

# THE CLARION

"CALLING FOR AN END TO CANNABIS PROHIBITION"

## Marijuana Rescheduling Petition Accepted

On April 3, 2003 the Drug Enforcement Administration (DEA) accepted the filing of a rescheduling petition seeking federal recognition of the accepted medical use of cannabis in the United States. The petition was filed by the Coalition for Rescheduling Cannabis (CRC) on October 11, 2002.

According to background information at DEA's website: "Schedule I is reserved for the most dangerous drugs that have no recognized medical use . . . The [Controlled Substances Act (CSA)] also provides a mechanism for substances to be . . . rescheduled . . . Proceedings to add, delete, or change the schedule of a drug or other substance may be initiated by . . . a public interest group concerned with drug abuse. . . or an individual citizen."

The Coalition for Rescheduling Cannabis, led by Jon Gettman PhD., is comprised of: New Mexicans for Compassionate Use; American Alliance for Medical Cannabis; Americans for Safe Access; California NORML; Drug Policy Forum of Texas; High Times; Iowans for Medical Marijuana; Los Angeles Cannabis Resource Center; the National Organization for Reform of Marijuana Laws; Oakland Cannabis Buyers Cooperative; and Patients Out of Time.

When a petition is accepted formally by the DEA, the agency begins its own investigation of the drug. Once the DEA has collected the necessary data, the DEA Administrator, by authority of the Attorney General, requests from the Health and Human Services Department (HHS) a scientific and medical evaluation; and recommendation, as to whether the drug should be controlled or removed from control. This request is sent to the Assistant Secretary of Health of the HHS.

Then, the HHS solicits information from the Commissioner of the Food and Drug Administration and evaluations and recommendations from the National Institute on Drug Abuse, and on occasion, from the scientific and medical community at large. The Assistant Secretary, by authority of the Secretary, compiles the information and transmits back to the DEA a medical and scientific evaluation regarding the drug, a recommendation as to whether the drug should be controlled, and in what schedule it should be placed."

Jon Gettman, a spokesman for the Coalition, issued the following statement:

"In accepting the petition the DEA has acknowledged that the Coalition has established a legally significant argument in support of the recognition of the accepted medical use of cannabis in the United States. <continued next page>

### Medical Marijuana



### Compassion for All

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

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Check it out!

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



Many thanks for their  
support.

<continued from previous page> The Coalition's petition provides considerable scientific and medical evidence to support its argument that cannabis does not belong in Schedule I. We have supplied the necessary data for the petition to be referred to HHS, and DEA has already spent six months studying the petition. We encourage DEA to refer the petition to HHS for a scientific and medical evaluation as soon as possible. Public support for medical cannabis can further expedite these proceedings."

For more information contact: Al Byrne, Patients Out of Time at: (434) 263-4484, fax (434) 263-6753, email: [Al@MedicalCannabis.com](mailto:Al@MedicalCannabis.com) -or- visit: [www.medicalcannabis.com](http://www.medicalcannabis.com) \* Coalition for Rescheduling Cannabis includes recent status query and the resulting DEA acceptance letter) at: <http://www.drugscience.org/> Also see "DEA Briefs and Background: The Controlled Substances Act" at: <http://www.usdoj.gov/dea/pubs/csa.html>

## Cannabis May Be 21st Century's Aspirin

LONDON - Cannabis, the third most popular recreational drug after alcohol and tobacco, could win new role as the aspirin of the 21st century, with growing evidence that its compounds may protect the brain against the damaging effects of ageing.

Although the drug distorts perception and affects short-term memory, it may also help prevent degenerative diseases such as Alzheimer's, Parkinson's, Huntingdon's and motor neurone diseases. Scientists at the Institute of Neurology in Queens Square, London, say the "huge potential" of cannabis compounds is emerging, as understanding of its biological and pharmacological properties improves.

Professor Alan Thompson and his colleagues wrote in *Lancet Neurology*: "Basic research is discovering interesting members of this family of compounds that have previously unknown qualities, the most notable of which is the capacity for neuroprotection."

