

**Testimony before the Vermont Senate Judiciary Committee  
on S. 54 – An act relating to the regulation of cannabis**

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Thank you and good morning Senator Sears and members of the Vermont Senate Judiciary 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 am the founder and board president of Doctors for Cannabis Regulation (or DFCR). With a prestigious roster of physicians, including former Surgeon General Joycelyn Elders and integrative medicine pioneer Andrew Weil, DFCR is the first and only national medical association dedicated to the legalization, taxation and – above all – the effective regulation of cannabis in the United States.

Esteemed committee members: The time has come to regulate the retail sale of cannabis in Vermont.

The legalization of personal possession and cultivation of cannabis in Vermont last year was a major step forward in the move away from the failed prohibition of the preceding 80 years, although it lacks many of the essentials of full legalization and regulation that are necessary to 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Alcohol Prohibition was repealed after just thirteen years because of unintended consequences: organized crime, increased use of hard alcohol, and government waste.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.

Cannabis cultivation has led to the development of more potent strains, to the extent that illegal

cannabis today is often five times stronger than it was 30 years ago.<sup>1</sup> 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.

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.

I understand that Gov. Scott has indicated that he may oppose S. 54 if there is not adequate provision for prevention or assessment of drug driving under the influence of cannabis. We don't yet know if the legalization of cannabis increases or decreases traffic accidents or fatalities. What we have learned from the other states is that while cannabis can impair driving in some individuals, the risk of harm is not nearly as great as it is for alcohol.

Gov. Scott's objections are puzzling, as cannabis use was widespread prior to and following Vermont's legalization, and there is no reason to believe the implementation of retail sales of cannabis would necessarily change any risk of DUI cannabis, especially if greater regulation was accompanied by better public education about responsible use.

Some have proposed using a *per se* test of blood, saliva or breath to assess cannabis intoxication. Such a test would, of course, be welcome if it were an accurate and objectively quantifiable test of impairment. However, there is currently no reliable test of this kind that measures impairment or event recent use. Evidence has failed to show a definitive correlation between the amount or even the presence of THC in bodily secretions and impairment of motor vehicle operators. Thus, we must rely on the field assessment of law enforcement officials in detecting impaired driving from cannabis or any other drug with the exception of alcohol.

The best current approach to DUI cannabis is the use of drug recognition experts (DREs). These specially trained police officers already working the number of states, including my home state of New Jersey, where we have over 400 DREs, the second largest number in any state.

The president of the NJ DRE Association, Lt. Christopher Dudzik of the Tom's River Police Department, could be a wonderful resource for the Vermont Legislature in the expansion of their current DRE program. And Paul Armentano is the go-to source for expertise about the issues around DUI cannabis. I would be happy to connect you with either or both gentlemen.

Ladies and gentlemen, I thank you for your time and attention to this most important public health and social justice issue of our time.

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<sup>1</sup> Mehmedic, Z. et al. "Potency trends of  $\Delta^9$ -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>.  
References earlier work.