



Mary Jane Borden

Bio & Talking Points

Bio

Mary Jane Borden is a writer, artist, and activist in drug policy from Westerville, Ohio, where the Anti-Saloon League laid the foundation for prohibition 100 years ago. Borden holds a BA from Westerville's Otterbein College and an MBA from the University of Dayton. She also earned the prestigious Accredited in Public Relations (APR) certification from the Public Relations Society of America.

Borden's interest in drug policy spans 30 years. For nine years, she worked as a Research Analyst for Adria Laboratories, in its time the largest marketer of cancer therapy agents in the United States. She combined her knowledge of the pharmaceutical industry with her long-term interest in drug policy to join the staff of DrugSense/MAP in 2000 and its board in the capacity of Secretary in 2005. DrugSense is a 501(c)(3) non-profit organization dedicated to accuracy in the media concerning drug policy in order to heighten awareness of the unjust "War on Drugs." In the capacity of Business Manager, she has written and produced nearly all of its grant applications and marketing materials.



In 2009, she joined the staff of Common Sense for Drug Policy as Editor of *Drug War Facts*, a website and paperback book that compile charts, facts, and figures from government sources and peer-reviewed journals.

For almost ten years, Borden has been a public policy advocate for safe, legal access to medicinal cannabis in Ohio. She has participated in running non-profits, crafting legislation, meetings with numerous state legislators, hiring professional lobbyists, and hearings for three bills.

The nine years she spent analyzing pharmaceuticals underpins her understanding of drugs and drug policy and gives her a wide perspective on this important issue. To underscore the overwhelming support for medicinal cannabis, Borden composed the analytical white paper, *The People Have Spoken: Medical Marijuana Public Opinion Polling 1996-2002*. She also penned a condemnation of modern day discrimination in the essay, "Chemical Bigotry," published by the Disinformation Company in 2004 as a part of its compilation, *Under the Influence*. Borden is an accomplished artist of over 50 drawings and paintings in such mediums as pencil, pen/ink, and acrylic. Fifteen detailed pencil drawings are matted, framed, and ready for gallery display as a show entitled, *A Few of My Friends on Drugs*.

Talking Point 1: Drug policy is the #1 public policy issue of our times.

Drug policy is the number one issue of our times, bar none. No other social issue so universally affects all human beings regardless of status, income, location, or gender. We are all chemically based and affected by what we ingest. The policies we enact regarding these substances impact us all, especially as new drugs come to market and as new uses for old or illegal ones are found. Policies toward drugs affect many social issues, whether overtly or covertly. Banking, terrorism, the environment, poverty, disease, and public health, to name a few, have a strong drug policy component, which is often exacerbated by repressive laws.

Talking Point 2: Drugs should be viewed holistically.

We continually hear about new drugs coming to market and even new conditions popping up for them to treat. It seems absurd to label a handful of substances 'illegal', while a host of other harmful ones, including alcohol and tobacco, are overtly promoted. What's worse, illegal drugs are defined as such based on their presumed harm and lack of medicinal value (Schedule 1), though the opposite may be true. However, many new drugs also engender deadly side effects and may be of little therapeutic value to some people. It is time we looked at all chemical substances, legal and illegal, holistically and saw not only their potential for harm, but also their potential for good.

Talking Point 3: Drug policy reform is an issue of social justice.

Drug prohibition, a.k.a. the “War on Drugs,” represents one of the greatest modern-day social injustices. It has fueled incarceration rates resulting in more than two million people behind bars, 25% on drug-related charges, with people of color comprising as much as three-quarters of them in some states. In addition, the “war” approach to drugs has thwarted research into the therapeutic potential of marijuana, MDMA, and LSD. In the name of “protecting” children, current policy has undermined individual liberty and human rights. Asset forfeiture, mandatory minimum sentencing, racial profiling, an increasingly corrupt police force, and escalating drug use are societal problems and injustices that can be traced to drug prohibition.

Talking Point 4: The U.S. pharmaceutical industry’s business model is broken.

The manner in which the pharmaceutical industry develops, manufactures, and markets drugs is quickly becoming unsustainable. It can take dozens of years and hundreds of millions of dollars to develop pharmaceuticals. To make matters worse, these products are often expensive and harmful as illustrated by former brands like Vioxx, Baycol, and Meridia. If any other industry sold products that killed an estimated 100,000 of its consumers each year while charging them exorbitant prices, it would be shut down. For profit companies react more to demand than to need, which accounts for several ‘ED’ brands, but shortages of flu vaccines. A new model, perhaps non-profit, may be necessary to address the medicinal needs of AIDS, the bird flu, and other worldwide pandemics.

Talking Point 5: Prohibition is a failed concept; reducing harm is best hope.

My unique understanding of worldwide drug policy combines nine years analyzing the legal pharmaceutical market and six years digesting media about illegal drugs. This knowledge caused me to conclude that prohibition is a failed concept. The best that humans can hope to do is manage drugs: reduce the harm associated with consuming various substances, including legal ones, while simultaneously resisting the temptation to prohibit them due to their perceived harm.

Talking Point 6: Drug policy is ignored until it becomes personal.

People often put their heads in the sand about drug policy until a tentacle crushes them. Maybe a relative receives a long sentence for minor drug possession. Perhaps an injured friend has problems finding adequate pain relief. A loyal employee might be required to prove his innocence by taking a drug test. People remain oblivious to this topic until it hits home, as it does more frequently. The “War on Drugs” affects real people. Prosecutions should be reserved for violent and predatory criminals, not drug possession.

Talking Point 7: Why he and not me?

I was diagnosed in early childhood with a genetic bone disorder now termed Multiple Hereditary Exostosis (MHE). This disruption in the genetic code causes ‘bumps’ to grow at the ends of long bones. A very rare condition, MHE occurs in only 1-2 people per 100,000. Anyone with more than 20 bumps anywhere on their body is considered a severe case. I have 20 just on my right arm and hand. More than 20 years ago, Multiple Congenital Cartilaginous Exostoses (also now called MHE) served as the basis for Irv Rosenfeld’s (no relation) admission to the FDA’s Compassionate IND program, which allowed him to legally use cannabis as medicine, a privilege that continues to this day. Since both he and I have this rare condition, since we both use cannabis to treat it, since his use is legal, and since the Fourteenth Amendment to the U.S. Constitution provides ‘equal protection under the law’, I have to ask: Why he and not me?

Talking Point 8: My real name is Mary Jane.

My real name is ‘Mary Jane.’ In drug policy and cannabis activism circles, I’m often quizzed about my name. Is it real or a pseudonym? My father named me ‘Mary Jane’ shortly after I was born. My family tree reveals that all of the women on my father’s side of the family were named either ‘Mary’ or ‘Jane’. The combination was perfectly logical and inevitable. It had nothing to do with cannabis.

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P.O. Box 1306
Westerville, OH 43086
(614) 890-2485

Business Manager, DrugSense
mjborden@mapinc.org

DrugSense bio
www.drugsense.org/pages/mjborden

Editor, *Drug War Facts*
mjborden@drugwarfacts.org