



23 November 2022

Representative Raskin: Everybody's got a million questions here. I'm to like delighted to come to the distinguished gentleman from Texas, Mr. Sessions. You are now recognized as the first questioner on the minority side for your five minutes.

Representative Sessions: Chairman, thank you very much. I did a request that time a few minutes ago, and I appreciate the gentleman living up to that. We talk about this issue as being bipartisan, but I think we also need to include all the facts of the case if you look at CDC provisional data from CDC indicates that there were an estimated 100 thousand three a hundred thousand three hundred six drug overdose deaths in the United States during a 12-month period ended in April 2021 a 28.5 percent increase from the 78 056 deaths during the same period the year before. The new data that estimated drug overdoses uh to 75 000 12-month period ended April 21, up from 56 000 the year before, so we're now headed to increase that substantially marijuana and drugs are crippling. They cause addiction, they cause crime, and they cause mental issues.

VAC RESPONSE: It is important to address the statistics presented. "The overdose increases among veterans parallel those seen in the general population. The rise happened mainly because of a rise in deaths from heroin, fentanyl, and other synthetic opioids, or multiple opioids at once." Not Cannabis!! According to the DEA [see footnotes], "No deaths from overdose of marijuana have been reported." Meanwhile, the rate of overdose death from the kinds of opioids prescribed for pain didn't track the increased death from their alternative street versions. Deaths from methadone used to treat opioid use disorder declined measurably. It is also important to note that we have seen a strong decrease in opiate use for pain [pill-sparing effect] across the board in states with effective medicinal cannabis access programs. Cannabis is also linked to a reduction in suicides. Many patients take advantage of cannabis as an "exit drug," a medicinal use that helps patients cease an unhealthy drug habit. State medicinal cannabis access programs list qualifications such as pain, Post Traumatic Stress, and drug abuse treatment only after considerable deliberation and consultation with professionals in the field of medicine. [#1] [#2] [#7]

Representative Sessions: Today, I think it's important for us to know as people attack the police department, police are there to help secure communities to save people to save people

from criminals and dangerous products. During my lifetime, we've gone to where we stopped allowing cigarette smoking in public but now openly allow marijuana to be just used all over the place in communities that cause harm.

VAC RESPONSE: A: Cannabis prohibition; a pogrom selectively targeting young people and people of color. [#3] Despite this troubling history, the cannabis community has embraced regulation, and it should be emphasized that Regulated Adult Cannabis Access Programs have created many new law enforcement jobs. Our Cannabis regulators are tasked with protecting the public through effective product testing, labeling, and rules for distribution that help keep the products out of children's hands and ensure public safety. Controls that were never available under drug prohibition. It is time for us all to work together to perfect regulations. Opposition like that of Representative Sessions promotes the drug cartels' position, which is lawless, costs lives, erodes our border, and weakens our national security.

B: There is quite literally nowhere in the USA where cannabis can be smoked in public areas where tobacco smoking isn't also allowed.

Representative Sessions: in the state of New York, in the year 2000, they implemented criminal justice legislation whereby it eliminated cash bail for non-violent felonies and yet the man was arrested just a few weeks ago with 20 000 fentanyl pills each of the pills could be expected under that man's thinking to be broken up and used a number of times but twenty thousand fentanyl pills was arrested no bail he was let free.

VAC RESPONSE: While bail reform has precious little to do with drug policy or cannabis policy, it is essential to recognize what effect large cash bail has in the real world. The large cash bail is easily paid by drug dealers working with organized crime. Like many aspects of drug prohibition, our policy seems to give the kingpin a pass and instead drop the full weight of prosecution on the doorman & street dealer.

Representative Sessions: it is important that we look at the facts of the case about what marijuana does to children to families to women. Last year, more drivers experienced serious crashes or deaths with cannabis in their system than any other drug in 2020, 27 percent of drivers who were injured or killed in a motor vehicle crash tested positive for marijuana the bottom line

VAC RESPONSE: A: [marijuana - children, families, women] There are many states with limited access to cannabis as a medicine, those states set up medicinal cannabis access programs specifically at the behest of parents facing the unimaginable with a child suffering from a seizure related disorder. In other words, at the request of men & women for their children. These children faced surgeries with removing parts of their brain because they had run out of other options before discovering cannabis. Cannabis [cbd extract inter-mucosal spray: Epidiolex] is now approved by the FDA for pharmacy access due to those courageous parents.[#4] [#5] It is essential to recognize that alternatives to cannabis have horrible side effects and a heavy death toll, and that is just

with respect to legal pharmaceuticals. Alcohol kills, and street drugs are increasingly counterfeit / laced with fentanyl. Legal, regulated adult cannabis access programs [legalization] are increasingly necessary to protect public health by allowing adults to purchase safe products. Safe, legal access will choke out illegal sales, and eliminating those remaining illegal sales, especially dangerous fentanyl-laced counterfeits, will require the public's full support for enforcement to be effective.

