



To: Members of the House Task Force on Medical Marijuana

From: Maria Bruno, Policy Manager for ACLU of Ohio

Re: HB 523

Date: May 3, 2016

Thank you to Chairman Schuring and to the House Select Committee on Medical Marijuana for allowing me to testify this afternoon. My name is Maria Bruno. I am a Policy Manager at the ACLU of Ohio.

The ACLU of Ohio firmly believes that banning substances of any kind should be limited, and that the drug laws as they currently exist today are highly problematic. I understand that this committee is solely pursuing legislation for medical marijuana. However, I'd like to emphasize that the ACLU of Ohio is in favor of general legalization. Additionally, the current climate of the war on drugs needs to be a consideration, because these issues are intertwined. This proposed medical marijuana legislation would have to coexist with the Ohio criminal code's treatment of marijuana.

HB 523 is a step in the right direction, but is an incomplete solution for those in need of medical cannabis. It appears the purpose of this law is to give patients with chronic and severe conditions access to medicine substantially less harmful and addictive than opiate painkillers. This committee has heard from a variety of patients, including parents of children with severe illnesses, who have stated unequivocally that however inconvenient, illegal, or immoral as some might judge it to be, marijuana is the medicine that works best to treat their condition. The legalization of medical marijuana would allow these patients access to a wider range of options for their medical care. Because this law is designed to target those with medical needs, it must include provisions that make the medicine accessible to those who need it.

1. Ensure access to effective care for those who need it

A successful medical marijuana proposal should be accessible. States such as Kentucky and Minnesota have put such burdensome restrictions on medical marijuana that the legalization is ineffective in actually providing patient access. Such restrictions also do little to nothing to limit black market marijuana sales. The ACLU asks that any restrictions on medical marijuana distribution and usage be practical, realistic, and reasonable including:

- A. Doctor autonomy-** Any medical marijuana bill that specifically limits the conditions allowed to be treated with medical marijuana would prevent doctors from determining the best treatment of patients. We oppose any restrictions on conditions that may be treated with medical marijuana and urge you to consider the importance of doctors' autonomy.

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B. Patient access – HB 523 currently does not go far enough to ensure patient access. An effective bill would i) allow smokable cannabis; ii) allow home-grow of cannabis plants and iii) give caregivers the right to administer treatment to patients.

i. Access to smokable cannabis - Many opponents of legalization have preconceived notions about what “counts” as real medicine versus a harmful drug. Many argue that smoking is not how one digests medicine. However inconvenient, science says otherwise. During the task force hearings, multiple doctors cited smokable cannabis as an indispensable part of cannabis-based medical treatment. Certain ailments—specifically those which induce tremendous physical discomfort, such as migraines and chemotherapy-related nausea, require a cannabis intake method that offers immediate, rather than delayed relief. Every half hour that a patient spends writhing in pain waiting for their medicine to kick in could be prevented by the legalization of smokable cannabis. Keeping smokable medical cannabis illegal is simply unjustifiable. Discomfort with the idea is not sufficient.

ii) Allow home-grow of cannabis plants – Patients in need of this medicine are—no surprise—suffering from illness. Therefore, they are more likely to be low-income and a less mobile community. Aspirin may not grow on bushes, but fortunately, cannabis does. Allowing home-grow of cannabis plants ensures that regardless of immobility, population sparsity, or other factors of convenience, patients get access to the medicine they need.

iii) Allow patient caregivers to administer cannabis medicine – Again, patients in need have limited mobility and physical health, and many are children. Allowing patient caregivers to administer cannabis medicine ensures that the patients with the most limiting illnesses and who are minors can still receive medical care.

2. Do not punish patients for their illnesses

Ohio’s drug laws contain a variety of mandatory minimum sentences. Any proposal to legalize medical marijuana will need to specifically address how the medical marijuana laws would implicate future prosecution of marijuana offenses. Any prospective proposal that does not specifically provide immunity or exceptions for distributors, manufacturers, patients, doctors, or other people involved in the legal distribution of medical marijuana would be incomplete as a practical matter.

Additionally, tracking medical marijuana doctors and users has the potential to create a very incriminating database. Due to state and federal regulations as well as the stigma that surrounds marijuana use, we would ask this committee to avoid gratuitous tracking mechanisms. While tracking may provide peace of mind to some, it also infringes on the privacy of patients and doctors, and potentially puts both at risk of targeted prosecution or intimidation.

3. Problems with legalizing only medical use of marijuana

The war on drugs has largely failed, and marijuana, like other illegal substances, is still easy to obtain. Legalizing only medical marijuana ensures that non-regulated users will continue to clog up resources in our overburdened criminal justice system and continue to be victim to well-documented racial disparities within our justice system. This limited scope also means that unregulated users will not be taxed, and there will be no age minimum or quality control on the substance.

Failing to legalize marijuana also continues to legitimize the failed war on drugs. This approach has cost American taxpayers over \$1 trillion dollars, led to explosive prison populations, and created an underclass of people with criminal convictions disproportionately in communities of color. Those who advocate that marijuana should be illegal have cited the fact that it functions as a "gateway drug." Tobacco and alcohol are well documented to be extremely addictive and medically harmful. They are legal. The testimonies that this committee has listened to show that marijuana aids many people with chronic illnesses, and is also relatively harmless in terms of physical addiction and side effects, especially when compared to both alcohol and tobacco. Why these two substances, that often are used as "gateway drugs," are legal while marijuana remains illegal makes no logical sense.

Further, if you believe that the free market is a valuable component of society, then we should let the market decide for marijuana as it does for cigarettes, alcohol, and over-the-counter medications.

Thank you for your time, I would be happy to answer any questions.