



# GET WRITING MAD!

## Oregon Medical Marijuana Program Fee Hike Proposed, Poorest Patients Hit Hardest

### Write the Governor to oppose the medical marijuana sections of The Domino Effect report

Currently the Oregon Medical Marijuana Program annual permit is \$100 for most but only \$20 for approximately 30% of the patients who are on the Oregon Health Plan (OHP) or receiving SSI. Many with chronic illnesses who can barely afford the yearly fee.

Unfortunately, "The Domino Effect: A Business Plan for Rebuilding Substance Abuse Prevention, Treatment, and Recovery", prepared for: Governor Kulongoski and Members of the Oregon Legislative Assembly by the Governor's Council on Alcohol & Drug Abuse Programs proposes to: "Increase medical marijuana card application and renewal fee to \$150 and earmark revenue above the level required to administer the program for prevention, treatment and recovery services program beginning in the 2007-2009 biennium." < continued pg 3 >

### Teen cancer patient battles to choose own treatment

16-year-old wants alternative therapy, not ordered chemo

RICHMOND, Virginia (AP) -- A teen cancer patient fighting to use alternative medical treatment said he told a juvenile judge in a closed hearing what it's like to go through chemotherapy and he didn't want to relive it.

"I told him my story ... so he could understand where I was coming from and live through me," 16-year-old Starchild Abraham Cherrix said.

In all, the judge heard 11 hours of testimony before the two-day hearing concluded late Tuesday. At issue is whether the teen can make his own medical decisions and can keep living with his parents and four siblings on Chincoteague, an island off Virginia's Eastern Shore. The judge is expected to issue a written decision by July 18.

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### OMMP MEETS

Oregon Medical Marijuana Program (OMMP) public meetings of the ACMM happen quarterly on a regular basis in Portland, Salem and Eugene. To discuss or propose changes one can attend these meetings hosted by the OMMP. The MERCY News Report tracks these on our calendar and posts copies of the Agenda and Minutes on the website in our online library. You can also keep up on Public Meeting Notices by visiting the OMMP website at:

<http://oregon.gov/DHS/ph/ommp/>

Next meeting is:

September 21, 2006  
from 10 am to 2:30 pm at  
McKenzie Center (DHS)  
2885 Chad Drive, Room 1  
Eugene, Oregon 97408

At the September meeting the ACMM is expected to entertain motions related to The Domino Effect (such as

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**The MERCY News Report** is an all-volunteer, not-for-profit project to record and broadcast news, announcements and information about medical cannabis.

For more information about the MERCY News, contact us.

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*Check it out!*

The MERCY News Report is produced by virtue of the expense and energy of the members and staff of MERCY, the



# About MERCY

MERCY is a not-for-profit, grass roots organization founded by patients, their friends and family and other compassionate and concerned citizens in the area and is dedicated to helping and advocating for those involved with the Oregon Medical Marijuana Program (OMMP). MERCY is based in the Salem area and staffed on a volunteer basis.

The purpose is to get medicine to patients in the short-term while working with them to establish their own independent sources. To this end they provide, among other things, ongoing education to clinics, individual physicians and other healthcare providers about the OMMP, cannabis as medicine and doctor rights in general.

MERCY wants to be a strong patient advocate, which can manifest itself in a variety of ways. One of these has been maintaining lines of communication with other patient advocates and the OMMP director and workers, which we are trying to do.. At the same time we attempt Doctor education and support programs, and 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 apply their medication.

During the past year MERCY has assisted a number of people in getting into the OMMP as well as helping them find access to excess medicine. Through the above actions, MERCY intends to build a volunteer base for constant recruitment & administration of the organization for the future. Through marketing and communications we hope to coordinate with business and organizations to make a lasting, positive change in the community.

The mission of the organization is to help people and change the laws so that action like this isn't necessary any more. We advocate reasonable, fair and effective marijuana laws and policies, and strive to educate, register and empower voters to implement such policies. Our philosophy is one of teaching people to fish, rather than being dependent upon others. Lasting change will require that each citizen be active enough to register and effectively vote. You, and only you, the people, can make it happen. We will help in any way we can, but you have to tell us what you need. Work with us to make this your "tool shed", or resource guide, to successful medical cannabis utilization and activism.

