

AMENDED IN ASSEMBLY AUGUST 25, 1997

AMENDED IN SENATE JUNE 3, 1997

AMENDED IN SENATE MAY 23, 1997

AMENDED IN SENATE MAY 20, 1997

AMENDED IN SENATE APRIL 10, 1997

AMENDED IN SENATE MARCH 31, 1997

SENATE BILL

No. 535

Introduced by Senator Vasconcellos
(Coauthor: Senator McPherson)
(Coauthor: Assembly Member Migden)

February 24, 1997

An act to add Section 11362.59 to the Health and Safety Code, relating to marijuana, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 535, as amended, Vasconcellos. Marijuana.

Existing law, the Compassionate Use Act of 1996, prohibits any physician from being punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes. The act prohibits the provisions of law making unlawful the possession or cultivation of marijuana from applying to a patient, or to a patient's primary care giver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral

recommendation or approval of a physician. Existing law establishes a Research Advisory Panel to study and approve research projects concerning marijuana or hallucinogenic drugs.

This bill would authorize the University of California to create a California Medical Marijuana Research Center Program to develop and implement medical marijuana studies intended to ascertain the general medical efficacy and safety of marijuana and to solicit proposals for research projects to be included in the studies. The bill would authorize the center program to raise funds and to include other research projects in the studies.

The bill would appropriate \$1,000,000 from the General Fund to the center program to conduct the studies.

The bill would require the Research Advisory Panel to assume the responsibility for creating the program if the regents of the university do not implement those provisions within 60 days of the effective date of the bill.

The bill would state that it is to take effect immediately as an urgency statute.

Vote: 2/3. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. This act shall be known and may be cited as the Medical Marijuana Research Act of 1997.

SEC. 2. The Legislature finds and declares all of the following:

(a) On November 5, 1996, the people of California, with more than six million voters votes, approved Proposition 215.

(b) There is public and scientific controversy regarding the medical efficacy and safety of marijuana.

(c) There is a need for objective scientific research regarding the efficacy of, and appropriate methodologies for administering medical marijuana regarding the efficacy and safety of marijuana as part of medical treatment.

SEC. 3. It is the intent of the Legislature that the state commission objective scientific research by the premier research institute of the world, the University of California, regarding the efficacy and appropriateness of administering medical marijuana: safety of administering marijuana as part of medical treatment.

SEC. 4. Section 11362.59 is added to the Health and Safety Code, to read:
11362.59. (a) The University of California shall create the California Medical Marijuana Research Center; the California Marijuana Research Program, which shall develop and implement medical marijuana studies intended to ascertain the general medical safety and efficacy of marijuana and, if found valuable, to develop medical guidelines for the appropriate administration and use of marijuana. The center program shall include the following elements:

(1) Key personnel, including clinicians or scientists and support personnel, who are prepared to develop a program of research regarding the efficacy and potential uses of medical marijuana for various illnesses; marijuana's general medical efficacy and safety. The program shall use a peer review process to evaluate proposals. The peer reviewers shall judge research proposals on several criteria, foremost among the criteria being both of the following:

(A) The specific merit of the research plan, including whether the research design and experimental procedures are potentially biased for or against a particular outcome.
(B) An evaluation of the qualifications of the research personnel, as determined by their training and demonstrated competence in conducting research, which shall include, but not be limited to, a review of their speeches, endorsements, and public statements.

(2) Procedures for outreach to patients with various medical conditions that may be suitable participants in research on medical marijuana.
(3) A patient registry.

1 (4) An information system that is designed to record
 2 information about possible study participants,
 3 investigators, and clinicians, and deposit and analyze data
 4 that accrues as part of clinical trials.

5 (5) Protocols suitable for research on medicinal
 6 marijuana addressing several diseases for which evidence
 7 exists that marijuana may be useful, including, but not
 8 limited to, wasting in AIDS, painful peripheral
 9 neuropathy in AIDS and other conditions, control of
 10 nausea and vomiting due to antineoplastic treatment,
 11 control of spasticity in conditions like multiple sclerosis,
 12 intracranial pressure in glaucoma, and seizure disorders.
 13 marijuana addressing patients diagnosed with
 14 AIDS/HIV, cancer, glaucoma, or seizures or muscle
 15 spasms associated with a chronic, debilitating condition.
 16 The program may add research on other serious illnesses
 17 provided that resources are available and medical
 18 information justifies the research.

