

# THE CLARION

"CALLING FOR AN END TO CANNABIS PROHIBITION"

## Cannabis is Medicine

**It has been used for thousands of years to treat a wide variety of ailments.**

Marijuana (*cannabis sativa* L.) was legal in the United States for all purposes – industrial and recreational, as well as medicinal – until 1937. Today, only six Americans are legally allowed to use marijuana as medicine nationally. Even though Marijuana, in its natural form, is one of the safest therapeutically active substances known. No one has ever died from an overdose. It is also extremely versatile. Included in the list of its general therapeutic applications:

- (1) Relief from nausea and increase of appetite;
- (2) Reduction of intraocular ("within the eye") pressure;
- (3) Reduction of muscle spasms;
- (4) Relief from mild to moderate chronic pain;

Marijuana is often useful in the treatment of the following conditions:

- \* **Cancer:** marijuana alleviates the nausea, vomiting, and loss of appetite caused by chemotherapy treatment.
- \* **AIDS:** marijuana alleviates the nausea, vomiting, and loss of appetite caused by the disease itself and by treatment with AZT and other drugs.
- \* **Glaucoma:** marijuana, by reducing intraocular pressure, alleviates the pain and slows or halts the progress of the disease.
- \* **Multiple sclerosis:** marijuana reduces the muscle pain and spasticity caused by the disease. It may also relieve tremor and unsteadiness of gait, and it helps some patients with bladder control.
- \* **Epilepsy:** marijuana prevents epileptic seizures in some patients.
- \* **Chronic pain:** marijuana reduces the chronic, often debilitating pain caused by a variety of injuries and disorders.

Each of these uses has been recognized as legitimate at least once by various courts, legislatures, government, or scientific agencies throughout the United States. Many well-respected organizations and associations at federal and state levels, have supported the use of marijuana as medicine.

In addition, anecdotal evidence exists that marijuana is effective in the treatment of arthritis, migraine headaches, pruritis, menstrual cramps, alcohol and opiate addiction, and depression and mood disorders. Marijuana could benefit as many as five million patients in the United States. However, except for the six individuals given special permission by the federal government, <continued on page 4>



### Judge Prejudiced Against Patients In The OMMP

Robert Gray, a Salem area businessman and a patient in the OMMP (Oregon Medical Marijuana Program), is asking Judge Remley, Marion County Court, to step down from hearing his parole violation hearing for drinking alcohol. Remley was quoted in court as saying, "I know what the problem is, they don't want people smoking dope in (drug and alcohol) class", exposing his opinion that cannabis isn't a medicine.

This statement has become part of an ongoing investigation by the Medical Cannabis Resource Center (MCRC) into alleged <see BIGOT, page 3>

**The CLARION, your basic Cannabis Law Reform Information and Outreach Newsletter, is a an all-volunteer, not-for-profit venture committed to ending cannabis prohibition. It is intended to inform and educate the reader on the medical truth about cannabis and the benefits of hemp.**

For compliments about the CLARION, call or stop on by and thank our volunteer staff. Complaints, etc is the department of Perry Stripling - editor.

## Contact Us Today!

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*Check it out!*

the CLARION would not be possible without the fine folks at the



Many thanks for their support.



Volunteers at the Medical Cannabis Resource Center help maintain a storefront at 1695 Fairgrounds Road in Salem in order to assist people with the Oregon Medical Marijuana Program. They do not have a full staff (yet!), so call ahead for hours.

## What's in a Name ...

**Capital City Voter Power** is changing its name to the **Medical Cannabis Resource Center**. This does not reflect a shift in their philosophy or mean a break with Voter Power, in fact they think this will improve their ability to support the organization. The change is in order to protect the majority in the case of federal involvement in the issue in Oregon. Should Ayatollah Ashcroft and the Bush League saddle up their high horses and come here to save us from ourselves, they won't be able to take out a bunch with one stroke. Assuming they will follow the usual strategy of first seizing any assets people may use to defend themselves (bank accounts, computers) or continue their message, the hope is to de-centralize and spread them out. Remember, they don't need to "win" the case, they just need to shut them up and frighten the rest.

The Medical Cannabis Resource Center (MCRC - "Mercy") will continue the ideals set forth by Voter Power - to educate and activate the public as they provide medicine and support for the people of the OMMP.