The results of two trials in patients with multiple sclerosis are expected this summer and the first cannabis-based medicines are being considered for licensing. None of them will have the psychoactive properties of the raw drug when smoked or ingested.

Professor Thompson's team says: "Even if the results of these studies are not as positive as many expect them to be, that we are only just beginning to appreciate the huge therapeutic potential of this family of compounds is clear."

Cannabis was thought to affect the cells like alcohol by seeping through the cell membrane. But in 1990 the first cannabinoid receptor was found, which revolutionised the study of cannabinoid biology. The discovery revealed an endogenous system of cannabinoid receptors, similar to the opioid system, to which the drug bound when it was ingested. Just as endorphins are the body's natural equivalent of heroin, a fatty acid called anandamide (Sanskrit for "inner bliss") is the natural equivalent of cannabis.

The natural system of cannabinoid receptors plays a role in maintaining the balance of chemicals in the brain which regulate the rate at which neurons fire. By altering this system, scientists believe it may be possible to slow or prevent the process of brain decay.

David Baker, lead author of the *Lancet* review and senior lecturer at the Institute of Neurology, said:

"Alzheimer's disease is the result of very slow <continued on next page>

<continued from previous page> degeneration caused by the death of nerve cells. We probably don't see symptoms until 30 to 40 per cent of the nerve cells have died. Something regulates this decay and if we could slow it by even a small fraction we might delay by a decade the point where someone loses their memory."

But cannabis could be a double-edged sword, with potentially damaging side effects.

"It may be possible to develop drugs that allow selective targeting of different areas of the brain and spinal cord and there may be a way of limiting any negative effects," Dr Baker said.

A study by Dr Baker and colleagues, in which the natural system of cannabinoid receptors was removed in mice, showed that the rate of nerve loss was increased, indicating its role in preserving brain function. The study, which has been accepted for publication in a medical journal, "really clinches the argument", Dr Baker said.

He added: "Cannabis has gone from the drawing board into trials in record time, largely because of patient pressure. Hopefully it will work and be acceptably safe."

For more info see: "Cannabis May Become 'The Aspirin of the 21st Century' ", April 19, 2003; by Jeremy Laurance, Health Editor, Independent Newspapers (UK) Ltd.  
< <http://www.independent.co.uk/> >

### **Pilot Study Suggests Synthetic THC Reduces Agitation, Improves Appetite In Patients with Alzheimer's Disease**

BALTIMORE and NEPTUNE, N.J., May 15 -- A pilot study suggests dronabinol, a synthetic version of THC, the active ingredient in Cannabis sativa L (marijuana), may reduce agitation and lead to weight gain in patients with Alzheimer's disease. The results were presented today at the annual meeting of the American Geriatrics Society.

"Our trial, although preliminary, suggests dronabinol may reduce agitation and improve appetite in patients with Alzheimer's disease, when traditional therapies are not successful," said Joshua Shua-Haim, M.D., lead investigator in the study and medical director of the Meridian Institute for Aging, a continuum of senior health programs and services in Central New Jersey affiliated with Meridian Health System. "In the study, dronabinol appeared to be safe and effective for these patients. The results point to a promising direction for future research."

An estimated 4 million Americans have Alzheimer's disease and the number will grow to 14 million by 2050, according to the Alzheimer's Association. In addition to memory loss, patients often experience agitation, loss of body weight, depression and restlessness.

"It's important to look at all the aspects of Alzheimer's

disease that contribute to quality of life for patients, family members and caregivers," said Dr. Shua-Haim. "Agitation and weight loss are upsetting and stressful as the patient's needs become ever more demanding."

Agitation is the most frequently encountered type of behavioral disturbance associated with Alzheimer's disease and affects an estimated 75 percent of people with the disease. Weight loss, a common problem in patients with Alzheimer's disease, is a predictive factor of mortality. Weight loss may derive from the deterioration of patients' cognitive abilities, resulting in an inability to recognize hunger and thirst.

