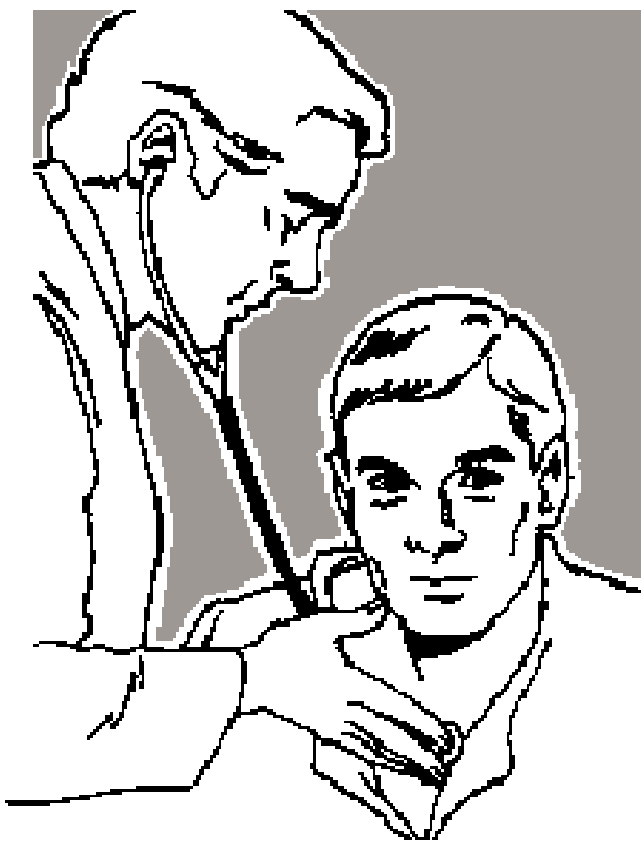


# THE CLARION

"CALLING FOR AN END TO CANNABIS PROHIBITION"

## Doctors Win One



### War On Sick People and Doctors

by Rick Bayer, M.D.

"Many doctors know little about pain control and even fewer prescribe adequate doses of necessary pain relievers..."

Drug Policy Reformers come from many different backgrounds but share the idea that the War on Drugs is a huge failure and causes irreparable damage both within and outside of our national borders

The WoD has a serious and potentially deleterious impact on every American because it directly restricts your physician's ability to provide pain and symptom relief. Perhaps your family members have had difficulty obtaining pain relief for chronic illnesses; or someone you know has had problems obtaining relief at the end of life. <continued on page 6 >

### FEDS CAN'T SANCTION FOR RECOMMENDING POT

#### Ninth Circuit Appeals Court Rules Government Threats Violate Free Speech, Exceed Congressional Authority

A federal appeals court in San Francisco ruled on Tuesday, 10/29/02, that the federal government may not sanction or revoke the licenses of doctors who recommend marijuana to their patients.

The ruling, by a three-judge panel of the United States Court of Appeals for the Ninth Circuit, is the biggest legal victory yet for voter initiatives in nine states that legalized marijuana for medical purposes. It upholds a 2-year-old court order prohibiting such federal action and is one of several cases resulting from medical marijuana laws on the books in eight states. The ruling enjoined the Justice Department from revoking physicians' federal licenses to prescribe medicine if they discussed medicinal cannabis with their patients. The policy was blocked before any licenses were actually revoked.

Federal prosecutors argued that such tactics are necessary because doctors are **interfering with the drug war** (!?) and **circumventing the government's judgment** (!These are crimes now?) concerning marijuana's medical benefits. People using our government continue the party line that cannabis has no medical value. The San Francisco-based court disagreed with the fed-paid attorneys that the actions were necessary, much less constitutional.

#### SOME HISTORY

The case was an outgrowth of legislation, Proposition 215, which California voters approved in 1996 and allows patients to grow and possess marijuana so long as they have a doctor's written or oral recommendation. It says doctors may not be punished for making such a recommendation. Following the measure's passage, the Clinton administration said doctors who recommended marijuana would lose their federal licenses to prescribe medicine, could be excluded from Medicare and Medicaid programs, and could face criminal charges.

