



PHYSICIANS  
FOR CRIMINAL JUSTICE REFORM

### **Position Statement: Decriminalization of Cannabis Possession and Use**

Cannabis is the most widely used illicit substance in the United States. SAMHSA [reported](#) that in 2020, 49.6 million people across the country over the age of 11 used cannabis in the past year, with the majority of users (34.5%) being 18 - 25 years of age. The ACLU [found in 2020](#) that African-Americans in the United States are 3.6 times more likely than whites to be arrested for cannabis, despite similar rates of use. In New York City, [2021 data shows](#) that an overwhelming majority of cannabis arrests were for possession, almost exclusively affecting African-American and Hispanic residents every quarter.

**Physicians for Criminal Justice Reform and Doctors for America strongly support the State and Federal decriminalization of cannabis possession and use.** The purpose of decriminalization is to: 1) decrease health disparities by race and socioeconomic status, 2) mitigate the negative health outcomes of police involvement and incarceration, 3) decrease unnecessary interactions with the criminal legal system that create social and systemic barriers to care, and 4) end the historical legacy of the War on Drugs.

Maintaining an illicit classification for possession and personal use of small amounts of cannabis flies in the face of individual liberty and freedom and leads to unnecessary interactions with the criminal legal system. Criminalization of cannabis deteriorates community relations with local police, increases the chance of racially-based policing and disproportionate punishment, and feeds a cycle of poverty in underrepresented communities. Penalties and incarceration resulting from cannabis charges subsequently reduce job opportunities and worsen health outcomes for the individuals involved as well as for their [spouses](#) and [children](#), leading to negative impacts on health generationally. These negative consequences exist without targeted public health or safety policies and worsen health disparities and inequity.

Additionally, we firmly believe the decriminalization of cannabis will reduce the associated stigma of substance use that leads people to avoid care for their mental health conditions. Cannabis use disorder is often secondary to the self-medication of underlying mental health conditions, including anxiety, depression, post-traumatic stress disorder, and chronic exposure to structural trauma. By reducing the stigma of cannabis use disorder, people will be more likely to pursue formal treatment for their cannabis dependency and receive proper medical treatment

for their mental health conditions in the process. Decriminalization of cannabis will reduce the social stress and altered life trajectory that result from involvement with a punitive carceral system and a perpetual cycle of addiction and unaddressed mental illness.

To be clear, we do not advocate for increased cannabis use for the general public due to low-level evidence for its therapeutic effect for most conditions. Cannabis use also carries risk potential for adverse mental health sequelae, including psychosis and paranoia, and has been shown to significantly reduce verbal memory and some areas of cognitive ability with [long-term use](#). However, compared to the high morbidity and mortality associated with other substances of abuse, including alcohol and cigarettes, the mortality rate for cannabis use is [effectively zero](#), making it the safest among all legal and illicit substances.

We recommend the following actions be taken by state and federal stakeholders:

1. Decriminalization of a reasonable amount of cannabis possession for personal use in all 50 states at the state and national level.
2. Automatic expungement of non-violent cannabis-related offenses from criminal records retroactively and sentencing review for currently incarcerated individuals in prison or jail for nonviolent cannabis-related criminal charges.
3. Increased funding of general mental health services for adolescents and adults, including inpatient and outpatient substance use counseling and treatment programs for cannabis use disorder in all age groups.
4. Expansion of specific re-entry support programs for individuals impacted by cannabis offenses, including [transition clinics](#), substance use rehabilitation programs, legal assistance, job training, and youth mentorship programs.
5. Education in high school health education or drug module curricula regarding the addictive potential of cannabis, effects on the developing brain, contamination with other drugs of abuse and dangers thereof, and adverse side effects.