## Dr. Leveque Resumes Clinics

You can't keep a good man down, and, so, Dr. Phillip Leveque has begun seeing patients following the end of his 90-day suspension. As you readers may recall, he was disciplined by the Board of Medical Examiners for being too humane. He has started by qualifying potential new patients under the Oregon Medical Marijuana Act. Clinics are scheduled: at Voter Power, 333 S.W. Park Ave., Portland. **Aug. 5, 12, 14 and 26**, between 10:30 a.m. and 4 p.m. Call **(503) 224-3051** for an appointment.

If you suffer from a debilitating medical condition and you <see **EVENTs**, next page

# All the news that's fit to print. And then some!

## EVENTS:

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think marijuana alleviates your condition, but your doctor won't qualify you, Voter Power might be able to help. They can explain the exact requirements of the law, and ways to get your physician's approval. But if that doesn't work, and if you have records diagnosing a debilitating illness or condition covered by the Oregon Medical Marijuana Act, Dr. Leveque might be able to help. The cost is \$175, be prepared to provide copies of your relevant medical records.

### Beginning Grow Classes

The notorious pot felon Phil Smith, who once legally grew while serving time for growing, (don't ya just love the in-justice system?) will lead classes on growing for beginners from noon to 4 p.m. this **Aug. 17**. Only cardholders registered under the Oregon Medical Marijuana Act may take part. The classes will be held at Voter Power, 333 S.W. Park Ave., Portland. For more details and to register in advance, so the instructor can prepare properly, please call Voter Power at (503) 224-3051 or 1-800-669-3037. The cost is \$25.

### Hoping for a LEAP year

A unique drug reform group, LEAP opened their doors on July 14, 2002. The main focus of this group is to educate governmental legislative bodies, the media, and the public.

What makes this group so unique is LEAP is comprised of current and former police officers, who speak from a position of professional experience when articulating the absolute futility of an incarceration approach to drug policy and the public-safety harms resulting from the current drug policies. Led by Jack A. Cole, a retired Lieutenant with a 26-year career in the New Jersey State Police and 12 years as an undercover narcotics officer, LEAP, which stands for Law Enforcement Against Prohibition, symbolizes the first crack in the monolithic myth that all police officers support the "war on drugs."

Please take a minute to visit their website ([www.leap.cc](http://www.leap.cc)) to learn more about them. They need for the people publicize LEAP and help them to grow and become a major force in the legislative debates and ballot questions this fall. Contact them at:

Law Enforcement Against Prohibition  
27 Austin Road, Medford, MA 02155  
**781-393-6985 -or- [jackacole@leap.cc](mailto:jackacole@leap.cc)**

### Cops Support Initiative

The Marijuana Policy Project's initiative campaign in Nevada to legalize cannabis for adults has secured the endorsement of the Nevada Conference of Police and Sheriffs. With more than 3,000 members statewide, NCOPS is the largest police association in Nevada. "As a former law-enforcement officer, I know that a simple marijuana arrest takes me off the street for half my shift," said NCOPS President Andy Anderson today as he announced his organization's ground-breaking endorsement. "Passage of Question 9 will ensure that more cops are on the streets to protect our citizens from violent crime and the threat of terrorism." If you are a student of marijuana policy reform, you know that law-enforcement officials are usually the primary opponents of reform, so visit "Nevadans for Responsible Law Enforcement" at: <http://www.NRLE.org> for more information.

< from **BIGOT**, page 1 > prejudice against OMMP patients. This process started when the MCRC received reports of Remleys treatment of another OMMP patient, Joe Salazar. Mr. Salazar is currently in the Marion County Jail, courtesy of Judge Remley, for use of his legally authorized medicine. Remley was hearing Mr. Salazar's case for testing positive for his medicine while on probation on another issue. Upon hearing that Mr. Salazar needed the medication and that he felt it was his legal right, the judge was quoted as saying he didn't care about the law and would jail him for use.

As many of you patients know, all too often no other medicine will do. And, so Mr. Salazar now finds himself another victim in the war on powerless people who use cannabis as medicine. Further, again, Judge Remley was heard in court as referring to OMMP patients as "dope users".