Dronabinol, marketed under the trade name Marinol, is synthetic delta-9-tetrahydrocannabinol (delta-9-THC). Delta-9-THC also is a naturally occurring component of Cannabis sativa L (marijuana). Dronabinol has been approved by the U.S. Food and Drug Administration (FDA) for the treatment of anorexia in patients with HIV/AIDS and for the treatment of nausea and vomiting associated with cancer chemotherapy.

The study examined nine patients (mean age = 82) residing in a dementia unit of an assisted living facility or a nursing home. All patients met the DMS-IV and NINCDS-ADRDA criteria for possible Alzheimer's disease and, according to their family or caregivers, had unsatisfactory control of their agitation. The mini mental status examination (MMSE), a test used to measure a person's basic cognitive skills, and an assessment of activities of daily living were used to evaluate patients at the launch of the study and at one month. Patients initially received 5 mg/day of dronabinol in two doses. The treatment was titrated up to a maximum of 10 mg/day. In addition, all patients were treated with atypical neuroleptics and at least four medications to control behavior.

Analysis at one month found significantly reduced agitation in six patients. The evaluation by caregivers considered behavior and functionality, as well as cognition, when determining the efficacy of the treatment. Three patients experienced an average increase on the MMSE of 1.2 points (baseline = 11). Functional improvement was observed in three patients. Prior to the study, all patients experienced weight loss due to anorexia. After treatment with dronabinol, all patients had gained weight. No adverse events, such as falls, syncope, seizures or exacerbation of agitation or depression, were reported as a result of treatment.

Meridian Health System is comprised of Jersey Shore Medical Center in Neptune, Medical Center of Ocean County in Brick, and Riverview Medical Center in Red Bank, in addition to long-term care and assisted living facilities, a home care agency, ambulatory care sites, ambulance <continued on next page>

services, and other related health services and affiliations throughout Monmouth and Ocean counties in New Jersey.

CONTACT: Michael Valentino, Meridian Health System,  
732-751-7538, [mvalentino@meridianhealth.com](mailto:mvalentino@meridianhealth.com) -or- visit:  
<http://www.prnewswire.com>

## Netherlands Pharmacies Dispensing Pot

AMSTERDAM, Netherlands - Just what the doctor ordered? Pharmacies may fill prescriptions for marijuana and patients can get the cost covered by insurance, according to a law that went into effect Monday.

Doctors in the famously liberal Netherlands have long recommended marijuana to cancer patients as an appetite enhancer and to combat pain and nausea. But it is usually bought at one of the country's 800 "coffee shops," where the plant is sold openly while police look the other way.

The Dutch government will license several official growers later this year. In the meantime, pharmacies will have to decide for themselves where to get the marijuana.

Many pharmacies use marijuana distributed by Maripharma, a company that advertises its product as "standardized, vacuum-packed and bearing patient information and dose advice."

For more info see: "Netherlands Pharmacies Dispensing Pot", Tues, 18 Mar 2003, The Register-Guard:  
<http://www.registerguard.com/>

## RETIRED TEACHER ADVOCATES MEDICAL MARIJUANA

Former English teacher Eleanor Spencer has never been an advocate of legalizing marijuana - at least not for recreational use.

"I think we have enough trouble with the recreational drugs that are out there," said Spencer, who retired in June after teaching at a Coos Bay high school for 34 years.

Medicinal use of marijuana is another matter, said Spencer, who has become a card-carrying proponent of medical marijuana.

"Medical marijuana is no different than any other medicine," said Spencer, who takes capsules of the herb for painful arthritis, bursitis and muscle spasms.

"They call me the charlie horse queen," jokes Spencer, who just got her permit to use medical marijuana a month ago. Spencer was prompted to try medical marijuana by her son Daniel Dinkins, who suffered disabling injuries in a 1992 accident.

