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**Testimony before the United States House Judiciary Committee,
Subcommittee on Crime, Terrorism, and Homeland Security on
“Marijuana Laws in America: Racial Justice and the Need for Reform”**

David L. Nathan, MD, DFAPA
July 10, 2019

Thank you and good morning Chairwoman Bass, Chairman Nadler, Ranking Member Ratcliffe, Ranking Member Collins, and honorable members of the House Judiciary Committee.

My name is Dr. David Nathan. I’m originally from Philadelphia, graduated *magna cum laude* from Princeton University, received my medical degree from the University of Pennsylvania School of Medicine, and completed my residency at McLean Hospital of Harvard Medical School. I am a board-certified private-practice psychiatrist based in Princeton, New Jersey, a Clinical Associate Professor at Rutgers Robert Wood Johnson Medical School, and a Distinguished Fellow of the American Psychiatric Association. I serve as the Chief Medical Advisor for 4Front Ventures, a multistate medical cannabis company founded by fellow social justice advocates.

I speak to you today as the founder and board president of Doctors for Cannabis Regulation (or DFCR). DFCR is the leading national physicians’ association dedicated to the legalization, taxation and – above all – the effective regulation of cannabis for adults. DFCR has hundreds of respected physician members in nearly every US state and territory. DFCR physicians include integrative medicine pioneer Andrew Weil, former Surgeon General Joycelyn Elders, and retired clinical director of SAMHSA, H. Westley Clark.

In 1937, the American Medical Association sent Dr. William Woodward to the House of Representatives to testify against the proposed prohibition of cannabis.¹ Refuting hyperbolic tabloid claims, he testified that cannabis is not highly addictive, does not cause violence in users, and does not cause fatal overdoses. He reasoned that cannabis should, therefore, be regulated rather than prohibited. Scientific evidence now confirms that Dr. Woodward was correct.^{2,3,4}

¹ See Appendix B: “The Prescience of William C. Woodward.” Doctors for Cannabis Regulation, 2015. <https://dfcr.org/the-prescience-of-william-c-woodward/>

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/>

As physicians, we believe that cannabis should never have been made illegal for consenting adults. It is less harmful to adults than alcohol and tobacco, and the prohibition has done far more damage to our society than the adult use of cannabis itself.

However, cannabis is not harmless. People who are predisposed to psychotic disorders should avoid any cannabis use. Also, as with alcohol and other drugs, heavy cannabis use may adversely affect brain development in minors.⁵ But cannabis prohibition for adults doesn't prevent underage use nor limit its availability. The government's own statistics show that 80-90% of eighteen-year-olds have consistently reported easy access to the drug since the 1970s.⁶ For decades, preventive education has reduced the rates of alcohol and tobacco use by minors,⁷ At the same time, underage cannabis use rose steadily despite its prohibition. In the past several years – as more states legalize cannabis for adults – the rate of underage cannabis use has stopped increasing.

Some have argued that if cannabis is legal for adults, then minors will think it's safe for them. But when cannabis is against the law for everyone, the government sends the message that cannabis is dangerous for everyone. Teenagers know that's not true. By creating a legal distinction between cannabis use by adults and minors, we teach our children a respect for scientific evidence – and the sanctity of the law. This may be why teen use has remained level or decreased in legalized states.^{8,9}

Cannabis use can impair driving, as can most psychoactive drugs – including antidepressants, antipsychotics, sedatives, opioids, and even stimulants – especially among inexperienced users. But driving under the influence of cannabis and other drugs is already a criminal offense in every jurisdiction, including in legalized states. Numerous scientific studies exist showing only a weak correlation between marijuana-positive drivers and accident risk.¹⁰ And in legalized states, studies show no adverse impact on traffic safety resulting from legalization.^{11,12}

While a number of entities are trying to develop a blood, saliva, or breath test to assess impairment from cannabis intoxication, such a test is not presently available. The best method for assessing impaired driving is the use of specially trained police officers called Drug Recognition Experts (or DREs), and we support nationwide training of DREs in all jurisdictions.

There is a persistent misconception that cannabis is a “gateway” drug. While users of

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

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 Hasin et al. 2015. “Medical marijuana laws and adolescent marijuana use in the USA from 1991 to 2014: results from annual, repeated cross-sectional surveys.” *Lancet Psychiatry* 2: 601-608. <http://www.ncbi.nlm.nih.gov/pubmed/26303557>

⁹ Colorado Department of Public Safety. Impacts of marijuana legalization to Colorado. 2018. <https://www.colorado.gov/pacific/publicsafety/news/colorado-division-criminal-justice-publishes-report-impacts-marijuana-legalization-colorado>

¹⁰ U.S. Department of Transportation, National Highway Traffic Safety Administration. *Drug and Alcohol Crash Risk.* February 2015. <https://www.nhtsa.gov/behavioral-research/drug-and-alcohol-crash-risk-study>

¹¹ Aydelotte et al., 2017. “Crash fatality rates after recreational marijuana legalization in Washington and Colorado.” *American Journal of Public Health* 107: 1329-1331: <https://www.ncbi.nlm.nih.gov/pubmed/28640679>

¹² Hansen, Benjamin, et al. “Early Evidence on Recreational Marijuana Legalization and Traffic Fatalities.” National Bureau of Economic Research. Working Paper No. 24417, March 2018. <https://www.nber.org/papers/w24417>

hard drugs often try cannabis first, they're even more likely to try alcohol and tobacco. People generally try less dangerous drugs before trying more dangerous drugs, but the vast majority of those who try cannabis, alcohol and tobacco never go on to use harder drugs. The risk of drug misuse and addiction is now known to be largely due to pre-existing genetic and environmental risk factors, not the use of cannabis, alcohol, or other so-called "soft" drugs. As we learned in high school, correlation does not imply causation.