19 (6) A specimen laboratory capable of housing plasma,
 20 urine, and other tissue specimens necessary to study the
 21 concentration of cannabinoids in various tissues, as well
 22 as housing specimens for related studies of possible
 23 studies of toxic effects of medical marijuana.

24 (7) A laboratory capable of analyzing marijuana,
 25 provided to the program under the provisions of this
 26 article, for purity and cannabinoid content and the
 27 capacity to detect contaminants.

28 (b) It is the intent of the Legislature that the center
 29 program be established as follows:

30 (1) The center program shall be located at a
 31 University of California campus that has a core of faculty
 32 experienced in organizing multidisciplinary scientific
 33 endeavors and, in particular, strong experience in clinical
 34 trials involving psychopharmacologic agents. The
 35 campus at which the center program is located shall
 36 accommodate the administrative offices, including the
 37 director, as well as a data management unit, and facilities
 38 for storage of specimens.

39 (2) The scientific and clinical operations of the center
 40 program shall occur partly at the campus where the

1 center is located, and partly at other campuses, both
 2 University of California and non-University of California,
 3 that have clinicians or scientists with expertise to conduct
 4 the required studies. If more than one proposal for a
 5 center program is submitted, criteria for selection shall
 6 include the elements listed in subdivision (a) and,
 7 additionally, shall give particular weight to the
 8 organizational plan, leadership qualities of the director,
 9 and plans to involve investigators and patient populations
 10 from multiple sites.

11 (3) The funds received by the center program shall be
 12 allocated to various research studies in accordance with
 13 a scientific plan developed by the group of investigators
 14 who wish to be part of the center program. As the first
 15 wave of studies is completed, it is anticipated that the
 16 center program will receive requests for funding of
 17 additional studies. These requests shall be reviewed by a
 18 council of investigators consisting of senior scientists
 19 associated with the center program, as well as by an
 20 advisory group of scientists and informed citizens.

21 (4) It is the intent of the Legislature that indirect cost
 22 recovery by the University of California shall be limited
 23 to a maximum of 15 percent of the annual state allocation
 24 to the center.

25 (4) All proposals approved by the program shall be
 26 reviewed and approved also by the Research Advisory
 27 Panel in accordance with Sections 11213 and 11480.

28 (c) The center program may immediately solicit
 29 proposals for research projects to be included in the
 30 medical marijuana studies. The center shall focus its
 31 efforts on medical indications for which existing research
 32 shows marijuana use to be most promising
 33 therapeutically. studies. All personnel involved in
 34 participation in proposals that are approved shall be
 35 authorized as required by Section 11604.

36 (d) The medical marijuana studies shall include the
 37 greatest amount of new scientific research possible on the
 38 medical uses of marijuana. The center, and medical
 39 hazards associated with, marijuana. The program shall
 40 consult with analogous agencies in other states in an

1 attempt to avoid the Research Advisory Panel, analogous
 2 agencies in other states, and appropriate agencies of the
 3 federal government in an attempt to avoid duplicative
 4 research and the wasting of research dollars.
 5 ~~(e)~~ The medical marijuana studies shall be designed to
 6 include the broadest variety of patients, physicians, and
 7 medical conditions as feasible.

8 ~~(f)~~ The center
 9 ~~(e)~~ The program shall make every effort to recruit
 10 patients and physicians qualified patients and qualified
 11 physicians from throughout the state for the medical
 12 marijuana studies.

13 ~~(g)~~ The medical marijuana studies shall follow

14 ~~(f)~~ The marijuana studies shall employ state-of-the-art
 15 research methodologies.

16 ~~(h)~~ The center shall ensure that all medical marijuana
 17

18 ~~(g)~~ The program shall ensure that all marijuana used
 19 in the studies is of the appropriate medical quality. If
 20 possible, the medical marijuana shall be obtained from
 21 quality and shall be obtained from the National Institute
 22 on Drug Abuse or any other federal agency designated to
 23 supply marijuana for authorized research. The center if
 24 the federal agencies fail to provide a supply of adequate
 25 quality and quantity within six months, the Attorney
 26 General of California shall provide an adequate supply
 27 pursuant to Section 11478. The program may review,
 28 approve, or incorporate studies and research by
 29 independent groups presenting scientifically valid
 30 protocols for medical research regardless of whether the
 31 areas of study are being researched by the committee.