A paramedic, Dinkins was the passenger in an ambulance broadsided by a drunk driver in Medford while on his way to a medical emergency.

Crippled by a broken back and other serious injuries, Dinkins has been left in so much pain that he has been prescribed powerful and addictive narcotics.

"(Marijuana) keeps the muscle spasms down, (and) keeps me from throwing up. It's done wonders for me," said Dinkins.

"I've been able to withdraw myself from four medications since I began using it," continued Dinkins, "and I feel better than before."

Dinkins and Spencer appeared on Bob Walker's 8 p.m. show on KBSC-TV, cable channel 9. Walker directs the Southern Oregon Medical Marijuana Network (SOMM-NET), which helps people with debilitating illnesses get certified to use medical marijuana.

Both Dinkins and Spencer turned to SOMM-NET after their own doctors declined to authorize treatment with marijuana.

Both have appeared on Walker's show before in an effort to counter a mindset Spencer said keeps doctors and their patients away from a useful medical treatment.

"It's scared doctors and patients away, and created a political hot potato that has put states with medical marijuana laws into direct conflict with federal laws," Spencer said.

"There are a lot of people my age or older who are in a strong discomfort zone," said Spencer. "They would benefit from its use, but they want to be assured they're not supporting something illegal."

That's why Spencer and Dinkins both emphasize they are law-abiding citizens who want nothing to do with marijuana's black market.

"If it's black market, you don't know how it's been grown or what's in it," said Spencer. "That becomes a real quality control issue."

Spencer would like to see state-regulated dispensaries for medical marijuana, to reassure patients as well as law enforcement the herb has been grown legally.

"I should be able to march right down to a police station and say I have a card without feeling nervous about it," said Spencer.

Curry Coastal Pilot is a community newspaper serving Curry County on the Southern Oregon Coast from Brookings, Oregon. Your comments are welcome at [mail@currypilot.com](mailto:mail@currypilot.com) or PO Box 700, Brookings, Oregon, 97415. Phone: (541) 469-3123. Fax: (541) 469-4679. The Curry Coastal Pilot is published twice weekly on Wednesday and Saturday in Brookings, Oregon by Western Communications, Inc. See "RETIRED TEACHER ADVOCATES MEDICAL MARIJUANA", March 26, 2003, By DAVID COURTLAND, Pilot Staff Writer.



**Member Of Knesset Submits Medical Marijuana Bill**

Member of Knesset Roman Bronfman (Meretz Party), has submitted a bill to the Knesset that if approved would allow doctors to prescribe medical marijuana to patients.

"With the Green Leaf party having received 38,000 votes in the last elections (missing only 9000 votes to gain 2 seats in the Knesset - one of them mine!), I joined forces with Bronfman as a political advisor. The above mentioned bill is the first step in a more concentrated effort to introduce a drug reform as well as harm reduction measures to the Israeli society. Other important issues on MK Bronfman's agenda are peace, civil society and the environment."

For more info contact: Dan Goldenblatt at:

**<d\_goldenblatt@yahoo.com>** or visit:

**<http://www.knesset.gov.il/index.html>**, The official site for the Israeli Parliament.

**MEDICAL POT LAWSUIT MAY WITNESS SUCCESS**

The lawsuit filed this week over medical marijuana growing in Santa Cruz contains some fascinating legal arguments. The issue is far more than the one often cited - states' rights. That argument has never seemed powerful to us. Perhaps it's because of memories of the civil rights battles of the late '50s and early '60s. Back then, segregationists argued that state law should trump federal law - and that segregation should be allowed because individual states wanted it.

Presidents Eisenhower and Kennedy didn't agree, and two generations later we praise both men for working to extend federal protection to people of all races.

The lawsuit filed this week on behalf of medical marijuana users takes on the federal government, but the issues behind the lawsuit go far beyond a simple "states' rights" argument.

Santa Clara University law professor Gerald Uelman is one of several attorneys representing the plaintiffs, and he explained some of the facets of the case that will make this lawsuit fascinating to follow as it makes its way through the judicial system.