The Medical Cannabis Resource Center is taking action. While they continue the education to counter 60+ years of propaganda, they will struggle to pursue the case against Judge Remley and all those who use the power granted by the people for their own personal moral playground, double-standards and all. Stay tuned for more details from your friendly neighborhood activists at the MCRC!

### DEA: No Amount Too Small! Seizes Portland Man's Old Marijuana

The U.S. Drug Enforcement Administration last (May 24) followed through on its plans to seize 2.5 grams of marijuana that the Portland Police Bureau has been holding for three years and was scheduled to return to its owner.

The aging buds are the property of Samuel Nim Kama, a 52-year-old heart bypass patient who uses marijuana to control nausea brought on by his numerous other medications.

After Portland police seized the tin of pot from him in 1999, Kama was able to convince state authorities that he was allowed to use it under Oregon's Medical Marijuana Act. But the property remained in police lockup while the city fought in court to keep Kama from getting it back. When the city lost that fight earlier this month, the DEA stepped in with a federal seizure warrant.

Now it has traveled to the Bay Area, where it shall reside in storage in a DEA facility. <continued on page 4>

<continued from MEDICINE, page 1> marijuana remains illegal nationally – even as medicine! Even with recent state initiatives, individuals currently suffering from any of the aforementioned ailments, for whom the standard legal medical alternatives have not been safe or effective, are left with two choices: (a) Continue to suffer from the effects of the disease; (b) or Obtain marijuana illegally and risk the potential consequences, which may include: (1) an insufficient supply because of the prohibition-inflated price or unavailability; (2) impure, contaminated, or chemically adulterated marijuana; (3) arrests fines, court costs, property forfeiture, incarceration, probation, and criminal records.

### Background

The Marijuana Tax Act of 1937 established the federal prohibition of marijuana. Dr. William C. Woodward of the American Medical Association testified against the Act, arguing that it would ultimately prevent any medicinal use of marijuana. The controlled substances act of 1970 established five categories or "schedules", into which all illicit and prescription drugs were placed. Marijuana was placed in schedule I, which defines the substance as having a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

This definition is simply not accurate. However, at the time of the controlled substances act, marijuana had been illegal for more than 30 years. Its medicinal uses had been forgotten and its "reefer madness" stigma was still prevalent. Marijuana's medicinal uses were rediscovered as a result of the tremendous increase in the number of recreational users in the 1970s:

### The struggle in court

In 1972, NORML initiated efforts to reschedule marijuana by submitting a petition to the bureau of narcotics and dangerous drugs – now the drug enforcement agency (DEA). After 14 years of legal maneuvering, the DEA finally acceded to NORML's demand for the public hearings required by law. Following the hearings, which lasted two years and included thousands of pages of documentation as well as the testimony of numerous physicians and patients, a decision was reached.

On September 6, 1988, the DEA's chief administrative law judge, Francis L. Young, ruled:

*"Marijuana, in its natural form, is one of the safest therapeutically active substances known. ...*

*" ... [T]he [provisions of the [controlled substances] Act permit and require the transfer of marijuana from schedule I to schedule II.*

*"It would be unreasonable, arbitrary and capricious for DEA to continue to stand between those sufferers and the benefits of this substance. ..." [Docket no. 86-22]*

Marijuana's placement in schedule II would allow doctors to prescribe it to their patients. Bureaucrats in charge of the DEA rejected Judge Young's ruling and simply refused to reschedule! It seems as long as the DEA – a law enforcement agency – is allowed to set it's own criteria to determine what is "medicine", the courts will be unable to require the DEA to reschedule marijuana.

However, Oregonians want seriously ill medical patients to be able to use medical marijuana in a way that doesn't encourage drug abuse. The Oregon Medical Marijuana Act (OMMA), passed in Nov. 1998 as Measure 67, a state initiative, now allows patients to possess and grow small amounts of medical marijuana within this state.

To find out more, read the text of (OMMA) the Oregon Medical Marijuana Act to understand the legal conditions and restrictions which govern medical growing and use of cannabis in Oregon. And/or, stop by or contact some of the folks listed on the back page.