B: Cannabis drivers; There is consensus across all groups involved that impaired drivers should face removal from our roadways. And it is agreed that cannabis can impair driving. Cannabis doesn't pose the same risk of driving as alcohol, and we need new tools to judge impairment accurately. There is certainly no scientific consensus on a blood cannabis limit. As a point of interest, it is relevant that States like California and Washington are seeing reductions in insurance rates based upon the real-world outcome [improvement to public safety] of legal, regulated adult cannabis access programs. Auto insurance companies take rates rather seriously and don't act carelessly.

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Representative Sessions: It is addictive it is addictive in causing people to live their daily lives not only with marijuana but with these dangerous potencies cannabis potency Rose every year on an average by 0.29 percent from 1970 to 2017, meaning it is true when I was in high school that it was far far less hundreds of times less potent today there are marketplaces that increase THC to increase not only the high. but also that rate that would cause addiction it is important for us to know that the most popular strains in Colorado range from 17 percent to 28 THC by 2017. 400 percent increase from 1970.

VAC RESPONSE: While the Veterans Action Council concedes that cannabis can be abused, there is nearly zero fact behind the statements about cannabis's addictive potential. Cannabis has never caused an overdose death [as we referenced DEA above], so it is an error to consider cannabis similar in abuse potential to substances that can actually kill. But generally, it is also a mistake to look at cannabis dosing through the standard lens of addictive drugs because higher potency cannabis is not consumed in the same way as weaker cannabis. The consumer titrates their intake, especially when smoking or vaporizing the product. For edibles, the universal advice within our community is to start low and go slow to prevent uncomfortable experiences. To prevent a deadly experience, we need to regulate the supply to prevent the inclusion of known killers like fentanyl.

Medical patients using cannabis for therapeutic benefit appreciate more potent preparations because they help them realize a benefit without ingesting so much plant material [for example - less smoking]. It is also important to note that most patients will still use the weaker products, as witnessed recently in Virginia's medicinal access program as reported in the state's patient Prescription Monitoring Database. Three basic fallacies are embedded in the statements about cannabis potency over the years. 1} Cannabis testing hasn't been uniform. DEA tested the largest batches seized

in the 1970s, which made sense as it likely represented what was being sold most widely; however, the cannabis that inspired humans for millennia is more than just hemp. Cannabis has a complex mix of flavonoids and terpenes that interact with the cannabinoids to produce effects sought after in medicine and culture. It is not just THC or CBD. 2} The second fallacy is embedded as an assumption that more potent cannabis is more dangerous. This assumption is false as exemplified by the FDA approval of 100% pure THC in a sesame seed oil capsule sold in pharmacies, for decades, as Marinol. If higher potency cannabis was more dangerous, it would make no sense for the FDA to approve Marinol and subsequently “down schedule” Marinol from schedule two to three - an unprecedented move under our federal Controlled Substances Act. 3} The third fallacy is actually a pretty deep insult. Stating that the cannabis industry is distributing high-potency cannabis intended to “increase the rate that would cause addiction” is very incorrect but also exhibits a lack of practical understanding of what is involved in creating safe access to cannabis. The state legalization policies have been created in an evidence base guided by public health and harm reduction. The medical cannabis access laws have, in some cases, created state regulatory structures that should be emulated by the FDA.

Representative Sessions: the product is being marketed, the product is being sold, the product is being advocated by people who were in it to make money slavery made money also and was a terrible circumstance that this country and the world went through for many, many years

VAC RESPONSE: The VAC condemns the conflation of slavery and the cannabis industry. There is great irony in the representative making this unacceptable comparison while quoting the organization, well known to us, Project SAM or SMART, as this organization gives talking points to countries like China, Russia, Nigeria, and others to help maintain international drug prohibition which has a direct line in history to Colonialism and slavery. So in a very real way, the representative is gaslighting his complicity in the ongoing destruction of indigenous peoples and their traditional use of cannabis worldwide.

Representative Sessions: I began watching drugs Inc which is an uh on is a six-year or seven year program that is on National Geographic and they talk about both sides of the drug industry they talk about how these drug dealers go make money they carry weapons they threaten people they kill people they kill families this is what the industry is it is not the pretty opportunity that has been presented today over 300 people between the ages of 18 to 35 die every day of drug overdose we here today Veterans and I appreciate the gentleman for his service and other veterans who've taken time to be here today to present their story and we do respect you for your service but it is important to note that the reason why the VA does not want to allow this is because no more than they do want to do surgery or help a drunk person they require a person to dry out it takes about 30 days before marijuana is out of your system and many of the issues that these people deal with with the VA are related to receptors things that cause pain in their body marijuana THC directly affects receptors which means that false

positives or not the real circumstance would be understood by a trading physician at the VA and so they don't just like they don't want to treat a person who's drunk they don't want to treat people and get something that is not actually the actual occurrence