\* The Wo/Men's Alliance for Medical Marijuana does not transport any products across state lines, and can't involve the federal government's control of interstate commerce.

\* That criminal penalties for WAMM cofounders Michael and Valerie Corral are illegal because they were deputized by the Santa Cruz City Council.

\* Most important, that the drug seizures violate a patient's right to "control the circumstances of their own deaths."

The medical argument is the strongest one in the lawsuit. Terminal patients are using marijuana to control pain and in some cases restore their appetite. Why federal drug agents would expend this much energy to deny relief to terminal

patients is beyond us. Marijuana is probably less damaging to these patients than a number of other medications that they're taking.

As Uelman pointed out, terminal patients aren't taking marijuana as alternative medicine. In fact, the marijuana helps them cope with the pain and discomfort of such treatment as radiation and chemotherapy. The federal government has argued that patients could be taken advantage of by those touting marijuana - or other such so-called treatments as laetrile. But Uelman pointed out that patients don't use marijuana as a replacement for any other treatment. And an increasing number of medical doctors are suggesting that some patients can get relief from a medicinal form of marijuana.

We understand and support laws that control the use of marijuana by the general public. Our society really doesn't need one more legal drug. But to withhold marijuana from patients who are suffering is the worst kind of folly - it's not only a bad idea, it actually hurts people.

The federal suit will find its way to federal court, and perhaps eventually on to the Supreme Court. We give credit to both the Santa Cruz City Council and the county Board of Supervisors for joining in on the lawsuit.

The irony is that some of those involved in this lawsuit won't be around for its conclusion. Some of them are dying, and are involved only because they know others will be in their position in the future. In the interest of reduced suffering, we hope that this lawsuit eventually will wind its way through the system and give patients in need the access to a drug that can reduce their suffering.

See "MEDICAL POT LAWSUIT MAY WITNESS SUCCESS", Thu, 24 Apr 2003, Santa Cruz Sentinel (CA)

[www.santacruzsentinel.com/archive/2003/April/24/edit/edit.htm](http://www.santacruzsentinel.com/archive/2003/April/24/edit/edit.htm)

**Statement from Bryan Epis for the NORML Conference**

This is a message from Bryan Epis. I'd like to thank everyone here today, but unfortunately I'm in federal prison for the federal crime of "conspiracy to follow California's medical marijuana law", and "conspiracy to open a medical cannabis dispensary in the city of San Jose after the San Jose Planning Department gave me a set of rules to open a dispensary, and after consulting with the San Jose Police."

I wrote a 17-page proposal for the city of San Jose. At trial, the prosecution was allowed to enter into evidence 2 pages of this proposal to show that I planned to eventually grow over 1000 plants according to San Jose guidelines. I wasn't allowed to enter into evidence the other 15 pages that show that I was following state and local laws. The prosecutor was allowed to slander me by **<continued on next page>**

<continued from previous page> saying I was only profit-motivated, when the other 15 pages showed that my true motive was to open a non-profit dispensary to help sick and dying citizens obtain medicine in a safe environment at an affordable cost. I also helped open a dispensary in Chico, and allowed 4 other patients, two of whom have since died from cancer, to grow at my house. As a result, I was sentenced to 10 years in federal prison. It was a quintessential kangaroo court, just like Ed Rosenthal's trial.

After I was arrested, I avoided the limelight. That was a mistake, as because of that, many of you don't know me, although you've probably heard of my case.