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### FIGHT OVER TINY BIT OF POT ABSURD

Less than 1/8 an ounce of pot, worth \$30 ( in today's grossly overinflated marketplace ) maybe has now cost all individuals and agencies involved what - -- thousands and thousands of dollars? The absurdity here is monumental. In reality, that index-finger-sized bud is worth pennies. But our federal government's propensity for round pegs in square holes demands absolute moral rigidity, so heinous is the crime of cannabis possession.

Reefer Madness is alive and well.

### Patients Fight Back, Challenge Feds' Crackdown On Medical Marijuana

Washington, DC: Medical marijuana patients and activists targeted an estimated 60 Drug Enforcement Administration (DEA) offices June 6 in a nationwide "Day of Action" to protest the federal government's increasing crackdown on California's medical marijuana patients and dispensaries.

The planned protest came only days after federal agents raided the Aiko Compassion Center - a medical marijuana dispensary in Santa Rosa, California - and arrested two of the club's proprietors. The raid is the fourth since October, following the busts of high-profile medicinal cannabis cooperatives in Los Angeles, Sacramento and San Francisco.

Although federal law enforcement officers have publicly denied that they are targeting medical marijuana clubs - dozens of which have operated openly and with the support of community officials since the passage of California's Proposition 215 in 1996- court records obtained by The Santa Rosa Press Democrat reveal that last week's raid was not related to any larger drug trafficking operation. <continued next page>

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Fearing additional raids by the federal government in both California and other states that have legalized the use of medical pot, patients and marijuana-law reformers retaliated today by confronting DEA outposts in 60 cities and presenting the Feds with "Cease and Desist" orders stating: "Effective immediately, any person who makes unauthorized entry into medical marijuana dispensaries operating lawfully under state jurisdiction will be subject to coordinated grass-roots resistance."

Rob Kampia, executive director of the Marijuana Policy Project, said in an interview that DEA officials have raided five "buying clubs" in California since October.

"Instead of five raids since October we might see five in the next week" after the court issues its ruling, he said. As many as 20 similar clubs currently operate in the state, he said.

"The federal government for political reasons having nothing to do with healthcare has been blocking patients' access to medical marijuana," said Robert Raich, an attorney representing the cannabis clubs. California is one of eight states that allow individuals to grow or use small amounts of marijuana for medical purposes as long as the use is ordered and supervised by a doctor. California's cannabis clubs, while not legal under state laws, have largely been ignored by state and local authorities there.

Americans for Safe Access, which coordinated the protests, called the demonstrations an escalation "of our resistance to the federal government's expanding war on democracy and patients in need of safe access to medical marijuana."

In Washington DC, several drug law reformers demonstrated by chaining themselves to the entrance of the Department of Justice. Ten individuals were arrested in the protest, including Kevin Zeese, president of Common Sense for Drug Policy.

NORML Executive Director Keith Stroup said nationwide protests demonstrate the marijuana-law reform community's resolve to stand up for the rights of the seriously ill and those who provide medicine for them. "These dispensaries play a necessary and positive role in their community: providing medicine in a safe and regulated environment, and present no threat to public safety," he said. "By targeting these clubs and the patients who rely on them, the federal government is trying to stifle an entire movement. Today's action is our way of letting the feds know that we are not about to stand by and let that happen."

For more information, please contact Donna Shea, NORML Foundation Legal Director, at (202) 483-8751 or visit the Americans for Safe Access website at: <http://www.safeaccessnow.org>.

### **Why I Put Myself At Risk for Medical Marijuana By Kevin Zeese**

On June 6 reform activists organized demonstrations in 55 cities at DEA offices across the United States to protest their continued prosecution of community-based marijuana dispensaries, growers and patients. The DEA continues its prosecution even though research proves medical marijuana is the most effective treatment

available for many people with chronic pain and other serious illness. They ignore seven statewide referenda where the public voted overwhelmingly for medical marijuana. They ignore court decisions that demonstrated that marijuana should be available as a medicine. They've ignored efforts to negotiate to resolve the matter and ensure safe access for the seriously ill. Despite all the evidence and overwhelming public support, our democratic will is still pushed aside by the Federal Government.

