

April 1, 2015

Testimony regarding HB 2025

Chair and Members of the Judiciary Committee:

My name is Cheryl K. Smith. I am a Founding member of Compassionate Oregon, Chair of the Advisory Committee on Medical Marijuana and I was the Executive Director of Compassion Center, a Eugene medical marijuana clinic, for more than four years.

I requested that Representative McKeown introduce this bill because of harm to some patients who are undergoing Alcohol DUII Diversion under the current law.

Until a few years ago, a few diversion programs in Lane County allowed patients who were participating in the OMMP to continue to use medical marijuana while in diversion. Like opioids and other psychotropic drugs that patients are prescribed, the medical cannabis recommended by a physician may not have contributed to their bad choices and arrest. Circuit Court judge Debra Vogt then interpreted the law (correctly) to prohibit the use of medical marijuana because it is not “prescribed.”

A patient came to me at the Compassion Center, very upset that she would have to go back to using opiates because after waiting several months to get into a diversion program that allowed the use of medical cannabis, the judge’s opinion was conveyed to the program. She was then informed that unless she gave up the medical marijuana, she could not participate in diversion and would be going to jail.

This patient had successfully decreased her opiate use down to almost nothing—with medical marijuana—and the thought of going back to these drugs for pain control was distressing. (Using medical marijuana to decrease or eliminate opiates is called “harm reduction” and is well-documented in the literature.) Ironically, the patient would be allowed to use dronabinol or nabilone, which are pharmaceuticals using THC only and much less effective for most patients than cannabis, with its combination of cannabinoids.

The intent of this bill is simply to add medical cannabis to the list of drugs that *may* be used during diversion. That list current includes prescription drugs, OTC drugs and herbs. This amendment to the statute would not give carte blanche to all individuals with a DUII the right to use marijuana, particularly if diversion staff determine that there is a problem with it—just as with any other drug. The OMMA became law nearly 17 years ago; isn’t it way past time to heed its purpose of treating cannabis like other medicines?

HB 2025 will simply put the law into the position it was believed to be in for many years.

Thank you for your time and consideration.