When I'm liberated, I'd like to meet everyone here today, and someday this will be a reality. In fact, it can be a reality very soon with your help. A new bill was recently introduced in the US House of Representatives by Sam Farr. My 9-year-old daughter, Ashley Epis, who was recently featured on billboards throughout California urging Compassion, Not Federal Prison for people following state medical marijuana laws, was there in Washington DC to help Sam Farr introduce this bill, along with Steph Sherer of Americans for Safe Access, Valerie Corral of the Wo/Men's Compassionate Cooperative of Santa Cruz, and Marney Craig, one of the jurors in Ed Rosenthal's trial. My case, Ed's case, and the raid on Mike and Valerie Corral's cooperative inspired Mr. Farr to introduce this bill. If this bill is passed and signed into law, Ed Rosenthal and I will get a new trial, and this time we can't lose, because all the evidence will be presented before the jurors. Of course this will also help the scores of other medical marijuana victims of DEA terrorists get a fair trial as well. State medical marijuana laws will be respected by the federal government.

I urge everyone here to please do everything in your power to get as many people as possible in the next year to write Congress. Although I believe that either my appeal, Ed's appeal, or the OCBC appeal will eventually prevail in the Supreme Court, we can't stand by and do nothing and hope this is the case. I've left fliers outside this conference that I hope you can all distribute at a minimum to all your friends and relatives and plead to them to follow through and write their Congressional representatives.

Please help me, Ed Rosenthal, Lynn and Judy Osburn, Robert Schmidt, and others by spending as much time as possible to get others to write their House or Senate Representatives. You have the power to make this bill become law. You could distribute these flyers to owners of small businesses you know, and ask them to pass them out to customers, pass them out at malls and grocery stores. You can ask organizations such as the ACLU and Nurses

Associations to ask their members to write Congress. You can think of other great ideas to spread the message. 87% of Americans disagree with what the federal government is doing, so 87% of the people you speak to will be receptive to you. With your help I'll be able to attend the next NORML conference. I hope to see you all next year.

Thank you,  
from Bryan Epis

Info about the bill:

<http://safeaccessnow.org/article.php?id=394>

Write your congress person:

<http://safeaccessnow.org/article.php?id=356>

Contact: Dale Gieringer (415) 563-5858 // [canorml@igc.org](mailto:canorml@igc.org) // 2215-R Market St. #278, San Francisco CA 94114

## Protecting Marijuana Patients In WA -A Plea For Help

Seattle may become the first American city to enact a law protecting marijuana users from criminal penalties. Unfortunately, it is uncertain how well the lowest-priority measure, I-75, will actually succeed at protecting marijuana users. < see: <http://sensibleseattle.org/>>

Four years after enactment, Washington's Medical Use of Marijuana Act, I-692, is failing to protect medical marijuana patients from prosecution and forfeiture. Mass-media news sources are sadly deficient in their duty - few are aware that Washington State's progressive medical marijuana law has become meaningless by use of a prosecutorial loophole.

### The Shepherd Opinion

(<<http://www.cannabismd.org/news/shepard.php>>)

Earlier this year, a division of the Washington State Court of Appeals handed down a ruling that threatens the legal status of every medical marijuana patient in the state.(State v. Shepherd, 110 Wn. App. 544, 2002) A designated "caregiver" Shepherd had been convicted in a stipulated facts trial in Superior Court in Spokane. On appeal, Division Three of the Court of Appeals applied a strict construction test to the State initiative and read unwritten and impermissible requirements into the compassionate initiative.

The Court required the exact use of the phrase "the potential benefits of the medical use of marijuana would likely outweigh the health risks . . ." (for a particular patient) in order for the recommendation to be valid.

This has resulted in prosecutors seeking pre-trial orders excluding the defense and any mention of medical marijuana-ruthlessly exploiting a technicality to deprive sick people the legal rights granted under Initiative 692.

The Shepherd Opinion creates a mean spirited hyper-technical requirement that automatically disqualifies an estimated 30 percent of known WA state medical cannabis users recommendations due to the common substitution of the word "may" for the phrase "would likely" in the crucial sentence: "... the potential benefits of the medical use of marijuana would likely outweigh the health risks ..."