U.S. District Judge William Alsup responded by prohibiting the Justice Department from revoking Drug Enforcement Administration licenses to dispense medication "merely because the doctor recommends medical marijuana to a patient based on a sincere medical judgment." Alsup's order also prevented federal <continued on page 3 >

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is intended to inform  
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on the medical truth  
about cannabis and the  
benefits of hemp.**

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*Check it out!*

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Many thanks for their support.

## MCRC - the Mercy Center ...

**What they are doing.** Regular meetings continue. The Medical Cannabis Resource Center is reaching out to the community with regular, public meetings the first Wednesday of the Month. They currently start at 7pm, and are being held at 1695 Fairgrounds Road in Salem. They still draw a good crowd of people, so come on by and check it out. The challenge now is for the MCRC to turn this into organized action. See you next meeting!

Some of the ongoing projects discussed are helping patients find access to excess medicine, educating people about cannabis's therapeutic benefits, helping to fill out OMMP forms, answer questions and generally communicating with walk-in contacts through the office. It is a daily effort to provide information to the public so they can decide, or help loved ones decide, if cannabis is right for them and the steps they should take from there. Many thanks to the volunteers at the MCRC who make this possible.

Doctor education and support, Patient and Caregiver projects like learning to grow and different methods for consumption. These are especially important for the first time medical cannabis user as well as those unable to smoke their medication.

**Expectations.** One of our goals is independence for their Patient Members in the short term and freedom for the rest (of us!) by ending cannabis prohibition. For those who are sincerely in need of help - education and support towards independence you will get. For those working some angle, just listen up - there is nothing to be gained at MCRC without effort or expense, so you just waste time - mostly yours. Other projects you can help with instead:

**Doctor Clinics & Referrals.** In order to best serve those who use cannabis for medical purposes but are not in the OMMP, as well as current patients, the MCRC is exploring hosting clinics and building a referral system where certified physicians can perform the necessary examinations and consider qualifying a persons OMMP application. Volunteer staff is training to follow the recent strict Board of Medical Examiners rules concerning the process and resources are being lined up. This coincides with ongoing education to clinics, individual physicians and other healthcare providers about the OMMP, cannabis as medicine and doctor rights in general.

**What you can do.** Write and otherwise contact your doctor, the media, your representatives, organizations and businesses about the issues - cannabis is medicine, states have rights, and the need for hemp, to name a few. Let them know we intend to vote with our dollars also and will boycott those who support the war. At the same time educate them about the issues and inform them of places where they can get more info and support should they decide to not back the war or any of its related tentacles.

We must empower and support as well as engage if we expect anyone, especially politicians, to stand up or help us in any way.

### EVENTS:

**Salem Liberation Day and the Million Marijuana Marches.** On May 3<sup>rd</sup>, 2003 people in over 150 cities will rise up and march to raise awareness about cannabis. The MCRC plans to have a Salem entry and needs your help. This is our chance to show the people just what kind of "terrorists" we really are. The plan is to make it a general human rights and freedom day and invite all related organizations to join. Be a part, help make it so!

<continued from DOCs WIN, page 1> agents "from initiating any investigation solely on that ground." The Bush administration has continued the fight.

In eight states, the possession and use of medicinal marijuana is legal if a physician recommends it. Alaska, Arizona, Colorado, Hawaii, Maine, Nevada, Oregon and Washington have similar laws; all but Maine and Colorado are in the Ninth Circuit. Rather than focusing on doctors, federal efforts to override state medical marijuana initiatives have generally taken the form of raids on marijuana clubs and collectives, mostly in California.

Last year, the U.S. Supreme Court said clubs that sell marijuana to the sick with a doctor's recommendation are breaking federal drug laws. Pot clubs continued to operate, including several in San Francisco, as local authorities look the other way. But federal officials have started raiding many clubs in California, the state where they are more prevalent. Another case challenging such raids is pending before the 9th Circuit. That case, brought by an Oakland pot club, argues that the states have the right to experiment with their own drug laws and that Americans have a fundamental right to marijuana as an avenue to be free of pain.

The case decided (*Conant v. Walters*, 00-17222) was brought by patients' rights groups and doctors including Neil Flynn of the University of California, Davis, who said marijuana may be beneficial for some patients but doctors have been fearful of recommending it, even if it's in a patient's best interest.