## Monthly Meetings and Office Hours

One of the missions of MERCY is to establish regular get-togethers in each community where the are (or will be!) medical cannabis patients. The purpose is to get patients networking and self-sufficient within their neighborhoods, assist those seeking information about the OMMP and pass on (or pick up!) action items of interest to the group. **Next ones happen Thursday - August 31, September 28 and October 26, 2006**

**!SORRY!** We REALLY do want to help everybody as much as they feel they need it. **BUT** the expenses of maintaining the resources - just being there - has caught up with the starting poverty level of the organizers. Therefore, a **\$20 Day Use fee** is being instituted for use of MERCY facilities at Monthly meetings, Office hours and such. We will still accommodate the public and cardholders with their registration issues for (dumb looks still) free!, of course.

<continued from "GET WRITIN' MAD", pg 1> "The Domino Effect provides no evidence that therapeutic use of physician-approved medical cannabis raises costs to Oregonians" testified Dr. Rick Bayer, of the ACMM. "Anecdotal evidence suggests medical marijuana lowers the tax burden. Many patients, including those on OHP, choose herbal cannabis because of cost, effectiveness, or adverse reactions from conventional and expensive pharmaceuticals.

In spite of this, The Domino Effect proposes a medicine tax egregiously targeting Oregonians with pain syndromes, cancer, HIV, Multiple Sclerosis, and other debilitating conditions. In addition, this medicine tax ignores the 30% of OMMP patients in dire poverty who cannot afford application fees to rise from \$20 to \$150. Those who cannot afford this medicine tax will no longer be able to register.

Actions that discourage registration with the OMMP undermine SB 1085. This medicine tax cost-shifts onto Oregon's chronically ill. After the poor and sick can no longer afford the squeeze, there will be an increase in the number of unregistered medical marijuana gardens in Oregon possibly by 30 to 50%. Bipartisan efforts to pass SB 1085 included legislators and Law Enforcement who sought less unregistered growsites rather than more unregistered growsites like The Domino Effect will cause.

The Domino Effect levies a discriminatory medicine tax on the sickest and poorest Oregonians, worsens access to medicine, and wastes taxpayers' money."

A link to the "Domino Effect report" is at:  
<http://www.oregon.gov/DHS/addiction/publications/07-09businessplan.pdf>

The Domino Effect - currently - isn't typical legislation but more of an executive order type process. There was a hearing before Senator Morrisette's Public Health committee in June (6/21). The ACMM testified at this hearing where it was noticed that Senators Morrisette and Kruse don't like the "Domino Effect".

The next day the ACMM voted to unanimously oppose the medical cannabis (marijuana) part of the Domino Effect. For the record, Dr. Higginson testified against the Domino Effect at the legislative hearing.

Then, the ACMM heard from Mr. Bob Nikkel of OMHAS and Stephanie Soares Pump from the Governor's Council. Mr. Nikkel expressed no real enthusiasm for the Domino Effect but said the Domino Effect was written entirely by The Governor's Council and OMHAS are only the

publishers.

However, Mr. Nikkel and his one billion dollar budget controls the money that goes to drug warriors like the Oregon Nurses Association to do their anti-marijuana shows.

The Governor's Council talked to no one at OMMP to find out the fee structure or anything else.

### Taking ACTION

The Domino Effect report is bad news for OMMA patients. Advocates concerned about those unable to afford to register with the OMMP must let the Governor know early and often. The Advisory Committee on Medical Marijuana (ACMM) unanimously opposes all medical marijuana sections of the report but the ACMM are only 11 and can only advise.

One way to sink the medical marijuana portion of the Domino Effect is a letter blitz getting Governor and Candidate Kulongoski to say, "No, I won't tax your program. Or vote for you, either!"

It is up to the Oregon marijuana law reform community to lead the way in writing letters to the media as well to help stop this discriminatory medicine tax or as the Bend Bulletin calls it a "silly fundraising scheme".