32 ~~(h)~~
 33 ~~(h)~~ (1) To enhance understanding of the efficacy and
 34 adverse effects of marijuana as a pharmacological agent,
 35 the center program shall conduct focused controlled
 36 clinical trials on the usefulness of marijuana in conditions
 37 such as chronic pain, including AIDS neuropathy, utility
 38 of marijuana in treatment of nausea related to chronic
 39 disease or antineoplastic chemotherapy, utility as an
 40 anticonvulsant, usefulness in chronic inattention (wasting);

1 and treatment of glaucoma. The trials shall focus on
 2 comparisons between routes of delivery, including
 3 inhalational patients diagnosed with AIDS/HIV, cancer,
 4 glaucoma, or seizures or muscle spasms associated with a
 5 chronic, debilitating condition. The program may add
 6 research on other serious illnesses provided that
 7 resources are available and medical information justifies
 8 the research. The studies shall focus on comparisons of
 9 both the efficacy and safety of methods of administering
 10 the drug to patients, including inhalational, tinctural, and
 11 oral, evaluate possible uses of marijuana as a primary or
 12 adjunctive treatment, and develop further information
 13 on optimal dosage, timing, mode of administration, and
 14 variations in the effects of different cannabinoids and
 15 varieties of marijuana.

16 ~~(2)~~ The center shall examine the safety of medicinal
 17 ~~(2)~~ The program shall examine the safety of marijuana
 18 in patients with various medical disorders, including
 19 marijuana's interaction with other drugs, relative safety
 20 of inhalation versus oral forms, and the effects on mental
 21 function in medically ill persons.

22 ~~(3)~~
 23 ~~(3)~~ This section is limited to providing for objective
 24 scientific research to ascertain the efficacy and safety of
 25 marijuana as part of medical treatment and should not be
 26 construed as encouraging or sanctioning the social or
 27 recreational use of the drug.

28 ~~(j)~~ Within six months of the operative date of this
 29 section, the center shall report to the Legislature on the
 30 section, the program shall report to the Legislature, the
 31 Governor, and the Attorney General on the progress of
 32 the medical marijuana studies.

33 ~~(k)~~ Hereafter, the center
 34 ~~(j)~~ Thereafter, the program shall issue a report to the
 35 Legislature every six months detailing the progress of the
 36 studies. The interim reports shall include, but shall not be
 37 limited to, data on all of the following:

38 (1) The names and number of diseases or conditions
 39 under studies.

- 1 (2) The number of patients enrolled in the study per
- 2 disease.
- 3 (3) Any scientifically valid preliminary findings.
- 4 ~~(4) The center~~
- 5 ~~(k) The program shall no longer receive funding for~~
- 6 ~~the medical marijuana studies after three years.~~
- 7 ~~(m)~~
- 8 (l) In order to maximize the scope and size of the
- 9 ~~medical marijuana studies, the California Medical~~
- 10 ~~Marijuana Research Center may do both of the following:~~
- 11 ~~marijuana studies, the program may:~~
- 12 (1) Solicit, apply for, and accept funds from
- 13 foundations, private individuals, and all other funding
- 14 sources that can be used to expand the scope or
- 15 timeframe of the medical marijuana studies that are
- 16 authorized under subdivision (a). In no case shall the
- 17 center program expend more than 5 percent of its
- 18 allocated general fund funding in efforts to obtain money
- 19 from outside sources.
- 20 (2) Include within the scope of the ~~medical marijuana~~
- 21 studies other ~~medical marijuana~~ research projects that
- 22 are independently funded and that meet the
- 23 requirements set forth in subdivision (a). In no case shall
- 24 the program accept any funds that are offered with any
- 25 conditions other than that the funds be used to study the
- 26 efficacy and safety of marijuana as part of medical
- 27 treatment. Any donor shall be advised that funds given
- 28 will be used to study both the possible benefits and
- 29 detriments of marijuana and that he or she will have no
- 30 control over the use of these funds.
- 31 ~~(n) No provision of this section or Section 11352.62~~
- 32 ~~(m) No provision of this section shall apply to the~~
- 33 University of California except to the extent that the
- 34 Regents of the University of California, by appropriate
- 35 resolution, make that provision applicable. If the Regents
- 36 of the University of California do not implement this
- 37 section within 60 days of the effective date of this section,
- 38 the Research Advisory Panel established pursuant to
- 39 Section 11480 shall assume the responsibility accorded to
- 40 the University of California by subdivision (a).

