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## Testimony before the Vermont House Health Care Committee on S. 54 – An act relating to the regulation of cannabis

David L. Nathan, MD, DFAPA

January 24, 2020

Thank you and good afternoon Chairman Lippert and members of the House Health Care Committee.

My name is David Nathan. Originally from the Philadelphia area, I attended Princeton University, received my M.D. from the University of Pennsylvania School of Medicine and completed my residency at Harvard Medical School. I am a board-certified psychiatrist, and for the past 20 years I have maintained a private practice in Princeton, New Jersey, where I live with my wife and our two teenage children. I am a Clinical Associate Professor at the Rutgers Robert Wood Johnson Medical School and a Distinguished Fellow of the American Psychiatric Association.

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 U.S. House of Representatives to testify against the proposed prohibition of cannabis.<sup>1</sup> 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.<sup>2,3,4</sup>

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

<sup>2</sup> 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](http://medicalmarijuana.procon.org/sourcefiles/IOM_Report.pdf)

<sup>3</sup> "Learn About Marijuana: Marijuana and Aggression," Alcohol and Drug Abuse Institute, University of Washington, 3/2015. <http://learnaboutmarijuanawa.org/factsheets/aggression.htm>

<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup> For decades, preventive education has reduced the rates of alcohol and tobacco use by minors,<sup>7</sup> 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.

Speaking personally, as a father, I am deeply concerned that 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.

Esteemed committee members: regardless of whether you supported Vermont's legalization of personal possession and cultivation of cannabis, I hope you will now agree that it is time for Vermont to begin regulating retail sales.

Legalization without regulation may relieve some of the harms of cannabis prohibition, but as physicians we view it as an incomplete step that does not adequately serve the interests of public health and social justice.

Alcohol Prohibition was repealed after just thirteen years because of unintended consequences: organized crime, increased use of hard alcohol, and government waste.

We have seen the same consequences of the 80-year prohibition of cannabis: organized crime, increased use of stronger cannabis, and government waste.

Yet today, the system of cannabis legalization in Vermont is not very different from that of Alcohol Prohibition. That is because what we call Alcohol Prohibition was actually a form of decriminalization, in which usual retail sales were forbidden with few exceptions, and points of access were restricted even though there were legal forms of possession.

Vermont's system does not empower the government to regulate product labeling and purity, which leaves cannabis vulnerable to contamination and adulteration. In Vermont today, any points-of-sale of cannabis remain in the hands of criminals who will sell cannabis—as well as more dangerous drugs—to children.

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<sup>5</sup> 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/>

<sup>6</sup> 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](http://monitoringthefuture.org/pubs/monographs/vol2_2008.pdf)

<sup>7</sup> 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](http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm)

Legalization opponents often say: “This isn’t your parents’ cannabis.” Cannabis cultivation has, indeed, led to the development of more potent strains.<sup>8</sup> In states where cannabis is legal, labeling enables adult users to make informed decisions about their intake based on potency. Vermont’s current system prevents regulation of labeling, rendering consumers unable to judge the potency of cannabis, which is like drinking alcohol without knowing its strength. Thus, the increasing potency of cannabis is a medically sound argument – not for prohibition or decriminalization, but for the legalization and regulation of cannabis, so that products are properly labeled with potency, ingredients and serving information.

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.<sup>9</sup> And in legalized states, studies show no adverse impact on traffic safety resulting from legalization.<sup>10,11</sup>

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.

Finally, it bears mentioning that the underground cannabis economy in Vermont remains untaxed, and the drug’s illegality serves as a price support mechanism that only profits illegal producers and dealers. This should remind us all of the 1920s, when Prohibition fueled the rise of widespread organized crime.

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 legal in Vermont. I hope you will make the logical decision.

I thank you for your time and attention to this most important public health and social justice issue of our time. I encourage you to support passage of S. 54.

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<sup>8</sup> 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>.

<sup>9</sup> 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>

<sup>10</sup> 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>

<sup>11</sup> 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>