



Oregon

Kate Brown, Governor

Department of Transportation

Director's Office

355 Capitol St. NE, MS 11

Salem, OR 97301

DATE: April 1, 2015

TO: House Committee on Judiciary

FROM: Troy Costales, Transportation Safety Division Administrator
Oregon Department of Transportation

SUBJECT: House Bill 2025: Oregon Medical Marijuana Program and Diversion Agreements

INTRODUCTION

House Bill 2025 allows a defendant who possesses an Oregon Medical Marijuana Program (OMMP) card, or who has applied for an OMMP card, but not currently approved, to use medical marijuana while participating in a substance abuse treatment program as part of a Diversion Agreement, following a driving while under the influence of intoxicants (DUII) charge.

DISCUSSION

ODOT's Impaired Driving Program in the Transportation Safety Division works to reduce drunk and drugged driving through funding, supporting and providing public information, education programs and equipment and more to communities, law enforcement and other stakeholders such as the Governor's Advisory Committee on DUII. Substance abuse is a significant and costly problem for the State of Oregon and directly affects the safety of our residents. Nine out of ten impaired drivers in Oregon are ordered to complete substance abuse treatment as part of their Diversion Agreement because of a chemical dependency issue identified during their alcohol and drug evaluation screening.

One of the foremost tenants of a court-supervised Diversion agreement is sobriety and abstinence from intoxicating drugs and alcohol during the period of Diversion. Permitting an impaired driving defendant to continue to consume any intoxicant while undergoing substance abuse treatment undermines Diversion's purpose to address chemical dependency and to relearn safe and responsible driving habits to prevent DUII recidivism.

However, Oregon law does allow certain exemptions from the rule of abstinence, including small quantities of sacramental wine for religious purposes, prescription medicine, which is under the direct care of a doctor and specific as to dosage, frequency and method, and non-prescription medications taken in the manner and dosage recommended on the label.

House Bill 2025 presents three main concerns regarding the integrity and effectiveness of Oregon's diversion programs to prevent DUII recidivism. First, unlike prescription or over-the-counter medications, existing OMMP law does not require, and in practice does not include specifics as to dosage, potency, frequency or manner of consumption. Second, House Bill 2025 allows an exemption to be granted if a person has *applied* for a registry identification card under

the OMMP, they do not need to currently hold a registry identification card to be granted the exemption. Third, current law allows for a pharmacy-grade cannabinoid, such as Marinol, under the exemptions granted today which would provide more specific dosage, potency, frequency and manner of consumption information than the current OMMP medical marijuana.

SUMMARY

Current options available contain sufficient oversight and coordination between the courts, the treatment providers and the doctors to ensure that the defendant's medical needs are appropriately addressed while getting the maximum benefit from their Diversion Agreement and substance abuse treatment plan. The agency has significant concerns around House Bill 2025's added exemptions and Oregon's ability to maintain the integrity of the diversion programs designed to address substance abuse and prevent DUII recidivism. Broadening the current exemptions in statute to include use of medical marijuana is an unnecessary risk given the lack of specifics as to medical marijuana dosage, potency, and use, and the availability of existing exemption options in current law.