

Testimony before the New York State Assembly Standing Committees on Codes, Health, Governmental Operations, and Alcoholism and Drug Abuse

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October 16, 2018

Good morning, Honorable members of the New York State Assembly.

My name is David Nathan. I am a board-certified psychiatrist, educator, and writer. I graduated from Princeton University, received my medical degree from the University of Pennsylvania, and completed my residency at McLean Hospital of Harvard Medical School. For the past twenty years I have maintained a private practice in Princeton, New Jersey, where I live with my wife and our two teenage children. I am the Director of Continuing Medical Education for Penn Medicine Princeton Health, a Clinical Associate Professor at the Rutgers Robert Wood Johnson Medical School, and a Distinguished Fellow of the American Psychiatric Association. My views on cannabis policy do not necessarily represent the views of these institutions.

I testify today as 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 in nearly every state and US territory, and we have strong representation here in New York.

The recently released report by Gov. Cuomo’s commission recommended marijuana regulation as an alternative to prohibition, quoting several times from DFCR’s “Declaration of Principles.”

DFCR does not promote cannabis use. Rather, we advocate for the legalization of cannabis for adults, because effective regulation requires a legalized environment. We therefore support a core set of common-sense measures to control the marijuana industry and protect public health.¹

¹ Doctors for Cannabis Regulation, *Platform of Regulations* (revised October 2018):

- Government **oversight** of cannabis production, testing, distribution, and sales
- Detailed **labeling** of cannabis products with health and safety information
- **Prevention** of non-medical underage cannabis use through:
 - Evidence-based education about the risks of cannabis use
 - Child-resistant packaging
 - A ban on packaging, marketing, and advertising that attracts underage users
 - Penalties for adults who enable diversion
- **Taxation** of adult-use cannabis to fund equity programs for communities harmed by the drug war
- Protected rights for limited **home cultivation** of cannabis
- **Expungement** of cannabis arrests, charges, and convictions from criminal records
- **Diversity** in all sectors of the cannabis industry

Esteemed members of the Assembly: The time has come to end the failed prohibition of marijuana in the State of New York.

New York City knows all too well the destruction brought by well-intended but sadly misguided efforts to control marijuana through its prohibition. We see racial disparities in arrests, families broken by mass incarceration, cannabis sales to underage users, violence in the illegal drug trade, the proliferation of much more harmful synthetic cannabinoids, and all of these consequences are a direct result of the 80 year old war on marijuana.

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.

And yet, Alcohol Prohibition was a success compared to our war on marijuana. Alcohol consumption decreased during the 1920s, but marijuana use has increased drastically since its prohibition. Today, over 22,000,000 Americans use cannabis each month, and even more partake on a less frequent basis.

Marijuana prohibition began in the 1930s – over the objections of the American Medical Association – based on manufactured fear 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.² It doesn't make users violent,³ and there are no documented cases of fatal cannabis overdose.⁴ In short, from the medical standpoint, marijuana should never have been illegal for consenting adults.

While Doctors for Cannabis Regulation supports the legalization and regulation of marijuana for adult use, it emphatically opposes non-medical use by minors. Evidence suggests that both marijuana and alcohol can adversely affect brain development in minors.⁵ Studies of underage users show that health effects are worse when kids start younger and consume more frequently.

² 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

³ "Learn About Marijuana: Marijuana and Aggression," Alcohol and Drug Abuse Institute, University of Washington, 3/2015. <http://learnaboutmarijuanawa.org/factsheets/aggression.htm>

⁴ Collen, Mark. "Prescribing cannabis for harm reduction." *Harm Reduct J*. 2012; 9:1. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3295721/>

⁵ "The Influence of Marijuana Use on Neurocognitive Functioning in Adolescents," Schweinsburg, et al. *Curr Drug Abuse Rev*. 2008 Jan; 1(1): 99–111. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2825218/>

But cannabis prohibition for adults has not prevented underage use. The government's own statistics show that 80-90% of eighteen-year-olds have consistently reported easy access to marijuana since the 1970s.⁶

Opponents of legalization say that marijuana legalization “sends the wrong message” to kids. In other words, they argue that if a drug or activity is legal for adults, then kids will think it's safe for them.