- 1 ~~(o) It is the intent of the Legislature that if the~~
- 2 National Institutes of Health issues research protocol
- 3 guidelines, the GAMMRC shall comply with the guidelines.
- 4 ~~(n) It is the intent of the Legislature that the program~~
- 5 ~~shall, before any proposals are approved, seek to obtain~~
- 6 ~~research protocol guidelines from the National Institutes~~
- 7 ~~of Health and shall, if the National Institutes of Health,~~
- 8 ~~issues research protocol guidelines, comply with those~~
- 9 ~~guidelines. If after a reasonable period of time of not less~~
- 10 ~~than six months, but not more than a year, from seeking~~
- 11 ~~to obtain guidelines none have been approved, the~~
- 12 ~~program may proceed using research protocol guidelines~~
- 13 ~~it develops.~~
- 14 SEC. 5. The Legislature hereby appropriates one
- 15 million dollars (\$1,000,000) from the General Fund to the
- 16 California Medical Marijuana Research Center to
- 17 California Marijuana Research Program to conduct the
- 18 medical marijuana studies pursuant to Section 11352.59
- 19 11362.59 of the Health and Safety Code. It is the intent of
- 20 the Legislature to appropriate a like amount through the
- 21 budget process for the second and for the third years of
- 22 the studies.
- 23 SEC. 6. This act is an urgency statute necessary for the
- 24 immediate preservation of the public peace, health, or
- 25 safety within the meaning of Article IV of the
- 26 Constitution and shall go into immediate effect. The facts
- 27 constituting the necessity are:
- 28 The people of California have expressed their wishes
- 29 regarding the use of medical medical use of marijuana by
- 30 passing Proposition 215 in November 1996. Controversy
- 31 regarding the medical efficacy of marijuana is being used
- 32 to prevent seriously ill Californians from pursuing their
- 33 options in this regard in a timely fashion, and the
- 34 controversy ought to be resolved by the expeditious
- 35 conduct of objective scientific research. In order to
- 36 ensure that the Legislature keeps the faith and will of the
- 37 people, and addresses the immediate needs of
- 38 Californians who have a legitimate medical use of
- 39 marijuana, it is necessary that this act take effect
- 40 immediately regarding the medical efficacy and safety of

1. *marijuana ought to be resolved by the expeditions*
2. *conduct of objective scientific research.*

O



State of California
Office of the Attorney General
Daniel E. Lungren
Attorney General

August 26, 1997

Honorable John Vasconcellos
California State Senate
State Capitol
Sacramento, California 95814

Dear Senator Vasconcellos:

I am pleased to endorse the latest amendments incorporated into Senate Bill 535. These amendments make it possible for this office to support the legislation.

Law enforcement and California's citizens will benefit from a thorough, objective study of the controversy surrounding the use of marijuana as medicine. It is unfortunate that this sort of definitive study could not have occurred before the passage of Proposition 215, but it is never too late to let good science shine light on a subject so that false notions can be set aside.

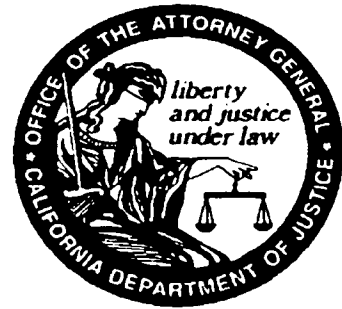
You and your staff are to be complimented for your willingness to work with many disparate interests to put this research structure in place, I am pleased to support this effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Lungren".

DANIEL E. LUNGREN
Attorney General

NEWS RELEASE



Attorney General Dan Lungren
California Department of Justice

<http://caag.state.ca.us>

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ATTORNEY GENERAL LUNGREN ANNOUNCES HIS SUPPORT FOR SENATE BILL 535 -- RESEARCH INTO MEDICAL MARIJUANA

CONTACT: Rob Stutzman
(916) 324-5500

FOR IMMEDIATE RELEASE
August 26, 1997
97-87

SACRAMENTO -- Attorney General Dan Lungren today announced his support for Senate Bill 535 which will establish a three-year study into the efficacy and safety of marijuana for medicinal purposes.

Lungren said, "the voters of California have made it clear that they want -- in the words of the initiative -- 'seriously ill Californians to have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate.' The still unanswered question is, when is it appropriate for marijuana to be used?"

Senate Bill 535 calls for an unbiased group of researchers based at the University of California to study the scientific controversy surrounding medical marijuana.

Lungren originally opposed Senate Bill 535, authored by Senator Vasconcellos (D-Santa Clara). Over the past year, Senator Vasconcellos worked with Lungren's office to revise the bill so that it addressed Lungren's concerns.

- more -

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“Past studies of marijuana, notwithstanding, California needs a definitive study,” said Lungren. “This bill will fill the many information gaps that have made it difficult for ordinary Californians to know whether marijuana has any medicinal value.”