Keith Vines, an assistant district attorney in San Francisco, is one of the plaintiffs. In 1993, he developed wasting syndrome, a little understood metabolic change associated with H.I.V. infection that caused his weight to drop from 195 pounds to 145 pounds.

"I was a patient facing death desperately looking for an option," he said. After Proposition 215 passed in 1996, Mr. Vines discussed marijuana with his doctor. She recommended it, and he found it helped his appetite.

"It was a miracle," he said. "My weight came back." Mr. Vines, who prosecuted one of the largest marijuana cases in California history and says he opposes recreational use of the drug, was pleased by yesterday's decision.

"The decision today is of really great practical importance," he said. "The federal government has no business telling doctors what they can and can't say."

### **The DECISION**

Writing for the Court, Chief Judge Mary Schroeder opined about how the federal government's threats to sanction doctors who advised their patients on medical marijuana " ... strike at core First Amendment interests of doctors and patients." She continued in the 3-0 opinion, "An integral component of the practice of medicine is the communication between doctor and a patient. Physicians must be able to speak frankly and openly to patients."

"The government's policy in this case seeks to punish physicians on the basis of the content of their doctor-patient communications," she wrote. "Only doctor-patient conversations that include discussions of the medical use of marijuana trigger the policy. Moreover, the policy does not merely prohibit the discussion of marijuana; it condemns an expression of a particular

viewpoint, i.e., that medical marijuana would likely help a specific patient. Such condemnation of particular views is especially troubling in the First Amendment context."

Schroeder further added that a doctor's recommendation "does not itself constitute illegal conduct," and therefore "does not interfere with the federal government's ability to enforce its laws."

Quoting Justice John Paul Stevens of the Supreme Court, Judge Schroeder added that federal courts should defer to the states in "situations in which the citizens of a state have chosen to serve as a laboratory in the trial of novel social and economic experiments."

Judge Schroeder was joined by Judge Betty B. Fletcher, who like her was appointed by President Jimmy Carter, and by Judge Alex Kozinski, who was appointed by President Ronald Reagan.

In his concurring opinion, Justice Alex Kozinski said the government's policy threatens to deny patients "information critical to their well-being." Kozinski also noted that locally grown medical marijuana "does not have any direct or obvious effect on interstate commerce;" therefore, federal efforts to prohibit it exceed Congress' power under the Commerce Clause of the Constitution.

"[As] much as the federal government may prefer that California keep medical marijuana illegal, it cannot force the state to do so," he wrote. Plaintiffs in the case, a coalition of California physicians and patients, initially challenged the government's policy in 1997, shortly after federal officials threatened to sanction any doctors who complied with California's Proposition 215, the "Medical Use of Marijuana Act." U.S. District Judge Fern Smith issued a preliminary injunction against the Justice Department in 1997. That injunction was made permanent in 2000.

Judge Kozinski described what he called "a legitimate and growing division of informed opinion" on the medical usefulness of marijuana.

He cited reports by the National Academy of Sciences, the Canadian government and the British House of Lords ("a body not known for its wild and crazy views," the judge noted) concluding that marijuana has at least potential medical uses in controlling pain and nausea and in stimulating the appetite.

Judge Kozinski, in a concurring opinion, said that doctors would have had much to lose and little to gain by violating the government's policy.

"They may destroy their careers and lose their livelihoods," he wrote. "Only the most foolish or committed of doctors will defy the federal government's policy and continue to give patients candid advice about the medical uses of marijuana."

The judges accepted every major argument offered by the plaintiffs, who are California doctors and patients with serious illnesses. The three-judge panel of the 9th U.S. Circuit Court of Appeals unanimously found that the Justice Department's policy interferes with the free-speech rights of doctors and patients that the policy effectively prohibited candid <continued next page>

<continued from previous page> discussions between doctors and patients, in violation of the First Amendment. The appeals court held that a recommendation is not a prescription. A doctor actually prescribing marijuana, the panel said, "would be guilty of aiding and abetting in violation of federal law."

The government argued that doctors were aiding and abetting criminal activity for recommending marijuana because it is an illegal drug under federal narcotics laws. **Federal prosecutors argued that doctors who recommend marijuana are interfering with the drug war and the government's determination that marijuana has no medical benefits.** Doctors who recommend marijuana in the eight states that have medical marijuana laws "will make it easier to obtain marijuana in violation of federal law," government attorney Michael Stern had said.