DFCR believes the opposite is true. When cannabis is against the law for everyone, that implies that it is dangerous for everyone, and kids *know* that's not true. If adults can't be trusted to tell the truth about responsible adult use of marijuana, why should kids listen to us when we say it's harmful for them? By making a legal distinction between marijuana use by adults and minors, we demonstrate a respect for scientific evidence – and the sanctity of the law – that we would want our children to emulate.

Whether in sex education or drug education, when kids know we're being honest with them and trust the information we're providing, they're more likely to take that advice seriously. And we *know* that preventive drug education works better than prohibition – the rates of underage tobacco and alcohol use have been falling for many years,⁷ even though it remains legal for adults. During that same time, underage marijuana use – which until recently was illegal in all 50 states – has risen.

Today, teen use has remained level across the nation, including in legalized states. While we cannot predict the future, there is now evidence from legalized states to suggest that legalization may actually lead to a decrease in underage use.⁸

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. We hear this repeated over and over again, and always without any valid evidence suggesting causality.

While it's true that users of hard drugs often tried marijuana first, 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. Is anyone surprised that people try the so-called soft drugs before hard drugs? They are more accessible, less expensive, and less dangerous. Simply put, the fact that some people who use hard drugs first used marijuana *in no way* implies that marijuana *causes* people to use hard drugs.⁹ The marijuana “gateway” hypothesis is an archaic, misleading and

⁶ Johnston, Lloyd. *Monitoring the Future: National Survey Results on Drug Use, 1975-2008: Volume II: College Students and Adults Ages 19-50*. Bethesda, MD: National Institute on Drug Abuse, 2009. http://monitoringthefuture.org/pubs/monographs/vol2_2008.pdf

⁷ U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm

⁸ Substance Abuse and Mental Health Services Administration, State Estimates of Adolescent Marijuana Use and Perceptions of Risk of Harm from Marijuana Use: 2013 and 2014 (2015) available at https://www.samhsa.gov/data/sites/default/files/report_2404/ShortReport-2404.pdf.

⁹ Joy, Janet E., et al. *Marijuana and Medicine: Assessing the Science Base*. Washington, DC: National Academy Press, 1999, pp. 100-101. <http://www.nap.edu/read/6376/chapter/5#100>

oversimplified explanation of substance misuse, and it distracts from serious discussion of how to address one of the greatest public health crises in US history: our nation's deadly opioid epidemic.

Times are changing. In 2018, even physicians who oppose legalization generally believe that marijuana should be decriminalized, reducing penalties for users while keeping the drug illegal. DFCR physicians believe decriminalization to be an inadequate substitute for legalization and regulation for a number of reasons.

First, decriminalization does not empower the government to regulate product labeling and purity, which leaves marijuana vulnerable to contamination and adulteration. This also renders consumers unable to judge the potency of marijuana, which is like drinking alcohol without knowing its strength. Moreover, where marijuana is merely decriminalized, the point-of-sale remains in the hands of drug dealers who may sell marijuana – as well as more dangerous drugs – to children.

Contrary to popular belief, decriminalization doesn't actually end the arrests of marijuana users. Despite New York State decriminalizing marijuana in the 1970s, New York City has made tens of thousands of marijuana possession arrests every year, with continuing racial disparities in enforcement.

Finally, under a decriminalized system the government continues to prosecute and constrict the supply chain. This drives up the price of marijuana, making the untaxed illegal market more lucrative, competitive, and violent.

Ladies and gentlemen, I am here on behalf of DFCR to deliver a clear message. Marijuana prohibition has never worked, and it doesn't work now. Medically speaking, this is not a close call. That is why, as a physician and as a father, I support legalization and regulation of cannabis for adults as an alternative to decriminalization and other forms of prohibition.

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

Respectfully submitted,

A handwritten signature in cursive script that reads "D L Nathan, MD". The signature is written in black ink and is positioned above the typed name and contact information.

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