The Appellate Court also ruled that a physician must define the amount required by a patient in order to satisfy the "sixty day supply" limitation of Washington's medical marijuana law, even though that stipulation is clearly not required under the statute. Moreover, any attempt to satisfy the Court's demand on the sixty day supply clause would contradict established precedents protecting doctors from federal prosecution. (See *Conant v. McCaffrey/Conant v. Walters*, 00-17222) In October of 2002, the Washington State Supreme Court declined to hear the Shepherd case, letting stand a controlling opinion that gives prosecutors the ability to disqualify most medical marijuana recommendations based on these unjust and untenable technicalities.

Appellate attorneys agree that Initiatives should be broadly construed to effectuate their intent, and speculate that Shepherd may have been declined due to deficiencies in the record. Appellate attorneys remain hopeful that one or more cases with a good record can be taken up to the Washington Supreme Court to reverse Shepherd and clarify the law for patients.

One clear example is the case of the City of Seattle v. Real Property Known As 10522 3rd Ave NW, case # 02-2-14640-6: Ralph Wilson suffers from multiple sclerosis, but that has not prevented him from working at three different jobs to pay his mortgage. Ralph does have a recommendation to use medical marijuana, and the King County Prosecutor has so far declined to file criminal charges against Ralph, but that has not prevented the Seattle City Attorney's office from executing forfeiture litigation to appropriate Ralph's single bedroom house. Ralph's financial records and documentation were voluntarily provided to the city attorney's office and Hiatt requested a meeting with Seattle City attorney, Tom Carr, to no avail. Even more alarming, the City Attorney recently offered to dismiss the case in exchange for the unjustified payment of \$13,000.00, simply because his doctor's recommendation does not meet the requirements of Shepherd. The civil case is set for a jury trial in early 2003. Hiatt has represented Ralph throughout the proceedings.

#### **Guilty until proven innocent**

I-75, Seattle's lowest-priority for marijuana enforcement initiative will be on the 2003 ballot. If passed, people like Ralph Wilson might be better insulated from the personal

ruin of criminal prosecution. If the general public were aware of Ralph's plight, there would certainly be greater enthusiasm for passage of I-75. But Ralph's house may be forfeited long before next November. I-692, the 1998 medical marijuana law, should be sufficient to protect Ralph, but it is ineffectual without an expert criminal attorney applying a complicated and costly defense. A part of the problem is the system itself. Prosecutors are not used to being challenged.

In most cases, defendants have committed a crime, and defense attorneys merely mitigate charges and sentencing. Prosecutors must learn that laws protecting patients from prosecution cannot be applied arbitrarily or selectively. Law enforcement officers must become better educated on RCW: 69.51A, Washington's voter-approved statute protecting medical marijuana patients. Unfortunately, the education of our authorities takes place in the courtroom.

#### **The tip of the iceberg**

Defending cases affected by the Shepherd Opinion is the only means of maintaining legal protections enacted in Washington State's Medical Use of Marijuana Act. Cases such as those described above will define legal actions for all medical marijuana patients in Washington. Those cases are, however, merely the most prominent of many challenges handled by defense attorney Douglas Hiatt. In 1999, the Seattle Housing Authority (SHA) sent written notice prohibiting the use of medical marijuana in federally-subsidized public housing. Hiatt engineered a "don't ask, don't tell" policy with SHA that served to shield several AIDS patients from homelessness. A similar arrangement was negotiated with a private AIDS hospice in Seattle that had also given notice to a blind and wheelchair-bound AIDS patient. Following the US Supreme Court decision in the Oakland Cannabis Buyers Co-operative case, and also with the change in federal administration, the tenuous security developed by Douglas Hiatt has been abandoned.

Currently, several severely ill and legally qualified patients in Seattle are at risk of losing their federally-funded housing. Hiatt would welcome the opportunity to litigate these cases in federal court were any of these patients able to furnish basic funds for legal expenses. While his arguments might fail under various motions, the sympathetic Seattle press would definitely cover these cases. Hiatt believes drawing public attention to the federal punishment of sick people for their choice of health care would in itself bring some resolution to this conflict between state and federal laws.

