

**In support of the CRTA, with amendments to model it after the MRTA, for FY2022 at the Joint Legislative Budget Hearing Witness Testimony, 2/23/21**

My name is Dr. Tanya Adams, and I am a Co-chair of the New York Committee for Doctors for Cannabis Regulation ([DFCR.org](http://DFCR.org)), the first organization of physicians in the US advocating for cannabis regulation that optimizes public health and promotes social justice while mitigating the potential harms from cannabis misuse. I write to you to share my experience as a board certified Family Medicine Physician, board certified Lifestyle Medicine Physician, and a certifying physician in the New York State Medical Marijuana Program (NYS MMJ) since its inception and implementation in January of 2016. I have certified hundreds of patients within the guidelines of NYS MMJ, and have helped many more patients understand how to use cannabis products safely, including hemp based substances, as part of their self care regimens. Additionally, I hold a Substance Abuse and Mental Health Services Administration (SAMSHA) Drug Addiction Treatment Act of 2000 (DATA 2000) waiver, and have been providing medication assisted treatment (MAT) for opioid addiction since 2008, using buprenorphine. This experience has helped inform the relative safety and efficacy of cannabis compared to other substances. The potential for harms from cannabis use have largely been the result of the application of laws of cannabis prohibition, rather than from harms directly associated with its use.

A well designed regulated market for adult use cannabis as an alternative to prohibition will mitigate, reverse and resolve the harms prohibition has caused and can benefit society at large. Rather than spend public resources to prosecute and incarcerate citizens, a regulated cannabis market could raise capital by way of taxing adult personal use purchases and reinvesting in communities, contributing to the tax base, and creating living wage jobs. The devastating effects of Covid-19 have exacerbated the need for financial recovery, and with surrounding states and the changing climate in favor of bipartisan support for a regulated adult use market, Governor Cuomo has indicated his support to finally pass adult use cannabis reform in the budget for 2022, and is currently considering the CRTA.

As a physician engaged exclusively in clinical practice, I can speak to the health implications of a regulated cannabis market, and my concerns lie mainly with the effects of the substance itself, and how social determinants of health affect individuals' health.

**Clinical and Public Health Effects of Cannabis**

- Based on a preponderance of evidence and my experience in clinical practice, most adults are unharmed by the responsible use of cannabis.
- Cannabis prohibition has resulted in negative impact on social determinants of health, especially in communities of color. When you consider that from 2013-2017, African Americans made up 14% of the population of Westchester county, but accounted for 52% of all cannabis related arrests, while whites made up 55% of the population, but accounted for only 14% of arrests, it's clear that cannabis reform must end this disparity.
- Well structured regulations offer an opportunity to right some of these wrongs by limiting harsh punishments for minor infractions and *automatically* expunging the records of citizens who were wrongly prosecuted and incarcerated under newly archaic laws
- Low income individuals face disproportionate consequences from cannabis arrests due to inability to pay fines and inadequate access to legal counsel. This can lead to a lifetime of limited employment, loss of housing,

child custody issues, and loss of access to student loans and thus higher education. This further contributes to poverty and reduces access to healthcare and undermines public health.

- Underage use of cannabis can be reduced by creating a regulated legal market which will allow a distinction between adult and underage use. Illegal dealers are happy to sell cannabis along with dangerous drugs to adults and minors alike, and they don't pay taxes. Evidence shows that education mitigates substance abuse amongst minors, and taxes can be reinvested in education to further foster the appropriate social development of our students and future adults with respect to cannabis and other substances.
- Public safety is always a concern when considering the potential for impairment with cannabis use. This is not unique to cannabis. Prescription medications, including benzodiazepines and opioids, have no way of quantifying the level of acute intoxication. Society has accepted this limitation and has adapted by training police officers to evaluate an individual for the acute effects of intoxication.
- Legislation should support the right to grow enough cannabis for personal use. As a Lifestyle Medicine Physician, I regularly recommend self care and self-management as a first line of prevention and treatment for some conditions with intensive lifestyle changes. I also regularly prescribe medications for patients to treat their ailments. There are a host of foods and herbs that humans can use to support their health, and the cannabis plant is but one amongst a multitude of options. This plant, however, happens to shine above the rest in that the seeds are a nutritious superfood, the stalks have a multitude of industrial applications, the leaves offer a significant source of antioxidants and a host of known and yet undiscovered phytocannabinoids that support human health, and the flower of the plant is one of the only medicines a patient could theoretically grow for themselves and their family. No other plant that offers so many benefits and very little risk is so heavily regulated. In supporting self-care and self-management, I believe it should be a human right to grow enough plant material to support one's own health and the health of their family.

As a citizen, I am concerned that the CRTA may not to provide a solution for a number of other issues:

- The high tax rate may fail to raise revenue. With the CRTA's effective 45% tax rate on adult use cannabis products (compared to the 21% effective tax rate of the Marijuana Regulation and Taxation Act (MRTA)), the cost to consumers would be higher in this proposed legal market than the illicit market, and this will ultimately prevent conversion to a legal market and effectively lower tax revenue.
- Odor of cannabis should not be used as probable cause, as this subjective form of 'evidence' has been misused to inappropriately search and frisk citizens. When considering the disproportionate arrest rate of blacks and minorities, it's easy to see how misuse of this subjective evidence of odor could contribute to structural racism, and this must be considered and mitigated.
- The bill should assure that citizens be able to safely and legally consume cannabis in their home, as citizens need to have a safe place to consume cannabis which is not currently accounted for on the bill.
- The bill should accommodate community-lead reinvestment and a lock-box for funds rather than returning revenues to the general fund
- The bill should allow oversight of the proposed Office of Cannabis Management to be shared by the governor, the senate, and the assembly, and should represent demographic and geographic regions within the state.
- There is no residency requirement for licensure, potentially putting NY residents at a disadvantage.
- Passage of the CRTA as a budgetary resolution allows for renegotiation each year, whereas passage of the MRTA through the legislature would make it codified into state law.

In conclusion, transition from an illicit cannabis market to a market with sensible regulations will benefit society by mitigating harms to society, supporting socioeconomic recovery, especially within the disproportionately affected minority community, and can grow an entire industry that already exists, but is not paying its fair share. As a clinician, it is clear to me that cannabis prohibition has done more harm than good. I support an end to prohibition, and hope you will consider incorporating the issues raised above, and amend the CRTA to model the MRTA more closely, as I believe it to be a more equitable and comprehensive proposal. Thank you for your consideration.

Sincerely,

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