

**Written Testimony for the House Health and Human Development Committee
Delaware General Assembly
In support of HB 305, on Marijuana Regulation**

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Respectfully submitted by:

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Thank you Chairman Bentz and honorable members of the House Health & Human Development Committee. I speak before you today as the founder and past president of Doctors for Cannabis Regulation (DFCR) in support of HB 305, which legalizes the adult use of cannabis in Delaware.

DFCR is the nation's premier 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. Our honorary board members include integrative medicine pioneer Andrew Weil, former Surgeon General Joycelyn Elders, renowned public health physician and Johns Hopkins professor Chris Beyrer, and retired clinical director of SAMHSA, H. Westley Clark.

A bit about myself. I am 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.

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. There are many capable advocates who will share with you the harms of cannabis prohibition, especially to black and brown communities, so I will focus on issues of public health.

Let me be clear. As a physician who follows the evidence wherever it takes me, I believe that cannabis can have negative health effects for at risk populations. People who are predisposed to psychotic disorders should avoid any cannabis use, as should pregnant or breastfeeding women and some people living with addiction.

Also, as with alcohol and other drugs, heavy cannabis use may adversely affect brain development in minors.¹ 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.² For decades, preventive education reduced the rates of alcohol and tobacco use by minors,³ while 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.^{4,5}

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

Quite sensibly, HB 305 implements robust public health regulations, including warning labels or inserts to advise of risks related to driving, cannabis use disorder, the developing mind, psychiatric disorders, and pregnancy and breastfeeding. Consumers purchasing cannabis on the illicit market are not given these health warnings.

Legalization opponents often say: “This isn't your parents' cannabis.” Over time, cannabis cultivation has, indeed, led to the development of more potent strains.⁶ In states where cannabis is legal, labeling enables adult users to make informed decisions about their intake based on potency. Where cannabis is merely 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.

In 2022, even those who oppose legalization generally believe that cannabis should be decriminalized. But as Delaware has learned after years of decriminalization, this half-measure

¹ 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/>

² 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

³ 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

⁴ 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>

⁵ 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>

⁶ Mehmedic, Z. et al. “Potency trends of Δ9-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>.

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.

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.

Ladies and gentlemen, please understand that you aren't choosing between "Big Cannabis" or "A Drug-Free America." Your decision is whether to regulate or not to regulate a non-lethal intoxicant that is already widely used throughout Delaware.

I hope you will make the logical choice by supporting passage of HB 305. Thank you for your time and attention.

Respectfully submitted,

A handwritten signature in black ink, reading "DL Nathan, MD". The signature is fluid and cursive, with the initials "DL" being particularly prominent.

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