Medical Marijuana, Race, and Social Justice

**The Beginning: Racist Drug War Origins**
Marijuana prohibition in the U.S. – including the prohibition against using marijuana medicinally – is rooted in racism. Harry Anslinger, the first commissioner of the Federal Bureau of Narcotics, helped to initiate the war on drugs by spreading racist beliefs on drugs and drug use that persist to this day.

Amongst the racist stereotypes used to further the drug war were the ideas that marijuana use inspired the “satanic jazz and swing music” produced by African-American communities.

**Past to Present Day: Higher Rates of Arrest and Health Disparities**
Over 75 years later the racism in drug laws may be less explicit but it is no less pervasive. People of color are much more likely to be targeted, detained, arrested and convicted for marijuana use than white people. Over 85% of those arrested for marijuana possession in New York City are Black and Latino, mostly young men, even though young white men use marijuana at higher rates.

Unfortunately, those communities most likely to be targeted for marijuana possession arrests are the very same communities facing high rates of illness for which medical marijuana is indicated. As a result of inequalities in access to health care, exposure to environmental health hazards, and other socio economic factors, communities of color often suffer from higher rates of chronic illness like HIV/AIDS as well as certain types of cancer. For example, 74% of those living with HIV or AIDS in New York State are Black or Latino. Black women have the highest breast cancer death rates of all racial and ethnic groups and are 40% more likely to die of breast cancer than white women.

Until New York’s new medical marijuana law takes effect, many patients and their caregivers will continue to purchase medical marijuana from the illicit market. No one, regardless of race, should have to go to jail or prison for using a medicine. Patients and families of color are more likely to face criminalization as a result of the intersecting consequences of disproportionate policing and illness in communities of color.

**What’s At Stake: How New York State’s Medical Marijuana Program Can Serve Communities of Color**
It’s important to note that, because of our racial disparate marijuana laws, people of color often face greater risks than white people in coming forward to advocate for medical marijuana and other marijuana policy reforms. Simply put, a white patient using medical cannabis illegally is unlikely to be targeted by the police compared to a similarly situated person of color. Black or Latino healthcare providers who advocate for medical marijuana will likely face a different kind of scrutiny and sanction than their white counterparts.
And the impacts of systemic racism go beyond patients and physicians. In other jurisdictions that have passed medical marijuana laws, the new, lucrative marijuana industry is dominated by white entrepreneurs. Michelle Alexander, author of *The New Jim Crow*, states:

“After waging a brutal war on poor communities of color, a drug war that has decimated families, spread despair and hopelessness through entire communities, and a war that has fanned the flames of the very violence it was supposedly intended to address and control; after pouring billions of dollars into prisons and allowing schools to fail; we’re gonna simply say, we’re done now? … I think we have to be willing, as we’re talking about legalization, to also start talking about reparations for the war on drugs, how to repair the harm caused.”

To insure that communities of color - the communities most devastated by our marijuana policies in New York and nationwide - have a fair shot at participating in this new legal industry, we need to mobilize people to fight for regulations that create these opportunities.

The Department of Health also has discretion over the pricing of medical marijuana, which will impact whether patients in low-income communities of color can purchase this vital treatment through the legal industry. The law states that the Health Commissioner will determine the per dose cost for each form of medical marijuana. We need to advocate to prevent low-income patients from getting priced out of safe and legal medical marijuana in New York State.

Furthermore, there are other conditions disproportionately affecting communities of color, like sickle cell disease, which the new law doesn’t cover. However, with sustained advocacy, we could lobby to add these conditions providing relief to people who could really use it. The Commissioner of Health has the power to add conditions eligible for medical marijuana at any time.

**Winning the War: Fighting for Racial Justice in the Medical Marijuana Program**

We need non-marijuana users and white allies to advocate on behalf of those who are vulnerable on this issue. We also need to support the leadership of people of color in advocating on the issues that impact them directly. At Compassionate Care New York we can find avenues for advocacy that accommodate concerns about confidentiality, safety and stigma while providing an opportunity to make a real difference in the issues that matter to you, your family and your communities.

Remember, advocating for a change in the laws and policy is not illegal; in fact, it’s a civic duty that all New Yorkers should have the opportunity to engage in regardless of privileges of race and class. Contact Compassionate Care NY at compassionatecareny@gmail.com to talk about how you can get involved, meet with legislators, have your voice heard in the media or outreach to your community. We need you in the fight for racial justice and compassionate care.