But the appeals court said doctors have a constitutional right to speak candidly with their patients about marijuana without fear of government sanctions. Dispensing information rather than drugs, the court held, is protected by the First Amendment. The court rejected the government's argument that "a doctor's 'recommendation' of marijuana may encourage illegal conduct by the patient." It called the link between the prohibited speech and criminal conduct "too attenuated."

### The RESPONSE

The Justice Department had no immediate comment, including if the government would appeal yesterday's ruling. Spokesmen for the Justice Department and the Drug Enforcement Administration said only that the government was reviewing the decision.

Graham Boyd, an American Civil Liberties Union attorney, had urged the judges to preserve the sanctity of doctor-patient interactions. "That is speech that is protected by the First Amendment," he argued.

"This is one of those big culture-war decisions," said Graham A. Boyd, an American Civil Liberties Union lawyer who represented the plaintiffs.

Mr. Boyd of the A.C.L.U. said that because patients in California and elsewhere may use medical marijuana only with a doctor's recommendation, the federal policy could have frustrated all medical marijuana initiatives.

"This is really the central issue in medical marijuana," he said.

Eugene Volokh, a law professor at the University of California at Los Angeles, said the decision took issue with a particularly intrusive form of federal interference with state law.

"They are really making it impossible for the state to implement its own regulatory scheme," he said of the federal government's policy.

### WHAT IT MEANS

The ruling does, in fact, preserve state medical marijuana laws by preventing the federal government from silencing doctors, said Boyd, the American Civil Liberties Union attorney.

"If a doctor can't recommend it, then no patient can use it," he said. "This was the federal government's first line strategy, to shut

down doctor recommendations."

In summary: it not only upholds the right of doctors to freely recommend to patients, but also reads like support for medical cannabis. This document should be put in the hands of doctors and their organizations in every state where it would be of value.

The court said doctors could get in trouble only if they actually helped patients obtain marijuana. Merely recommending the drug "does not translate into aiding and abetting, or conspiracy," Schroeder said. In prohibiting the government from enforcing the policy, the appeals court, one of the most liberal in the nation, entered a complex and heated debate at the intersection of medical science, the First Amendment rights of doctors and patients, and federal power over the states.

The actual document (34 pages) is in .pdf format at:  
<http://www.drugsense.org/temp/conantXvXwalters.pdf>

For more info visit:

"Medical Marijuana Wins a Court Victory" By ADAM LIPTAK; November 30, 2002. URL:  
<http://www.nytimes.com/2002/10/30/national/30POT.html?todayheadlines>

"Court deals blow to medical marijuana policy", Tuesday, November 29, 2002 Posted: 4:15 PM EST (2115 GMT)  
[http://www.ca9.uscourts.gov/ca9/newopinions.nsf/56EE8299939A3A9688256C6000730733/\\$file/0017222.pdf?openelement](http://www.ca9.uscourts.gov/ca9/newopinions.nsf/56EE8299939A3A9688256C6000730733/$file/0017222.pdf?openelement)

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"The man who removes a mountain begins by carrying away small stones." - William Faulkner

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## California POT CLUBS FOLDING

### U.S. Raids, Threats Shut Them Down Around The State

It is now a familiar scene from San Francisco to San Diego, from the Central Valley to the inner cities - federal agents raiding marijuana gardens and shutting down organizations that dispense the drug. One after another, under the threat of arrest or imprisonment, cannabis club operators across the state have closed their doors or stopped providing their wares to sick or dying patients.

Barely a handful of dispensaries remain, and they are afraid. Federal officials stepped up their crackdown on pot collaboratives after the U.S. Supreme Court ruled last year that there is no medical necessity for growing marijuana for patients.

Since that decision, the federal government has raided eight California cannabis clubs, including the Los Angeles Cannabis Resource Cooperative, once a major dispenser of medical marijuana in the southern part of the state. Drug agents say they are enforcing the federal law that prohibits the possession or distribution of dangerous narcotics.

But critics complain that the U.S. government is trampling on states' rights to govern themselves. California and seven other states have adopted medical marijuana laws, despite the federal ban.

