

Mary Alleger
216 Spinosa Street
Reynoldsburg, OH 43068
(614) 975-8993
m.e.alleger@gmail.com

Chairman Manning, Vice Chair Reynolds, Ranking Member Hicks-Hudson, and members of the Judiciary Committee. Thank you for allowing my proponent testimony today for Senate Bill 26 of the 135th General Assembly, which would increase the legally defined limit of driving under the influence of marijuana.

I want to start by thanking Chairman Manning for sponsoring this much-needed piece of legislation. The issue of balancing the use of medical marijuana as a medicine and the need for vehicle safety is a delicate issue and needs to be addressed

My name is Mary Alleger and I am an Ohio medical marijuana patient. I am also a mother, and a student at the University of Maryland, Baltimore, where I am soon to graduate with a Master of Science degree in Medical Cannabis Science and Therapeutics. Part of my education is studying the pharmacokinetics of cannabinoids. For those who do not know, pharmacokinetics is “the activity of drugs in the body over a period of time, including the processes by which drugs are absorbed, distributed in the body, localized in the tissues, and excreted” (NCI Dictionary of Cancer Terms, n.d.).

The lack of patient protection in this program is a constant worry for me. One of the things I worry about is being charged with an OVI for using medication that lingers in my system. Medical marijuana is known for staying in the system for thirty days or more because it is stored in fat cells. It doesn't leave the body as quickly as other drugs do. Because of this, it puts all Ohio medical marijuana patients at risk.

Currently, the law states that in order to be found driving under the influence of marijuana, you must be found having 10 nanograms of THC per milliliter in the urine. However, “The long-term storage of THC in fat is consistent with the observation that heavy cannabis users continue to give positive urine samples ($>20 \text{ ng}\cdot\text{mL}^{-1}$) after 77 days of drug abstinence” (Ellis et al., 1985, as cited in Gunasekaran et al., 2009). This means it is possible for a legal medical marijuana patient to get charged with an OVI even after abstaining from marijuana for a month or longer under the current law.

Additionally, the law states that in order to be found driving under the influence of marijuana, you must be found having a blood concentration of at least 2 nanograms of THC per milliliter in the person's whole blood or blood plasma. According to a systemic review by Peng et al. (2020), five studies reported that THC can be found in the blood plasma of some users in concentrations of 3 ng/mL or higher, even after six days since their last use. In the same systemic review by

Peng et al. (2020), two of the studies had participants that had THC blood plasma concentrations of 7.5ng/mL or higher after an entire day of abstaining.

THC can linger in the system for more than 60 days. I have personally experienced a situation where I was being urine-screened regularly over the course of a year. I was not using cannabis for 9 months of that year, yet continued to test over the limit every time. I am a larger individual with a high tolerance to marijuana. My daily use of medical marijuana for PTSD puts me at great risk to be accused of driving while under the influence, even if I have not used marijuana in days or even weeks.

There are many patients like me and we are all at risk. Not everyone can take on the burden of litigation and lawyer fees to prove their innocence. There will be wrongfully convicted patients and those who cannot afford representation. It will affect not only the individual but their entire families – especially if they have children. We need to make sure the law defines the legal limit of THC in the system in a way that is not discriminatory toward medical marijuana patients.

I urge you to support Senate Bill 26 for the safety and protection of all Ohio medical marijuana patients. Thank you for your time and consideration on this matter. I am happy to take any questions you may have.

References

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