SENATE BILL REPORT SJM 8017

As Reported by Senate Committee On: Health & Long-Term Care, February 2, 2012

Brief Description: Requesting that the Drug Enforcement Administration reclassify medical marijuana as a Schedule II drug.

Sponsors: Senators Kohl-Welles, Keiser, Murray, Delvin, Conway, Pflug, Tom, Regala, Fain, Fraser and Kline.

Brief History:

Committee Activity: Health & Long-Term Care: 2/02/12 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Keiser, Chair; Conway, Vice Chair; Becker, Ranking Minority Member; Carrell, Frockt, Kline, Parlette, Pflug and Pridemore.

Staff: Veronica Warnock (786-7490)

Background: Currently, the United States Drug Enforcement Administration (DEA) classifies marijuana as a Schedule I controlled substance. According to the DEA, drugs listed in Schedule I have no currently accepted medical use for treatment in the United States and, therefore, may not be prescribed, administered, or dispensed for medical use. In contrast, drugs listed in Schedules II-V have some accepted medical use and may be prescribed, administered, or dispensed for medical use, with controls.

In 1998 Washington voters approved I-692 which permitted the use of marijuana for medical purposes by qualifying patients. The Legislature subsequently amended the chapter on medical use of cannabis in 2007, 2010, and 2011. Under current law qualified patients may grow medical cannabis for themselves or designate a provider to grow it on their behalf. Up to ten qualified patients may pool resources and grow cannabis for their personal medical use by creating and participating in collective gardens. Patients are permitted to assert an affirmative defense at trial with proof of compliance with the medical cannabis law.

On November 30, 2011, Governor Christine Gregoire and Governor Lincoln Chafee of Rhode Island filed a petition with the DEA to reclassify marijuana as a Schedule II controlled substance.

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Summary of Bill: The Joint Memorial supports the petition recently submitted by Governor Gregorie and Governor Chaffee and requests that the DEA initiate rule-making proceedings to reclassify medical marijuana as a Schedule II drug.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Staff Summary of Public Testimony: PRO: Marijuana, LSD, and heroin are the only three drugs on Schedule I. Other drugs which are more harmful to an individual's health are able to be prescribed regularly. The prohibition on cannabis in the United States has provided Mexican drug cartels with billions of dollars and fueled drug related violence in Mexico. There are many substances on Schedule II which unlike marijuana are highly addictive. It would be more appropriate to request that marijuana be placed on Schedule V. Governors, mayors, and prosecutors across the county are in support of the Governor's petition. Qualified patients need to be able to obtain medical cannabis though pharmacies. This is the right thing to do based on science. While marijuana is not a completely begin substance it adverse effects are the same or less than other approved prescribed substances. The Wild West style regulatory systems has resulted in increased youth use and decreased youth perception of harm of marijuana. Rescheduling marijuana and putting it in pharmacies would reduce youth use of the drug.

CON: Rescheduling is not a political process. Rather, it must be based on science. This joint memorial does not respect the rescheduling process. We need to address this issue on a state level and reschedule marijuana under state law.

Persons Testifying: PRO: Senator Kohl-Welles, prime sponsor; Ezra Eickmeyer, WA Alternative Medicine Alliance; Jim Cooper, WA Association for Substance Abuse and Violence Prevention; Jason McGill, Office of the Governor.

CON: John Worthington, citizen.