Either way, more and more patients are taking the risky step of growing their own marijuana or buying it illegally on the street. And even though a federal appeals court ruled yesterday that physicians cannot be targeted by the Justice Department for prescribing marijuana, many doctors remain skittish about writing such recommendations for their patients.

"The federal government is winning this war without even going to court, without testing the law legally," said Steve McWilliams, the San Diego medical marijuana activist indicted earlier this month for illegal cultivation. McWilliams, who faces at least five years in federal prison if he is convicted, has stopped providing marijuana to the half-dozen or so cancer patients and others who relied on him for pot.

So have activists in Los Angeles, San Francisco, Santa Cruz, Butte County and other communities where federal agents seized gardens and arrested growers in recent months.

"People are genuinely terrified right now," McWilliams said. "It has spread like an epidemic throughout the medical marijuana community."

California voters in 1996 approved Proposition 215, which gave patients the right to grow and use marijuana with a doctor's recommendation. But the state law is vague. It does not specify how many plants are allowed, where the drug may be smoked, or how it will be distributed. Attorneys on both sides of the debate concede that, eventually, federal judges will have to fully resolve the dispute.

Meanwhile, elected officials in dozens of cities and counties across the state have been trying to find ways to implement Proposition 215 while at the same time avoiding confrontations with federal law enforcers. Members of a San Diego City Council committee, for example, recently approved guidelines that allow patients to possess up to three pounds of marijuana. At the same time, they warned that their vote does not amount to an endorsement of pot smoking.

Despite the prohibition against marijuana under federal law, the Drug Enforcement Administration's effort to clamp down on cannabis clubs has been less than consistent. Agents continue to tolerate some clubs that operate openly, but put others out of business. They have confiscated pot gardens as large as several hundred plants and as small as a few dozen.

They also repeat the suspicions held by their boss, DEA Administrator Asa Hutchinson, who has said he believes there is no medical benefit from marijuana.

"This is not about people dying of AIDS or cancer," said Donald Thornhill Jr., spokesman for the DEA in San Diego. "Most of the people involved in these cannabis clubs are people who are looking to get high."

DEA officials deny that there is a systematic and deliberate campaign to curtail cannabis clubs from operating across the

state. The raids and arrests for illegal cultivation, agents say, are irregular because of limited resources and other priorities such as investigating the Arellano Felix drug cartel, which is reputed to ship tons of drugs across the Mexican border into California.

Federal agents hope the cannabis club crackdown deters people from distributing marijuana. "We create a risk and it keeps people out of the drug business," Thornhill said.

### **Alternatives sought**

But Ed Rosenthal, the Bay Area pot-growing guru who was arrested in February on federal cultivation charges, contends that raiding clubs that worked hard to comply with state law could promote less-diligent dispensaries. "The riskier it is, the less likely that you'll have people who are interested in the patient," said Rosenthal, who said he will not violate terms of his own release by continuing to grow marijuana.

In the meantime, patients who say they rely on marijuana to ease the effects of AIDS treatment, chemotherapy or other sicknesses are scrambling for alternatives to the increasingly rare cannabis clubs. They take their chances cultivating small gardens or buying marijuana from strangers.

"I try to keep a low profile," said one AIDS patient from Ocean Beach who grows his own marijuana rather than risk dealing with a cannabis club. "I don't want to be next on their list."

Rod Johnson, 62, is a terminal cancer patient from Chula Vista. His source for marijuana dried up when agents uprooted McWilliams' garden last month. Now he relies on friends to supply him with what he says is the only medicine that keeps up his appetite and spirits.

"I wasn't born and raised being a cannabis enthusiast that was taboo. But I know how cannabis has affected my situation," Johnson said. "It makes it more difficult when Steve is not my care provider.

"It's available," but you're not dealing "with people you can trust." Glaucoma patient Evan Keliher of Rancho Bernardo smokes pot every day. He used to grow plants in a cooperative garden run by McWilliams, but shied away from that after being hassled by police. "I buy it on the street," said Keliher, 71. "You just have to know who to see and where."

### **Abided by state law**

Many Proposition 215 activists worked tenaciously to abide by the state law. Before being raided, the Los Angeles Cannabis Resource Cooperative had registered as a nonprofit, paid taxes and had even filed a request with the DEA to dispense marijuana, said Scott Imler, president of the club. Members of the cooperative secured a loan backed by the city of West Hollywood to buy their building.

