=YJHdBVTrbd&sig=K95fnm6TC7k8II3NMwqZAlgQS58#v=onepage&q=Acute%20toxicity%20of%20drugs%20versus%20regulatory%20status%20gable&f=false