In 2019, even those who oppose legalization generally believe that cannabis should be decriminalized. But decriminalization is an inadequate substitute for legalization. In legalized states, government licensed retailers scrupulously check IDs and only sell cannabis products to adults. But where cannabis is merely decriminalized, the point-of-sale remains in the hands of drug dealers who sell cannabis – along with more dangerous drugs – to children.

Legalization opponents often say: "This isn't your parents' cannabis." Cannabis cultivation has, indeed, led to the development of more potent strains.¹³ In states where cannabis is legal, labeling enables adult users to make informed decisions about their intake based on potency. Where cannabis is decriminalized, the government cannot regulate the production, testing or labeling of products, which means that users consume an untested and potentially adulterated product of unknown potency.

According to the Controlled Substances Act, a Schedule I drug must meet three specific criteria: "high potential for abuse," "no currently accepted medical use," and "lack of accepted safety." Cannabis does not meet any of these criteria. Cannabis does not share the high abuse potential associated with other Schedule I drugs or other legal recreational substances. According to a comprehensive review by the National Academy of Medicine, cannabis's dependence liability is similar to that of caffeine (9 percent), and it is far lower than dependence associated with alcohol (15 percent) and tobacco (32 percent).¹⁴ Cannabis has a well-researched safety profile, and it possesses no documented risk of lethal overdose.¹⁵ According to a United Nations Report, "There are no confirmed cases of human deaths from cannabis poisoning in the world medical literature."¹⁶ FDA-approved trials¹⁷ and a comprehensive 2017 review by the National Academies of Science, Engineering, and Medicine¹⁸ support the safety and efficacy of cannabis in various patient populations. Today, most states and a majority of physicians recognize the therapeutic value and relative safety of cannabis.¹⁹

But cannabis shouldn't simply be rescheduled. Like alcohol, it should be removed from the Controlled Substances Act completely. Even if it had no medical value, a free society should not punish competent adults for the personal use of this non-lethal plant. We must stop using a sledgehammer to kill a weed.

¹³ Mehmedic, Z. et al. "Potency trends of Δ^9 -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>.

¹⁴ National Academies of Science, Engineering and Medicine. *Marijuana and Medicine: Assessing the Science Base*. Washington, DC: The National Academies Press, 1999. Page 95: Table 3.4: Prevalence of Drug Use and Dependence in the General Population. <https://www.nap.edu/catalog/6376/marijuana-and-medicine-assessing-the-science-base>

¹⁵ Calabria B, et al. (2010) "Does cannabis use increase the risk of death? A systematic review of epidemiological evidence on adverse effects of cannabis use." *Drug Alcohol Rev* 2010 May;29(3):318-30. <https://www.ncbi.nlm.nih.gov/pubmed/20565525>

¹⁶ Martin, B.R. and Hall, W. "The health effects of cannabis: key issues of policy relevance." United Nations Office on Drugs and Crime, December 1, 1999 https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1997-01-01_1_page005.html

¹⁷ Grant, I., Atkinson, J. H., Gouaux, B., & Wilsey, B. (2012). "Medical marijuana: clearing away the smoke." *The Open Neurology Journal*, 6, 18–25. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3358713/>

¹⁸ National Academies of Sciences, Engineering, and Medicine. *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. Washington, DC: The National Academies Press, 2017. <https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>

¹⁹ Rappold, R. Scott. "Legalize Medical Marijuana, Doctors Say in Survey." WebMD, 2014.

<http://www.webmd.com/news/breaking-news/marijuana-on-main-street/20140225/webmd-marijuana-survey-web>

My teenage children are growing up in a nation that does not regulate the cannabis industry. I want future generations of teenagers to grow up in an America that does.

Informed physicians may disagree about the specifics of good regulation, but we can no longer support a prohibition that has done so much damage to public health and personal liberty. Members of the House Judiciary Committee, please work with us to advance public health and protect our children through effective, evidence-based regulation of cannabis in the United States.

I thank you for your time.

Respectfully submitted,

A handwritten signature in black ink that reads "D L Nathan, MD". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

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APPENDICES:

Appendix A: “Declaration of Principles.” Doctors for Cannabis Regulation, April 18, 2016.
<https://dfcr.org/wp-content/uploads/Declaration-of-Principles.pdf>

Appendix B: “The Prescience of William C. Woodward.” Doctors for Cannabis Regulation, 2019.
<https://dfcr.org/the-prescience-of-william-c-woodward/>

Appendix C: “Mythbusting the Gateway Theory.” Doctors for Cannabis Regulation, 2018.