VAC RESPONSE: This represents an apparent misstatement of national veterans affairs policy, a policy created in 2010 - updated in 2011 & 2017 that has been the subject of over a dozen congressional hearings.[Veterans Equal Access Act, the Veterans Safe Harbor Act, the Congressional Budget, and others]. It is disturbing to see this statement coming from a sitting representative in congress. VA POLICY - The VA policy was passed to recognize the VA's responsibility to treat medical patients based on medical evidence and established standards of care. The VA has to recognize the documentation provided by veterans signed by a practitioner outside the VA system. The VA instructs doctors not to fill out forms or otherwise recommend cannabis to a veteran accessing cannabis under a state program because of a threat from the DEA to arrest the VA practitioner if they did. Our real-world perspective finds very few contraindications. Cannabis has a very positive impact on many therapies employed by the VA; for others, there certainly isn't any negative impact. This fact is part of the very text of the VA cannabis policy. Compared to the consequences of common medicines prescribed by the VA, those adverse side effects seem almost trivial. Doctors inside the VA routinely prescribe THC for appetite stimulation [in the form of Marinol]. This kind of misinformation is troubling to our council when it is spoken on the record by a sitting member of congress, someone who knows better or should.

Representative Sessions: so, Mr chairman, it is my hope that next time that there would be one of these hearings the more facts of the case about the open harm to our children to our communities to this country of the people who were able to go to work who the people who provide transportation and all I can tell you is I got involved in this years ago when there were many deaths on our highways and in our train systems because people were high and whether it's high off alcohol or high off marijuana or high off heroin people lose their life

VAC RESPONSE: VAC is impressed with the propaganda per square inch of the representative's statement. This paragraph captures 50 years of anti-cannabis misinformation. No, cannabis doesn't [didn't] cause train wrecks, and, as we showed above, cannabis is not a havoc creator, and there actually is consensus with respect to removing drivers actually impaired by cannabis from our roadways. It doesn't serve the public interest to create hysteria by disseminating misinformation that leads to incoherent and inconsistent policing policies. We need to create policies that work and protect public health, not just laws to give police a cause to arrest Americans.

Representative Raskin: Well, thank you, Mr sessions, for all those provocative insights, and I hope we'll get to address them as well

Representative Sessions: I still have 1:58 remaining. I was and...

Representative Raskin: I think you're 1:58 over, but that's all right. Well, I think I thank the gentleman we wanted to hear from you, and we thank you for your thoughts.

VAC CLOSING COMMENT: Veterans Action Council doesn't generally fact-check anti-marijuana congressional diatribes. We did so to emphasize the depth of depravity embedded in these statements and to name and shame the member responsible, representative Pete Sessions from the great state of Texas 17th Congressional District. From our perspective, such a statement is emblematic of a more significant problem. Drug warriors are having trouble switching gears from agents of opposition to partners in the creation of regulation. The problem is that while Representative Sessions and his mentor Kevin Sabet throw sand in the gears of reform hoping to reverse legalization, they miss the opportunity to roll up their sleeves and positively impact the process. They could act as the voice of caution in the room; instead, these clever propagandists, all too often, slow reform efforts to create meaningful regulation. Regulation designed to protect public health, small farmers, medical patients, and children. Ironically this leaves a void that gets, all too happily, filled by illegal drug cartels and mega-corporations. The very entities they say they oppose.

Sources:

#1] DEA "What are its overdose effects? No deaths from overdose of marijuana have been reported."

https://www.dea.gov/sites/default/files/2020-06/Marijuana-Cannabis-2020_0.pdf

#2] Prescribed opiates are not the cause of increased opiate overdose death
<https://ihpi.umich.edu/news/more-veterans-die-opioid-overdoses-study-shows-need-focus-beyond-prescription-opioids>

#3] "'The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people," Ehrlichman told journalist Dan Baum in 1994. "You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or blacks, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities.'"

<https://www.bmj.com/content/374/bmj.n2147/rr>

#4] Professor Dreher's research is interesting and relevant because it challenges the prevailing notion that all drug use during pregnancy is bad for children. Ironically, some of Dreher's findings suggest that ganja use by mothers during pregnancy and by their children after birth might actually be good for children.

<https://cifas.us/part-two-of-our-look-at-dr-melanie-drehers-research-into-ganja-use-among-jamaican-women/>

#5] Epidiolex FDA approved - Proprietary CBD extract spray

#6] Driving and Marijuana:

<https://norml.org/marijuana/library/driving-and-marijuana>

#7] Cannabis & suicide - "Recreational marijuana access was associated with a 6.29% reduction (95% CI -11.82% to -0.42%) in suicide rates for males in the 40 to 49 age group. No other mental health outcomes were consistently affected by cannabis liberalization."

<https://www.cato.org/sites/cato.org/files/2021-10/Cannabis%20and%20Suicide%2C%20Mental%20Illness%20%282021%29%20full.pdf>

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Veterans Action Council
VeteransActionCouncil@Gmail.com