Lungren also called on Californians to renew strong opposition to the recreational use of drugs and for California’s youth to not misconstrue the purpose of SB 535.

“I also want to make a special point to California’s youth,” stated Lungren. “ We are calling for a study of marijuana for medicinal purposes. We are not condoning the use of marijuana or any other illegal drug. A recent study showed declining rates of youth marijuana use in 48 states, but increases in two -- California and Arizona -- where pro-marijuana ballot measures passed in November. So while I hope that this legislation will clearly define the medicinal value of marijuana, if any is to be found, I also hope we will redouble our efforts to re-stigmatize recreational use of marijuana as stupid behavior which destroys life potential.”

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CALIFORNIA DISTRICT ATTORNEYS ASSOCIATION

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August 22, 1997

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The Honorable John Vasconcellos
Member, State Senate
State Capitol, Room 4061
Sacramento, CA 95814

RE: SB 535--Support as to be amended

Dear Senator Vasconcellos:

On behalf of the California District Attorneys Association, I am pleased to offer our support of your measure SB 535, as proposed to be amended. Your measure proposes to appropriate \$1 million to the University of California to research what, if any, medicinal value marijuana possesses.

As you are probably aware, CDA A opposed Proposition 215. We believed, as we still do today, that the measure was poorly drafted and could lead to abuses beyond what the public envisioned when it passed the initiative by a sizable margin.

However, the voters have spoken. Physician-recommended use of marijuana is now an affirmative defense to the possession and cultivation of marijuana under California law. As such, it is now vitally important that there be sufficient data on which physicians can determine whether to recommend marijuana to their patients. The CDA A Board of Directors concurs with your assessment that existing data on this matter is inadequate.

If I may answer any questions, please do not hesitate to contact me.

Very truly yours,

Lawrence G. Brown
Executive Director

LGB/kjh

pc: Honorable Daniel E. Lungren, Attorney General
Honorable George Kennedy, President, CDA A

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August 25, 1997

Honorable John D. Vasconcellos
California State Senate
State Capitol, Room 4061
Sacramento, CA 95814

Re: SB 535

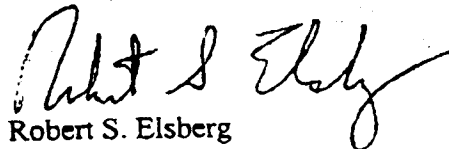
Dear Senator Vasconcellos:

The California Narcotic Officer's Association (C. N. O. A.) with a current strength of approximately 7,000 members dedicated to the suppression of illegal controlled substances in California, offer our support to SB 535 as it is proposed to be amended. SB 535 appropriates \$1 million of general fund money to conduct scientific research to determine what, if any, medicinal value marijuana possesses. There clearly is a difference of opinion within the medical profession and the public at large as to what, if any value that smoking marijuana may have on sick and dying people. Only a scientific study should substantiate whether smoking marijuana has any value as a medicine.

Surely, if scientific studies determine that smoking marijuana provides medical relief for critically ill patients, CNOA could support marijuana as a scheduled controlled substance that could be prescribed similar to any other medicine and obtained at any pharmacy.

Do not hesitate to contact me if I can answer any additional questions on this issue.

Sincerely,



Robert S. Elsberg
Legislative Chairman



PUBLIC ISSUES OFFICE, CALIFORNIA DIVISION, INC.

July 24, 1997

The Honorable John Vasconcellos
California State Senate
State Capitol, Room 4061
Sacramento, CA 95814

Subject: SB 535 - Support

Dear Senator Vasconcellos:

On behalf of the volunteers and staff of the American Cancer Society, I am pleased to inform you of our **SUPPORT** of **SB 535** and commend you for introducing such an important piece of legislation.

Pain is a major health problem in this country; especially the kind of pain that is sometimes encountered in patients with cancer. According to experts, the treatment of pain and accompanying symptoms (i.e., fear, anxiety, depression, weakness, nausea, and vomiting) needs to be considerably improved. This is in spite of the fact that there are agents and techniques presently available that can provide relief for the majority of those patients.

In its amended form of June 3, 1997, SB 535 focuses on medical marijuana research. American Cancer Society now supports SB 535 because it is consistent with our long-held position of supporting research of any agent or technique for which there may be evidence of a therapeutic advantage.

I look forward to working with you on this issue. If I can assist you in any way, including research, testimony or other kinds of material support, please feel free to call.

