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In support of the SB 888 An Act Responsibly And Equitably Regulating Adult-use Cannabis, with amendments

To: Connecticut Judiciary 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 200 publications and chapters) and I am the Editor-in-Chief of *The American Journal of Drug and Alcohol Abuse*. I have been honored as Distinguished Fellow by the American Psychiatry Association and American Academy of Addiction Psychiatry. 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.

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, science-based 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 can cause lifelong problems in employment, housing, receiving student loans, and child custody (1).

Despite the regulation/legalization of cannabis use in many states over the past several years, there were over 600,000 arrests for cannabis possession in the US in 2018. Those who continue to support cannabis prohibition avoid discussing the severe individual and public health harms that are a consequence of these outdated laws, including the continuation of an unregulated and illicit market. Thus, the issue is not whether there are potential harms from cannabis. The issue is whether cannabis prohibition is effective in protecting public health (it is not); whether the known harms of cannabis prohibition, particularly upon persons of color who bear the brunt of the drug prohibition, outweigh the potential harms of cannabis regulation (they do not), and whether the individual and public health benefits from a science-based regulatory system of cannabis for adult use (they do).

As the California Medical Association (CMA) explained in its 2011 white paper endorsing cannabis regulation (2):

“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.”

Key Points of Controversy

- There is no perfect societal response to the dangers of substances, including alcohol, nicotine, cannabis, opioids or amphetamine. What we *do* know is that the damage caused by prohibition, including cannabis prohibition, has taken a terrible toll on our country. Legalization of cannabis accompanied by thoughtful, scientific-based regulation far outweighs the dangers of an unregulated, illicit market with easy access to minors (see [dfcr.org/background](https://www.dfcr.org/background)). Potential misuse of cannabis is best addressed by regulation (including limitations on advertising), informative labeling, education, and prevention.
- From a pharmaceutically perspective, botanical cannabis is a very safe drug. In the U.S., tobacco killed almost 500,000 people last year, alcohol almost 90,000. The opioid epidemic was responsible for over 80,000 overdose deaths over the last 12 months reported (May 2019-May 2020). In contrast, even though cannabis was first legalized in the U.S. 25 years ago and the full plant is now legal in 36 states and the District of Columbia, nobody has ever died from a cannabis overdose. In Colorado, the latest data from the Rocky Mountain Poison and Drug Safety report 973 human exposures to cannabis from Jan 2017 through June 2020 (30 months). To put that into perspective, during this same time period there were approximately 100,000 calls to Colorado Poison Control and approximately *1000 overdose deaths from opioids*. To quote Larry Wolk, the Former Executive Director of the Colorado Department of Public Health and Environment,
"We haven't seen any dramatic changes from a public-health standpoint . . . we haven't seen an increase in youth use or adult use, and we haven't seen an increase in DUIs. We had a little blip as far as calls to emergency control and hospital-room visits, but much of that has leveled off and is explainable by other reasons." (3)
- *Minors are protected by a regulated market.* A wealth of studies have shown that cannabis use in minors has *not* increased in states with legalized cannabis (4-6). A recent study in JAMA Psychiatry (7) found that any use and frequent use of cannabis did *not* increase in 12-17 years old individuals and cannabis use disorder was *lower* in 2013-2016 (after adult use legalization) compared to before legalization (see Figure 3, left panel). Colorado was the first state to have legal, adult-use sales. A sting operation in Colorado found that 98.5% of buyers 18-20 years old were unable to buy cannabis in a legal dispensary (8). Colorado Healthy Kids Survey [(9), Fig 5 and (10)] showed that high schoolers reported past-30 day cannabis use *decreased* from 22.7% in 2005 to 22.0% in 2011 and to 20.6% in 2019. Using different survey methodology, the CDC's Youth Risk Behavior Surveillance found 22% of Colorado

high schoolers reporting past-30 day use immediately pre-legalization in 2011 and 20.1% in 2019 (11). Notably, the past-30 day use in Colorado high school students was 3-4% higher than U.S. high school students in 2003 through 2009 (using YRBS data) but has been persistently *lower* than U.S. high school students from 2011 through 2019.

While we support the goals of SB 888, we agree with the Connecticut Coalition to Regulate Marijuana that the bill's social equity provisions need to be strengthened. Please carefully consider the coalition's recommendations and make amendments to ensure legalization in Connecticut has equity at its heart. Communities and individuals that have been disproportionately impacted by cannabis prohibition should benefit most from its legalization, in the form of good jobs, cannabis business opportunities, and community reinvestment. We urge that the bill specifically earmark a significant percent of the funds for equity and community reinvestment, and that it also earmark a specific portion of the proceeds for substance abuse treatment and prevention.

Thank you for allowing me the opportunity to weigh in your committee's consideration of cannabis legalization for adult use. I have also included a recent manuscript of mine on Implementing Social Justice in the Transition for Illicit to Legal Cannabis that may be of interest.

Sincerely,



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Doctors for Cannabis Regulation (DFCR) serves as a global voice for physicians and other health professionals who support cannabis legalization and science-based regulation. DFCR promotes public education, research, and advocacy to support legislative changes necessary for improved public health, social justice, and consumer protections.

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