These are some of the reasons why I joined ten other reform leaders in Washington, D.C. in closing down the employee's entrance to the Department of Justice. We decided to take direct action, even if it meant risking arrest - even though my organization Common Sense for Drug Policy does not advocate illegal activity nor does it encourage its staff to engage in illegal activity. The federal government is closing all alternatives to resolving this matter. As individuals we must challenge them. A religious reform leader recently posted Dr. Martin Luther King Jr.'s "Letter from a Birmingham Jail to a group of reform advocates.

When Dr. King's explanation for when direct action is appropriate was applied to medical marijuana it was evident that we had no choice but to be civilly disobedient and stand up against the injustice of federal government attacks on medical marijuana patients and their dispensaries. Their refusal to follow votes, research, needs of patients and court rulings left us no choice. Direct action against the perpetrators of this injustice was necessary. Medical marijuana providers in states that have voted for allowing medical use are heroes who are risking serious criminal charges for providing medicine to the seriously ill. Reformers across the country need to stand up and say no more - we need zero tolerance for medical marijuana injustice. The medical marijuana issue is not a new one for me. In 1978 when I first became involved in reform I worked on NORML's lawsuit in the US Court of Appeals in Washington, D.C.

We challenged the DEA's refusal to allow medical access to marijuana. During this litigation, and others where I represented patients being prosecuted for marijuana offenses, I received scores of phone calls from doctors and patients who told similar stories about how incredibly useful marijuana was to very seriously ill people who would suffer needlessly without marijuana -but with marijuana they were criminals. After we won in the court of appeals and forced the DEA to hold an administrative law hearing on medical marijuana I worked with the Alliance for Cannabis Therapeutics, a group of patients and their advocates, to develop the evidence supporting medical marijuana. In doing so we not only compiled the testimony of dozens of patients, doctors, nurses and researchers but we also compiled the published research in medical journals and by state departments of health that unequivocally showed that marijuana is a safe and effective medicine. The DEA also put forward their best case and in hearings across the United States we cross-examined these witnesses. The case continues to be the largest compilation of information on medical marijuana in any court proceeding.

Our case was overwhelming. Indeed, the Chief Administrative Law Judge for the DEA, Francis L. Young, ended up ruling strongly in our favor.

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Judge Young rejected as "specious" the most common argument of the DEA -allowing medical use will send the wrong message saying: "The fear of sending such a signal cannot be permitted to override the legitimate need . . . of countless suffers for the relief marijuana can provide . . . ."

That was 14 years ago and the DEA has only escalated its efforts to block the seriously ill from getting much needed medicine.

Unfortunately, Judge Young's ruling was a recommendation to the politically appointed head of the DEA. The DEA, predictably, rejected his ruling. Of course we appealed. Surprisingly we won, surprising because administrative law strongly favors the administrative agency. The court sent it back to the DEA for reconsideration. The DEA again ruled against medical access. We appealed and won again. But the DEA remained obstinate and on our final appeal we lost - not because of the facts but because a basic tenet of administrative law is the courts defer to the agency.

In the late-1980s research on medical marijuana was in the final phase of a three-step research process. Two states - New York and California - were conducting large-patient population research studies that when completed would finish the final research phase and make marijuana available as a medicine. By this time 34 states had passed laws allowing the use of marijuana in research programs. At this critical moment the First Bush Administration halted all research on medical marijuana. There was no opportunity for public comment, no hearings - just an internal agency decision that ignored state law, court decisions, research findings and the urgent need of patients.

This frustrated medical marijuana patients -like a kettle covered while boiling the pressure was building. Activists in San Francisco put a medical marijuana referendum on the ballot in the mid 1990s - Proposition P - it passed overwhelmingly. In 1996 California passed proposition 215 - a series of states followed - Alaska, Washington, Oregon, Nevada, Colorado, Maine and Washington, DC. Every state that considered the issue voted in favor of medical marijuana. Then Hawaii became the first legislature to pass a medical marijuana bill, other states began moving in that direction. Local governments began to implement the laws. Some put in place a patient ID card system run by their Health Department or the prosecutor investigated the medical dispensaries to ensure they were lawful. Local medical associations began to educate their colleagues about medical use of marijuana. Some cities began to find ways to make the new laws work - in the midst of the federal government's war on marijuana where the FBI estimates 735,000 were arrested last year.