They continued to expand their client base and by last year were dispensing marijuana to almost 1,000 people. Now they turn away people seeking marijuana. "We were not prepared to sneak around in the shadows doing what we had done aboveboard before," said Imler, who is waiting to find out whether he will be indicted by a federal grand jury.

Three smaller clubs in Los Angeles also folded during the past year either voluntarily or following raids, <continued next page>

<continued from previous page> Imler said. Now, he steers patients to other cities because no one he knows still dispenses in Los Angeles. Dozens of cannabis information and resource centers remain open up and down the state, but only a handful continue to distribute marijuana. Most of those are in the Bay Area, where the medical marijuana movement took root.

The San Francisco Patients Cooperative is one of them. Six days a week, patients stop by the center to play bingo, watch television and buy pot. With proper paperwork, patients can purchase marijuana for \$9 a gram. Founder Wayne Justmann said the federal crackdown during the past year has forced too many patients to find marijuana on the street, or do without.

### Physicians wary

In San Diego, where the city expects to begin issuing identification cards to 3,000 or so medical marijuana patients early next year, very few physicians are willing to discuss recommending the drug publicly, let alone writing letters for patients. Not even the doctor who signed McWilliams' recommendation would agree to an interview.

Oncologist James Sinclair is not so shy. He still signs letters for certain cancer patients who say smoking marijuana reduces the effects of chemotherapy and stimulates their appetite.

"I try to back away from talking about how they actually acquire the product," Sinclair said. "My notes say 'may use' not 'obtain,' like a true prescription."

Dr. Theresa Yang, who runs a chronic pain clinic in Santee, also worries about unwanted scrutiny from the federal government. "Hopefully, some day they'll resolve all this," she said. For more info visit: <http://www.signonsandiego.com/news/metro/> Or Details: <http://www.mapinc.org/media/386> or Bookmark: <http://www.mapinc.org/find?115> (Cannabis - California)

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<continued from WAR, page 1> Millions of Americans have had such problems, it's a possibility for any of us. The potential victims of the U.S. government's WoD include every American who seeks medical care.

### The Narc and the MD

When I received my license to practice medicine from the Oregon Board of Medical Examiners (BME), I was told that I could lose my license if I was "too generous" with controlled drugs. The BME then explained to me how to practice "politically correct" medicine. Naturally, the question arises: who determines what "politically correct" medicine is? The answer: the federal Drug Enforcement Administration (DEA), a law enforcement bureaucracy in Washington DC.

If you can visualize a policeman in Washington DC determining how much morphine your grandmother with cancer should get, then you can understand what has always plagued me in my profession. When it comes to prescribing controlled drugs, the cops at the DEA have the final word.

The effect is chilling. It makes scientific literature, the experience and training of a doctor, and the predicament of the patient all irrelevant.

After a few years in practice, it was impossible to avoid knowing doctors who had been "busted" by the BME for prescribing opioid drugs like codeine, morphine, and synthetic derivatives. Patients with chronic pain were to be avoided like the plague and were often referred from one doctor to another to try to stay ahead of the threatening letters from the BME.

Doctors who read the science and pay attention to outcomes know that prescribing opioids to patients in pain rarely leads to substance abuse. Unfortunately such doctors are not "politically correct." At one continuing education conference I attended, a DEA agent warned doctors not to prescribe more than six weeks of any controlled drugs, regardless of the predicament of the patient. But we all know that people in chronic pain generally suffer for more than six weeks. What are we supposed to do?

The answer from the "experts" is mind-boggling. We're told there is really no such thing as chronic pain. That is an outrageous statement on the face of it, and our patients tell us differently.

This is the paradox faced by doctors across this nation. We are told to pay attention to what bureaucrats and enforcers have to say, not to our patients. It's bizarre. What's wrong with providing pain relief and improved quality of life when there is no chance of substance abuse? The result of these policies is that patients live and die in pain and doctors are too frightened to help, except possibly in the terminal phase of illness.

