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## **In support of Regulation of Adult Use (Recreational) Cannabis for Adult Use in Virginia**

To: Senate Committee on Judiciary, Subcommittee on Expungement

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,<sup>1</sup> 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).

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."

### **Comments on Bill Presently Being Considered by the Judiciary Committee**

I would like to note several excellent aspects of the bill being considered.

- Personal possession is allowed by adults as long as it secure and discreet.
- Automatic expungement is provided for misdemeanor cannabis-related offenses.
- The social equity components of the bill are very strong, including the Cannabis Equity Reinvestment Fund.

Of concern, however, are possible jail sentences for possession by those 18-20 y/o, possession on school grounds, and possession when cannabis is obtained from outside of Virginia.

Incarceration for cannabis possession is a step backwards and will continue the painful legacy of cannabis prohibition. It is highly likely that those incarcerated will be members of disenfranchised populations, particularly people of color.

### **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://dfcr.org/background)).
- From a pharmaceutically perspective, botanical cannabis is a very safe drug. In the U.S., tobacco kills almost 500,000 people last year, alcohol almost 90,000. The opioid epidemic was responsible for over 70,000 overdose deaths in 2017. In contrast, even though cannabis was first legalized in the U.S. 24 years ago and the full plant is now legal in 33 states and the District of Columbia, nobody has ever died from a cannabis overdose.
- 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 (3-5). A recent study in JAMA Psychiatry (6) 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 eFigure 3, left panel). A sting operation in Colorado found that 98.5% of buyers 18-20 years old were unable to buy cannabis in a legal dispensary (7).
- Virginia wisely decriminalized cannabis last year, but this is not enough. Decriminalization does not permit the government to regulate the production, labeling, transport, or sale of cannabis. The illicit market leaves the consumer unaware of THC dosage or contaminants such as mold, pesticides, and heavy metals. The supply chain of cannabis remains an underground economy, and the government loses millions or billions of revenue dollars that could be spent on drug prevention, education and treatment.

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 on Implementing Social Justice in the Transition for Illicit to Legal Cannabis.

Sincerely,



Bryon Adinoff, M.D.

Executive Vice President, Doctors for Cannabis Regulation

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