The feds reacted with threats to doctors, arrests of growers, patients and dispensaries. They put out false information -saying there was no research supporting medical use - even after a million dollar National Academy of Sciences research project they commissioned concluded marijuana had medical value for some patients. Federal drug officials escalated scares about marijuana's dangers by making exaggerated claims of harm. In my hometown, Washington, DC, they were successful in

blocking the counting of the ballots on medical marijuana for one year after the vote occurred. In the end, when a court forced the count we won by a landslide but the Congress blocked implementation of the will of the people.

The feds continue to do everything they can, spending your tax dollars, to block the seriously ill from getting their medicine.

We still hope the federal government will come to its senses -stop punishing the seriously ill in order to prop up their failed drug war -allow safe access to medical marijuana so that the will of the people can become reality. But, today we needed to make a statement -we will not go away -we will no longer tolerate any more injustice - we will stand together against their denial of medicine -and in the end, we will prevail.

*Mr. Zeese serves as President of Common Sense for Drug Policy and is an attorney who has worked for safe access for medical marijuana for 24 years. CSDP can be contacted via phone: 202-332-9101 -- fax 202-518-4028, or their website: <http://www.csdp.org>*

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## Smoking in the Boardroom

From corporate America to suburbia, pot makes its mark on the mainstream

He lives with his wife and kids in an tidy, old San Diego neighborhood. His two children, both in elementary school, play soccer. He takes them to games on Saturdays in his minivan. He also has a secret: Several nights a week, when the homework is finished and the kids are in bed, he slips outside to the dark space between his garage and his neighbor's hedge.

He plucks a dried, green marijuana bud from a Ziploc bag, packs a pipe and inhales deeply. Then he goes upstairs, showers and changes his clothes so the kids won't smell smoke if they wake up and want their Daddy.

"In my social circle, lots of people smoke pot," said the 40-something communications executive who asked that his name not be used because he's afraid of losing his job. "They are all professionals. Most have children. If we have a dinner party, a few of us will go outside and have a toke."

Not everyone would be shocked to learn this respectable citizen, earning a good living enjoyed smoking dope in the evenings. He is in the company of doctors, lawyers, stock brokers and even members of law enforcement who furtively get high in their garages and on their decks, all the while terrified they'll be found out by their neighbors, employers and children.

They are America's most secretive potheads - a vast underground of otherwise upstanding citizens secretly subverting the nation's drug laws.

President Bush's TV commercials link buying drugs with supporting terrorism. The U.S. government spends hundreds of millions on border patrols and overseas drug interdiction. But to these upscale stoners, the drug war has nothing to do with them - it's as remote from their Neighborhood

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<continued from previous page> Watch-protected streets as drug cartel shootouts in Tijuana.

They believe smoking weed is about as serious as fudging on your taxes, on the level of claiming the computer you bought for your kid was a business expense. And scoring good pot is a lot like popping open a '94 reserve cabernet: a harmless little indulgence that takes the edge off a stressful day.

"To me, casual marijuana use is really no different than the casual drinking of hard alcohol," said the communications exec. "As long as you're doing it responsibly, at times when you're not caring for your children or driving, it's really no big deal - other than that it's illegal."

Gauging the prevalence of marijuana-smoking among otherwise well-behaved, middle-class adults isn't easy. Most current research focuses on usage among teens or people arrested for other crimes. In one recent survey by Partnership for a Drug Free America, 15 percent of couples with children admitted to smoking marijuana in the last year.

They're not all mean-street dysfunctionals or '60s burnouts. "We see the casual use of marijuana in all socioeconomic environments," said Alex Groza, a San Diego police sergeant and member of the Drug Enforcement Agency's Narcotics Task Force. " ... It's more accepted by society than ever."

A 2000 Gallup poll found 34 percent favor legalizing marijuana, up from 12 percent when the question was first asked in 1969. Voters in eight states have approved medical marijuana initiatives. And polls show more than 70 percent support medical marijuana. Has pot smoking - once feared as a dangerous habit of the counterculture - become an unremarkable part of mainstream America? Pot smokers would have you believe it.

"I mow my lawn on Saturdays. I put chlorine in the pool. I put gas in my SUV. I go to my kid's plays at school and the stupid bake sales," said Bob, a 40-something Web designer from Vista. "I also happen to enjoy marijuana. And there are a lot of people out there just like me."