Sincerely,

A handwritten signature in cursive script that reads "Theresa M. Renken".

Theresa M. Renken
Legislative Advocate

NEWS

John Vasconcellos

Senator, District 13

The Heart of Silicon Valley

Chair: Committee on Public Safety,
Select Committee on Economic Development, Subcommittee on Aging

FOR IMMEDIATE RELEASE
August 26, 1997

Contact: Rand Martin
916/445-9740

Lungren, Law Enforcement Support
Medical Marijuana Research Bill

Senator John Vasconcellos (D-Santa Clara) and Attorney General Dan Lungren today announced agreement on amendments to SB 535 that have gained the endorsement of California's law enforcement community. SB 535 appropriates \$1 million to the University of California to conduct research on the efficacy and safety of marijuana as medical treatment.

"Eleven months ago, Dan Lungren and I were on opposite sides of Proposition 215, one of the most passionately debated initiatives of the 1996 general election," said Vasconcellos. "Whatever our differences about that medical marijuana initiative, together we appreciate the critical importance of our state conducting objective, responsible, peer-reviewed research on medical marijuana. Questions have been raised, the federal government to date has failed to try to answer them; the voters of California have placed us on the cutting edge of this issue, it is incumbent our state fill that research void.

"I appreciate Mr. Lungren's offer to negotiate amendments to SB 535 and the heroic work of his staff and mine. After two months of negotiations, we have an agreement that maintains the integrity of the bill's research goals while responding to law enforcement concerns. The Attorney General and I share a commitment to pure, unbiased research, a goal which SB 535 embodies."

Law enforcement support was represented by Santa Clara County District Attorney George Kennedy, President of the California District Attorneys Association, and Mike Gilbert, Past President of the California Narcotics Officers Association. Vasconcellos and Lungren were joined by the bill's co-authors, Senator Bruce McPherson (R-Santa Cruz) and Assemblywoman Carole Migden (D-San Francisco).

-more-

The major amendments to SB 535 include the following:

- makes explicit the peer review process must ensure the objectivity of research personnel, evaluating their qualifications including their speeches, endorsements and public statements.
- prohibits private donations to marijuana research under this bill that come with any conditions or restrictions.
- requires the state to comply with research guidelines developed by the National Institutes of Health unless NIH fails to provide such guidelines within six months of the state's request.
- conforms to existing law by requiring research protocols be reviewed and approved by the state's existing Research Advisory Panel.
- requires the Attorney General to provide an adequate supply of the drug if the federal government fails to provide a supply within six months of the state's request.
- provides legal protection and authorization for research personnel.
- clarifies that this section is not intended to condone social/recreational use of marijuana.

Vasconcellos was also pleased to announce the American Cancer Society joined the California Medical Association and California Nurses Association in supporting SB 535.

SB 535 passed the Senate floor with 7 Republican and 20 Democratic votes and the Assembly Higher Education committee with 2 Republican and 6 Democratic votes. It is pending in the Assembly Appropriations Committee.

#####

PLEASE RESPOND TO:

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Assembly California Legislature

CAROLE MIGDEN

ASSEMBLYWOMAN, THIRTEENTH DISTRICT

Chairwoman

Assembly Committee on Appropriations

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Natural Resources
Public Employees, Retirement
and Social Security
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Special Committee on
Welfare Reform
Select Committee on California
Horse Racing Industry
Select Committee on
Professional Sports

SB 535: MARIJUANA RESEARCH ACT OF 1997 STATEMENT OF ASSEMBLYWOMAN CAROLE MIGDEN AUGUST 26, 1977

These days there's a lot of talk about marijuana. That it's the gateway to harder drug use. That more and more young people are using it. That Proposition 215 has put us on the proverbial slippery slope.

Well SB 535 isn't about any of that, and I am proud to be here today to support it. SB 535 will provide the mechanism to once and for all -- and in a logical and scientific way -- answering the question of whether marijuana can be used to help relieve the suffering of people with HIV/AIDS and other debilitating conditions. That is what Proposition 215 was all about -- being compassionate -- not fostering an "alternative lifestyle". And that's why the people of California voted for it.

SB 535 will bring the resources of the great University of California to bear on whether the medical use of marijuana is efficacious and safe. In other words, it should make all the objections go "up in smoke". The results of this objective research will give doctors better knowledge of the effective uses of marijuana and in the long run enable them to prescribe it for their patients without fear of being arrested. It will also give real people with real suffering an effective alternate treatment without fear of social stigma or legal consequences.

SB 535 allows us to be both compassionate and responsible.

