Testimony before the Connecticut Judiciary Committee in support of S.B. 16

David L. Nathan, MD, DFAPA
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I am writing today on behalf of Doctors for Cannabis Regulation (DFCR) in support of S.B. 16, which establishes cannabis regulation in Connecticut as an alternative to the failed policy of prohibition.

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. DFCR physicians 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.

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

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

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should avoid any cannabis use, as should pregnant or breastfeeding women and many people living with addiction.

Also, as with alcohol and other drugs, heavy cannabis use may adversely affect brain development in minors. 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. For decades, preventive education has reduced the rates of alcohol and tobacco use by minors. 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.

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. And in legalized states, studies show no adverse impact on traffic safety resulting from legalization.

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 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

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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. S.B. 16 requires 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. 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 2020, even those who oppose legalization generally believe that cannabis should be decriminalized. But as Connecticut has learned after years of decriminalization, this half-measure 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.

The only alternative for Connecticut consumers seeking regulated cannabis is the short drive across the border into Massachusetts, where regulated products are freely available. I don’t regard that as a fiscally or legally viable alternative to a regulated cannabis industry in Connecticut, and I think you’ll agree.

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 deciding between “Big Cannabis” or “A Drug-Free America.” Your choice is whether to regulate or not to regulate a non-lethal substance that is already widely used throughout Connecticut.

I hope you will make the logical decision, and I encourage you to support passage of S.B. 16.

Thank you for your time and attention.

Respectfully submitted,

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