The National Organization to Reform Marijuana Laws (NORML) is trying to prove it. Their goal: get 100 prominent Americans - CEOs, CPAs, MDs - to publicly proclaim they smoke pot in an open letter to major newspapers. So far, few have agreed.

In 2000, there were 1,579,566 drug arrests nationwide, according to FBI statistics. Nearly half - 734,497 - were for marijuana. Of those, 646,042 people were arrested for possession. But upper-middle-class stoners aren't worried about getting busted by police. Police admit it: There's little chance they're going to arrest suburbanites quietly smoking a joint in the privacy of their own tract home.

"The police department doesn't go around snooping in people's houses to see if they're smoking a joint at the kitchen table," said Groza, the San Diego police sergeant. Upstanding stoners are discreet. They don't buy dope on street corners. They have connections - friends or business associates who deal or grow the marijuana themselves. To keep their risk down, they buy in small quantities. Possession of less than an ounce marijuana in California is a misdemeanor that carries little more than a \$200

fine. (The fine for running a red light is higher.)

Nor do upscale cannabis connoisseurs smoke ordinary pot. They smoke premium strains with names such as "Chronic" and "BC Bud" - highly potent pot that's often cultivated using a sophisticated system of hybridized plants, artificial lights and a soil-less growing system called hydroponics.

One former parole agent said he spends as much on marijuana as a car payment on a Beemer: \$400 a month. He lights up most mornings with his cup of coffee. He and his wife frequently host parties attended by prominent members of San Diego government and business. The former parole agent supplies the pot. Whoever wants it simply smokes it discreetly in the back yard, out of respect for those who don't.

Jeff Jarvis and his wife, Tracy Johnson, a 40-year-old couple from a Portland suburb, are among the few suburbanites actually trying to promote their pot smoking. They have a pro-pot Web site called **jeffandtracy.com**. Their motto: "We're your good neighbors. We smoke pot."

The couple said they were turned down when they tried to buy pro-pot advertising space on city buses, park benches and in their state's largest paper, the Oregonian. Nor would any radio station in their area run their ad - even the station that carries the "Howard Stern Show."

"We set out to counteract the propaganda being put forth by groups like the Partnership for Drug Free America that portray drugs in general and pot smokers in particular as losers and bums," said Tracy, a homemaker. Since he started his campaign, Jeff Jarvis, a self-employed software engineer, said he hasn't lost a single client.

But others fear they have much to lose. The communications exec believes he'd be fired if he made it known that he smokes pot - "If anyone found out, my life would be ruined." His paranoia is well-founded. Corporate America, largely out of liability concerns, does not tolerate drug use. In 2001, 67 percent of companies surveyed by the American Management Association tested their employees for drugs. Of those, 61 percent did pre-employment testing of job applicants and 50 percent drug-tested employees.

Marijuana can be detected in the urine for two to four weeks, depending on the potency and how much was smoked. Nearly every large firm he deals with has a "for cause" drug-testing policy, enabling employers test workers suspected of using drugs. It's also routine to drug test anyone who has an accident on job or who files a worker's compensation claim.

The punishment for people who test positive for marijuana is straightforward: If you're caught, you are instantly fired. The communications exec believes there's almost no chance of that happening to him. His company doesn't do random tests. He said he could, and would, stop immediately if that was the case.

"It doesn't affect me as a husband or a father. It certainly doesn't affect my job," he said. "It's just a way to relax and kick back for the night."

*Distributed without profit to those who have expressed a prior interest in receiving the included information for research and educational purposes.*

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## "How do I get started in complying with OMMA?"

*Guidelines for Completing the Application for Registration in the Oregon Medical Marijuana Program.*

**(1) Get Forms** from the OHD (Oregon Health Division, 800 NE Oregon St., Portland, OR 97232), among other sources (!) and begin the process of Applying. **Get and fill out the Application for Registration in the Oregon Medical Marijuana Act Program.** Call (503) 731-4002, ext. 233 and ask a representative of the Oregon Health Division for an OMMA application packet – or – write to OHD, P.O. Box 14450, Portland, OR 97293-0450 and they'll send you one. Or visit their site

> <http://www.ohd.hr.state.or.us/oaps/mm/welcome.htm> <  
and download forms from there.