### Public Response to Repression

As repression often does, the climate of fear fostered by the WoD elicited a patient revolution that continues to evolve. In 1994 Oregon voters passed Measure 16, the Death With Dignity Act, to allow mentally competent, terminally ill Oregonians to choose to hasten an inevitable death. This was an indictment of the very poor end-of-life care that dying patients routinely receive. Many doctors know little about pain control and even fewer prescribe adequate doses of necessary pain relievers—even at the end of life. Therefore, patients have sought to remove these decisions from the politically-tied hands of reluctant doctors, and placed the decision directly into the hands of the patient.

One year later, in 1995, the very important Oregon Intractable Pain Act became law. It provided sanctuary from the BME (our "proxy DEA"), allowing doctors to prescribe necessary intensive and long-term pain control if the patient signed an informed consent form.

### Being Politically Incorrect

In 1996 the complications of a blood clot ended my career in the private practice of internal medicine. It is life-changing to lose a practice, but one can find opportunity in crisis. I now enjoy doing volunteer work and am happy to no longer have to foster a relationship with the DEA and the BME in order to make a living. I can now be "politically incorrect" by speaking out about how the WoD hurts patients and doctors. Speaking out before would have meant risking my Oregon license to practice medicine, and my federal license to prescribe controlled drugs.

One of my first goals was to preserve the Oregon Death With Dignity Act by being a spokesperson for the 1997 "No on 51" campaign (51 was the attempted legislative repeal of Measure 16

—our Oregon Death With Dignity Act). It is my opinion that the crucial part of Measure 16 is the provision which puts choice into the hands of the patient. This is why I oppose euthanasia but support physician aid in dying. The important difference here is that the patient is in control and must self-administer the barbiturate under Measure 16.

One consequence of Measure 16's passage in 1994 was to dramatically spotlight end-of-life care in Oregon. In effect, it turned the tables on the old paradigm. Not only did it suddenly become politically safe to administer generous pain medications, but to opponents of Measure 16 it became politically necessary to prescribe. Either way, patients have been the winners because Oregon now consistently leads the country in morphine prescribing (milligrams per person), and in percentage of hospice referrals. Additionally, Oregon has one of the lowest Medicare hospital death rates—i.e. folks die at home with family and hospice instead of in the hospital surrounded by machines and strangers.

Unfortunately, these gains are in political peril. As I write this, Republican US Senators (including Oregon's own Gordon Smith) are attempting to pass a bill, misleadingly called the Pain Relief Promotion Act, to undo the Death With Dignity Act that Oregon voters passed twice.

### **Oregon Medical Marijuana Act**

In 1997, a legislator from SE Portland, George Eighmey, tried to get a hearing on a potential Oregon Medical Marijuana Act but was denied the opportunity by Republican committee chair John Minnis. Once again, the legislature had failed and, once again, a voter initiative became necessary. In the course of doing a great deal of research on the subject (culminating in my co-authoring a book about medical marijuana), I visited patients in their homes and listened to stories about the medical use of marijuana. The research reminded me of cancer patients I'd met in my training and practice who informed me that they were using marijuana during chemotherapy to control nausea, pain and spasticity from nerve damage. The inescapable conclusion of my research was that, once again, federal propaganda was ignoring science while interfering with efforts to provide pain and symptom control.

My hope was that the Oregon Medical Marijuana Act would focus attention on persons who were chronically ill, as the Death With Dignity Act campaign had focused attention on end-of-life care.

The 1998 campaign for Medical Marijuana was intense. As a spokesperson, I had to publicly face a "hired gun" (a former AMA president) sent by the corporate pharmaceutical industry, as well as argue against opponents such as Senator Gordon Smith, Multnomah County Sheriff Dan Noelle, and numerous law enforcement officers who predicted the end of America if our law passed. Vigorous opposition also included the American Cancer Society, doctors from Oregon Health Sciences University, VIPs in the Oregon Medical Association, the BME, and other guardians of the status quo. After a brutal and exhausting campaign, Oregon voters did indeed pass the Oregon Medical Marijuana Act (OMMA).

The OMMA modified Oregon criminal law so that a person who

follows the law can use the herb, Cannabis (marijuana), as medicine under the guidance of his/her doctor. The OMMA can only provide an exclusion to state law and cannot impact federal law concerning distribution of marijuana to sick persons. Therefore, in spite of scientific evidence in support of marijuana as medicine, we still have some obstacles to overcome before this important, ancient, herbal medicine is truly accessible to patients.

