Testimony before the NJ Division of Consumer Affairs regarding the reclassification of marijuana

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Thank you and good morning.

My name is David Nathan, and I am a Princeton-based psychiatrist, educator and father of two teenage children. I am a distinguished fellow of the American Psychiatric Association and clinical associate professor of Psychiatry at Rutgers Robert Wood Johnson Medical School.

Today I speak before you as the founder and board president of Doctors for Cannabis Regulation (or DFCR), which is a member of New Jersey United for Marijuana Reform's steering committee.

Although medical marijuana is already legal in 30 states, New Jersey has an historic opportunity to become the first state in the nation to 'deschedule' this oft-maligned and misunderstood plant.

Last year, Judge Michael Guadagno ruled that the state must reconsider the Schedule I status of cannabis in New Jersey. This decision was referred to the Division of Consumer Affairs (DCA), within which the Department of Law and Public Safety oversees the New Jersey Drug Control Unit (DCU). The DCU has decision-making authority over the scheduling of drugs in New Jersey, and they are now free to reschedule or even deschedule marijuana.

Rather than placing marijuana in a less restrictive category under the DCU, I believe a better solution is to deschedule it entirely.

"Schedule I" is the most restrictive designation for controlled substances. It is reserved for the most dangerous, most addictive drugs with no medical value. Heroin and PCP are Schedule I drugs, and despite an overwhelming body of scientific evidence supporting its medical value and safety, so is marijuana.

Marijuana's classification as a Schedule I drug is the result of politics and ignorance rather than science. When the US Supreme Court declared the "reefer madness" era law against marijuana to be unconstitutional in 1969, the Federal Government was faced with a choice between legalization or another means of continuing the drug's prohibition. President Nixon appointed the Shafer Commission to study the health effects of marijuana and recommend a course of action. To the surprise of many, this blue-ribbon commission concluded that cannabis should *not* be included in the prohibitive Schedule I category, but rather should be regulated like alcohol, which is not scheduled at all. The commission's findings were ultimately rejected by the Federal Government, which was eager to include marijuana in its nascent "War on Drugs."

Following the reconstituted prohibition of marijuana at the federal level in 1970, the state of New Jersey followed suit. Yet today, the science is clearer than ever that cannabis – like alcohol and tobacco – is best controlled when it is regulated rather than criminally prohibited.

Why? Because criminal enforcement of the prohibition of marijuana has led to worsening poverty of the impoverished, and poverty limits access to health care. Marijuana prohibition is also a contributor to wide racial imbalances in arrests, our crisis of mass incarceration, and worsening of the opioid epidemic with illegal sales of marijuana often associated with those of other drugs. And marijuana prohibition has failed in its most basic intent to prevent underage use. All of these issues are described in detail with references from the scientific literature in DFCR's Declaration of Principles.

According to the Controlled Substances Act, a Schedule I drug must meet all of three specific criteria. It must have "a high potential for abuse," "no currently accepted medical use," and "a lack of accepted safety." By this definition, marijuana's inclusion in that category is an insult to any rational person.

Cannabis clearly does not share the high abuse potential associated with other Schedule I substances like heroin, or even other legal recreational substances. According to a comprehensive review by the National Academy of Sciences, cannabis's dependence liability is similar to that of caffeine (9 percent), and it is far lower than the dependence associated with other substances like alcohol (15 percent) and tobacco (32 percent).

The science is also clear that cannabis possesses an acceptable and well-understood safety profile. Unlike most drugs and even some foods (such as bananas, coffee and kombucha), cannabis possesses no known risk of lethal overdose. According to a World Health Organization review, the acute toxicity of cannabis is vanishingly low: "There are no confirmed cases of human deaths from cannabis poisoning in the world medical literature." Further, there exist numerous FDA-approved trials assessing the safety and efficacy of cannabis in various patient populations. A recent scientific review of these trials concludes: "Based on evidence currently available the Schedule I classification is not tenable. It is not accurate that cannabis has no medical value, or that information on safety is lacking."

Finally, it is simultaneously absurd and tragic to conclude that cannabis "has no currently accepted medical use in treatment in the United States." In reality, most states – including New Jersey – recognize the therapeutic use of cannabis by statute. Some of these laws have been in existence for nearly two decades, and societal support has only increased. It is now estimated that over 1.2 million Americans are using cannabis as a legal medicine under state law.

Rather than continuing to keep cannabis misplaced in Schedule I, a better option would be to deschedule it – removing it from the Controlled Substances Act completely – and regulate its commercial production and retail sale in a manner similar to alcohol or tobacco. Such regulation has been advocated by Gov. Murphy, and I request the DCA to respect scientific evidence and make New Jersey among the first US states to deschedule marijuana.

Thank you for your time and attention. I would be happy to answer any questions you have.

Respectfully submitted,

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