**NOTES:** (a) Please complete Part A of the Application Form. Please provide a copy of a photo identification card as requested. If information on the front of the card is not current (for example, if your address has changed) please also photocopy the back of the id. (b) If a person over the age of 18 provides assistance to you, and you would like for that person to also receive a registration card, please complete Part B of the form, and provide a copy of photo i.d. of the primary caregiver. [Note: there is no additional fee for a primary caregiver registration card.] (c) Completion of Part C is optional. Please be sure to sign your name in Part D. (d) If you are a minor (under the age of 18), your parent or guardian must complete the Declaration of Person with Primary Custody of a Minor form. The form must also be notarized.

**(2) Set an appointment & have your doctor sign the Oregon Health Dept. form – or – get a copy of your chart notations showing medical marijuana "may help alleviate symptoms".** Your physician must be an MD or a DO licensed to practice in Oregon under ORS 677. He or she must provide signed, valid, written documentation stating that you are his/her patient, that you have been diagnosed with a debilitating medical condition covered by the Act, and that the medical use of marijuana may mitigate the symptoms or effects of your condition. This documentation may be in the form of a copy of your chart notes, a letter, or the attached Attending Physician's Statement form. [Note: chart notes or a letter must include all elements of the Attending Physician's Statement form.]

**(3) Send in your application with registration fee.** In order for your application to be complete, a fee of \$150 must be paid by check or money order. Please make payable to: Oregon Health Division and send payment with your application forms and/or other materials. All information will be verified. Upon receipt of a complete application, you will be issued a medical marijuana registration card by the Oregon Health Division. Call them at (503) 731-4002, ext. 233 if you have any questions.

**(4) Wait. All information will be verified.** Upon receipt of a complete application, you will be issued a medical marijuana registration card by the Oregon Health Division. Please call (731-4002, ext. 233 if you have any questions.

**(5) Join a local group of patients and caregivers.** Help educate your circle of support about OMMA and the medical properties of marijuana and in general. Help with the implementation of OMMA.

## Patiently Networking

These are organizations that help people become patients, help in finding doctors or educating their current, and aid in obtaining medicine and networking with other patients.

### PORTLAND: Voter Power

333 SW Park Ave, Suite 305 - call for current hours.  
503.224-3051 \* [www.voterpower.org](http://www.voterpower.org)

**Medi-juana** \* Patient advocacy & support.  
503. 284-2589

the **OMMA Web Page** by Rick Bayer, MD  
[www.omma1998.org](http://www.omma1998.org)

### SALEM: Medical Cannabis Resource Center

1695 Fairgrounds Rd. - call for current hours  
(503-363-4588) \* [MercyCenter@hotmail.com](mailto:MercyCenter@hotmail.com)  
[pdxnorml.org/orgs/mcrc](http://pdxnorml.org/orgs/mcrc)

**Contigo-Conmigo** \* Monmouth, Oregon  
<http://www.or-coast.net/contigo/>

**Stormy Ray Foundation** \* 1-503-587-7434  
P.O. BOX 220086, Portland, Oregon 97269  
<http://www.stormyray.org/>

### EUGENE: Eugene Compassion Center

1055 Bertelsen #10 - Office Hours: M-F Noon-6pm \*  
PH# 541.484.6558, FAX# 541.484.0891  
<http://www.compassioncenter.net>

**BEND: Central Oregon Medical Marijuana Network**  
(COMMnet) \* 541.280-2390

### COAST: Southern Oregon Medical Marijuana Network

(SOMMnet) \* 541.469-9999 \* [www.somm-net.org](http://www.somm-net.org) \*  
P.O. Box 6734, Brookings, OR 97415

### American Alliance for Medical Cannabis - Oregon

\* P.O. Box 47, Arch Cape, OR 97102-0047 \*  
<http://home.pacifier.com/~alive/aamcoregon.htm>

### JACKSONVILLE: Southern Oregon Voter Power

(SOVP) \* 541.890-0100

### ROSEBURG: Douglas County Voter Power (DCVP)

541.445-2886

### Alternative Medicine Outreach Program (AMOP)

541.459-0542