Health care decisions are personal, and confidential and should be made by the patient and a chosen personal physician. This means that a patient should not be a victim of decision-making by the for-profit insurance industry, by self-righteous self-appointed dogmatic religious representatives, and/or by the political morality cops. The BME should protect patients from unsafe doctors rather than sanctioning doctors for providing legitimate medical relief.

There is one recent bright note in all of this: Recently a doctor was sanctioned by the BME in Southern Oregon for failing to give adequate pain and symptom control to dying patients. (This is the first and only time in U.S. history that such a discipline has been meted out to a doctor, so it is too early to call this a trend.)

### **Victories Against the WoD**

Consumer/patient pressure is what is driving the improvement in pain and symptom control in Oregon. The Oregon Death With Dignity Act forced us to look at quality of care of terminally ill Oregonians. The Oregon Medical Marijuana Act is forcing us to look at quality of pain and symptom care in chronically and terminally ill Oregonians. Now the BME (in the past considered the right arm of the DEA in opposing opioid prescriptions and the OMMA) has finally recognized that under-treatment of pain and suffering is also bad medicine. The cumulative impact of these recent developments may be to improve the medical climate for prescribing controlled drugs under the protection of the Oregon Intractable Pain Law. As the medical climate warms to this more enlightened approach, prescription of controlled drugs can reflect good science and compassion instead of the misguided War on Drugs.

Who is a drug policy reformer? Is it the college student who is horrified that he/she can't qualify for student loans because they got caught with Cannabis instead of "just alcohol?" Is it the libertarian who rightfully questions the ethics of a government that passes prohibition laws to criminalize what one puts into their own body? Is it the agnostic who questions why religious dogma should replace our US Constitution when it comes to personal freedoms? Or is it the person who visits the doctor with grandma and wonders why doctors don't "do something" when it comes to treating grandma's arthritis or her cancer pain?

It is all of the above. No American can escape the tragedy of our country's failed drug policy. America's War on Drugs is a war on the American people and their doctors. Join the drug policy reform movement because you care about others; because you care about our society; and because you care about your rights and future needs as a healthcare consumer.

*Dr. Richard Bayer, MD, FACP, is board-certified in internal medicine - a fellow in the American College of Physicians - American Society of Internal Medicine and currently manages an OMMA dedicated website at: <http://www.omma1998.org/>*

# THE CLARION

"CALLING FOR AN END TO CANNABIS PROHIBITION"

## Doctor Clinics

If you suffer from a debilitating medical condition and you think marijuana alleviates your condition, but your doctor won't qualify you, these organizations might be able to help. They can explain the exact requirements of the law and give you information to educate your physician. Also, if you have records diagnosing a debilitating illness or condition covered by the Oregon Medical Marijuana Act, the Doctor Clinics are a possible option for you. Call ahead for an appointment and any other info you may need. Be prepared to provide copies of your relevant medical records.

## and Grow Classes

Typically, only cardholders registered under the Oregon Medical Marijuana Act (OMMA) may take part. Again - Call ahead for an appointment and other info, such as - cost, where the classes will be held - little things like that.

### PORTLAND:

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

**The Hemp & Cannabis Foundation (THCf)** \* 4259 NE Broadway St. (Hollywood dist) \* 503.235-4606  
[www.thc-foundation.org](http://www.thc-foundation.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>

**ROSEBURG: Alternative Medicine Outreach Program**  
(AMOP). 541.440-1934

## "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. **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.

(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. **Then, wait** while the information is verified. Upon receipt of a complete application, the Oregon Health Division will issue you a medical marijuana registration card.

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

## Patiently Networking

More links to resources - Info, help in joining the OMMP, help in finding a doctor or educating your current, and aid in obtaining medicine & networking with other patients.

### PORTLAND:

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

**The OMMA Website:** [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/mcrtc](http://pdxnorml.org/orgs/mcrtc)

**Contigo-Connigo** \* Monmouth, Oregon  
[Http://www.or-coast.net/contigo/](http://www.or-coast.net/contigo/)

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

**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)

**American Alliance for Medical Cannabis - Oregon**  
<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



