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Currently, there is not an abundance of literature on the topic of legal marijuana for medical or recreational use, as those policies are state-based and relatively new. It has proved to be difficult for researchers to secure funding or permission from their institutions to conduct research as marijuana is categorized as a Category 1 drug at the federal level and comes with many inherent risks in any research endeavor. Nonetheless, that research body is growing and, at present, overwhelmingly supports the idea that legalization for either medical or recreational purposes would have several positive social effects. We expect that the public commentary, as well as the Columbia/Boone County Board of Health, will weigh in on these matters more fully.

However, for our part as the Commission on Human Rights, we support the notion that the case for legal medical marijuana does have a strong human rights component. For many years, we have known, for example, that white and black Americans self-report using marijuana illicitly at roughly the same rates¹, yet are arrested and prosecuted at wildly unequal rates².

This is a human rights issue for such inequality at least, but also because the opioid epidemic at the center of the present discussion falls disproportionately on already marginalized or vulnerable populations such as mothers with newborns³, people who have struggled with other forms of addiction, and, despite popular understanding that it is a predominantly “white” epidemic, people of color^{4 5} in many places. If we accept the premise in many of the materials presented to Council, that legalizing medical marijuana is correlated with a reduction in the use of opioids, then that presents a clear link to also alleviating a major social problem faced by these demographics.

The Commission fully endorses anything – legislation, initiative petition, or otherwise – that would achieve the goal of providing legal medical marijuana to Columbians, or Missourians overall, as available in a majority of American states⁶. We see access to this form of medicine, and indeed medicine in general, as a human right. This comes with an understanding that the power to endorse or adopt ultimately rests with the Council, and that it is your decision to deem which avenue best suits the city in pursuing legalization.

Zach Rubin
Chair, Commission on Human Rights

¹ Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014 (pg. 27).
<https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>

² Human Rights Watch (2009). Decades of Disparity: Drug Arrests and Race in the United States.
https://www.hrw.org/sites/default/files/reports/us0309web_1.pdf

³ Authors Duff Wilson and John Shiffman (Dec. 17, 2015). The Most Vulnerable Victims of America’s Opioid Epidemic: Helpless & Hooked. *Reuters Investigates*. <https://www.reuters.com/investigates/special-report/baby-opioids/>

⁴ John Keilman (Dec. 26, 2017). Black Victims of Heroin, Opioid Crisis ‘Whitewashed’ Out of Picture, Report Finds. *Chicago Tribune*. <http://www.chicagotribune.com/news/local/breaking/ct-met-heroin-crisis-african-american-impact-20171220-story.html>

⁵ Eugene Scott (Oct. 30, 2017). Native Americans, Among the Most Harmed by the Opioid Epidemic, are Often Left out of Conversation. *The Washington Post, Data*. https://www.washingtonpost.com/news/the-fix/wp/2017/10/30/native-americans-among-the-most-harmed-by-the-opioid-epidemic-are-often-left-out-of-conversation/?utm_term=.ffb776cbbcf2

⁶ State Marijuana Laws in 2018 Map. *Governing: The States and Localities*.
<http://www.governing.com/gov-data/state-marijuana-laws-map-medical-recreational.html>