

April 29, 2021

Good day Madam Chair Liebling and Committee members,

I hope this is the appropriate committee for this written testimony opposing HF 600. My name is Randy Anderson, and I am a person living in long term recovery from substance use. What that means to me is, I have not had any alcohol, drugs, or mood-altering substance since January 9, 2005. I'm also a Minnesota state licensed alcohol and drug counselor, a peer recovery specialist and a formerly incarcerated person who was sentenced to 87 months in prison as a first-time non-violent drug user with little to no criminal history. In previous hearings the bill's author has made some statements that are not completely accurate. In previous hearings the bill's author has stated that marijuana is not addictive, which simply is not true and there is plenty of evidence-based research and data that would say otherwise.

According to Hazelden: *Is Marijuana Addictive?*

Contrary to common belief, marijuana is an addictive substance. Research suggests that approximately nine percent of users develop addiction. The estimated incidence of addiction increases among those who start using at a young age (an estimated 17 percent develop addiction) and among people who use the drug daily (an estimated 25-50 percent become addicted).

Individuals who are addicted to cannabis may experience symptoms of withdrawal when attempting to stop using the drug. Long-term users who try to quit report withdrawal symptoms such as irritability, sleeplessness, decreased appetite, anxiety and drug craving--all of which can make it difficult to abstain. Behavioral interventions, including cognitive-behavioral therapy and motivational incentives (e.g., providing vouchers for goods or services to patients who remain abstinent) have proven effective in treatment and rehab for marijuana addiction. Although medications to address marijuana/cannabis addiction are not currently available, recent discoveries about the endocannabinoid system offer promise in developing medications to ease withdrawal symptoms, block the drug's intoxicating effects, and prevent relapse.

The other important point I would like to bring up is the author of the bill had said that adolescent use does not increase following legalization again not completely accurate.

According to a new study released this year and published online via the Psychiatry and Behavioral Health Learning Network: *Adolescent Marijuana Use Increases in California*

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Adolescents in California reported significant increases in marijuana use in the years following the legalization of adult recreational marijuana use in 2016, according to data published this week in the Journal of Studies on Alcohol and Drugs.

Researchers reviewed data from the California Healthy Kids survey from the 2010-11 to 2018-19 school years, with participants in the 7th, 9th and 11th grades. Marijuana use within the past 30

days (23%increase) and lifetime use (18%) each significantly increased among nearly all demographics from the 2017-18 school year to 2018-19.

Lead researcher Mallie J. Paschall, PhD, senior research scientist at the Prevention Research Center of the Pacific Institute for Research and Evaluation in Berkeley, California, said greater increases observed among younger adolescents, females, non-Hispanic and White students—historically low-usage groups—after adult recreational legalization was “concerning.”

The researchers who conducted the study suggested that the increased availability of marijuana, non-smoking products such as edibles, and vaping products each could have contributed to increases observed in adolescent marijuana use.

In conclusion there is without question a need to further decriminalize not only marijuana but all drug use. We should not be incarcerating people for possessing or using a reasonable amount of any drug for personal use or consumption. We also know that medical marijuana can be helpful for many individuals with a wide variety of conditions. I do believe we need better studies to know more accurately what specific conditions that medical marijuana can be used for treating. We hear this false dichotomy that there is only two stances on this issue, incarceration or legalization, which is commercialization, and I strongly believe there's a better way forward than incarceration, there's a better way forward than commercialization and we need to be devoting resources, our time and our energy defining a path between those two extremes. Thank you for your time and allowing me to submit written testimony for this hearing.

Kind regards,

Randy Anderson, BA, RCP, LADC

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