#### **Douglas Hiatt, Esquire - Medical Marijuana Defense Attorney**

Douglas Hiatt has spent the majority of his career serving as a public defender. Most **<continued on next page>**

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<continued from previous page> recently with Northwest Defender Association in Seattle, and with the Skagit County Public Defender's Office; developing an acute appreciation for the injustices of our legal system. Hiatt's concern for downtrodden victims of drug war aggression compelled him to enjoy private practice with deepening resolve.

As a member of the Federal CJA panel, Hiatt continues to take indigent clients in federal prosecutions. Hiatt's long experience in marijuana law predicated his current association with the Law Office of Jeff Steinborn, renowned marijuana defense attorney in Seattle. A champion of the underdog and savior of the sick and poor, Hiatt has spent many years handling complicated medical marijuana defense cases largely pro bono. Although intended to protect marijuana patients, the passage of Initiative 692 in 1998 actually created a plethora of situations requiring delicate behind-the-scenes negotiations as well as bold courtroom strategies in order to circumvent certain legal disaster for victimized clients. Recent developments in Washington State law have drastically intensified the legal struggles of persons who use marijuana with their doctor's approval. Following the Shepherd Opinion, Hiatt has been inundated with complicated prosecutorial challenges on virtually every medical marijuana case now pending. His is the only attorney's office that is expert in medical marijuana defenses in WA State - defending disadvantaged clients on a shoestring budget - and he is becoming overwhelmed with the burden.

## **Martin Martinez - Medical Cannabis Patient, Patient Advocate, Author**

Martinez has profound experience in the education of legal authorities to the cultivation and use of medical marijuana-his 1996 criminal defense, prior to the 1998 Medical Use of Marijuana Act, was the second medical necessity case in the history of the State of Washington. It cost nearly two years of legal battles, two arrests, and included personal expenses of nearly \$25,000.00 in legal fees. Martinez continued the fight in Oakland, CA as one of thirty plaintiffs that were denied the rights of medical necessity by the United States Supreme Court in US vs. Oakland Cannabis Buyer's Co-operative. During that same time period, Martinez created the first comprehensive summary of existing scientific data: The New Prescription - Marijuana as Medicine, (Quick American Archives, Oakland, 2000). Working with medical marijuana expert Francis Podrebarac, MD, and the Sonoma Alliance for Medical Marijuana, Martinez helped free several incarcerated patients and helped prevent a criminal conviction in more

than one high-profile case.

Returning to Washington State, Martinez was invited to testify before the Washington State Legislature on the crucial "60 day supply" clause of Washington's medical marijuana law. Martinez has also served as expert witness on patient cultivation and use in several marijuana cases, and is currently deposed as expert witness in all of the medical marijuana cases listed above. He currently represents several hundred qualified mmj patients who have contributed over \$10,000.00 to medical marijuana legal defense in 2002. Relief from the constant threat of criminal and civil persecution is his only pertinent motivation.

Please help them fight the war against the war on medical marijuana Hiatt and Martinez have been fighting the State of Washington for the use of medical marijuana since before the passage of statewide ballot measures in California and other Western States. With the exception of a \$1,000 contribution from Lester Grinspoon, MD in 1998, and \$3,000 from Canadian seed-baron Mark Emery, Hiatt and Martinez have conducted their small campaigns completely independent of any financial support. Now is the time for all good people to come to the aid of this movement. The crisis is real-medical marijuana is losing in the courts because virtually all of the defendants are simply unable to afford an adequate legal defense. If we wait, it will be too late. Please help us establish a medical marijuana legal defense fund in Washington State.

**Contact Douglas Hiatt, Esquire at:**  
**Douglas\_Hiatt@hotmail.com \* 206-262-9699**  
**218 3rd Ave, Suite 1800, Seattle, WA 98101**

For more information on medical marijuana in Washington State, please see: <[www.CannabisMD.org](http://www.CannabisMD.org)>

To contact ASA:

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