Thru Letters-To-the-Editor (LTEs) You - yes, YOU! - can tell the world to come out against the Domino Effect. We see no downside in starting to let people know that this "Domino Effect" is happening and what they can do about it ASAP.

Also, some education should go to The Governor's Council. For suggested reading about the Governor's Council visit:

[http://www.oregon.gov/DHS/addiction/gov\\_council/main.shtml](http://www.oregon.gov/DHS/addiction/gov_council/main.shtml)

The Governor must hear from voters because we have a representative government where elected officials need to hear from constituents. Please put this on all websites and blogs that now is the time for those who care about medical cannabis to pursue an important letter and phone call effort like we have in the past. **MAILing the Gov; write to:** Governor Kulongoski, 160 State Capitol, 900 Court Street, Salem, Oregon 97301-4047. Also **PHONing;** the Governor's Citizens' Representative Message Line - 503.378.4582, **FAXing** 503.378.6827 -Or- you can **e-mail** The Governor thru his contact page:

[http://governor.oregon.gov/Gov/contact\\_us.shtml](http://governor.oregon.gov/Gov/contact_us.shtml)

Once you have your writing points then other

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A written letter is far superior to a email which has to be far superior to no communication at all. Phone calls and faxes work too. It's more important it gets sent rather than be the greatest grammar. Mostly, we need a yes or no answer without creating a novel that might be overwhelming for a Governor's assistant.

Now is time to get some posts up, threads going on all forums and blogs around the state. The question to Oregon cardholders and cannabis reform advocates is: Are we going to allow The Domino Effect report to the Governor make the OMMA go back to being nearly unaffordable for many Oregonians? And that doesn't even touch on the principles involved. If we wait. . . it may be too late.

After you send your letter, please share it with The MERCY Newz Report so others get stoked. Thank you.

**WRITE ON! LTE and MEDIA Tools and Action Items**

Thanks to those who tracked editorials down and posted them on the internet. Let's hope other papers pick that up.

Please update us with examples and suggestions on where to send letters, re-post this action item on your forums and forward this to supporters of cannabis law reform. After you mail your letter please forward a copy to The MERCY Newz Report so others get inspired and educated. The ACMM already opposes the Domino Effect but the newspapers and supporters of this medicine tax need to hear from cardholders, cannabis (marijuana) - medical specific or otherwise - activists, family, other supporters as well as a majority of the voting public. We need phone calls, letters, faxes, visits. They don't have to be long - short is best. Snail mail is always great too.

Writing a good LTE is an art. To improve chance of LTE (letter to the editor) publication please see:

<http://www.mapinc.org/resource/tips.htm>

To get into the archives an article needs to be newshawked. Its just a simple matter of copy and pasting an article into an email and sending it to MAP's editors. The how to page is here:

<http://www.mapinc.org/hawk.htm>

**There are never enough NewsHawks.** We seriously encourage anyone who enjoys sitting at their qwerty and helping the cause to become a NewsHawk. It is estimated some 90% + of the articles that get to the DrugNews are hawked by 10 folks, many of whom are doing at least double duty.

Many organizations get line space in the DrugNews articles' headers. For instance:

Newshawk: Madison NORML  
<http://madisonnorml.org/>

The advantage to getting an article into the archives is that it moves beyond the state list and can become a target for letter writers outside our area. And in our movement any print space is another step. We have to work hard to get fair coverage because we have been maligned for so long.

The lies we must dismember make for a long list.

Continue to advocate folks support MAP/DrugSense (<http://DrugSense.org/donate>). As the host for MERCYs e-mail list and many, many others MAP is the rock of information a large part of the drug policy reform folks rely on for its archived news.

**<continued from "OMMP MEETS", pg 1>**

opposing it, analyzing it more formally, coming back with a report, and allowing those who testify before the legislature to say the ACMM opposes it). The ACMM cannot officially oppose The Domino Effect until they meet because the democratic process doesn't want public bodies, like the ACMM is now, to vote in secret - even if everybody "knows" the ACMM is going to oppose this. But the "open meeting laws" and "public meeting laws" that govern the legislatively-created ACMM don't apply to individuals or activist groups who make up the ACMM and they can express opinion at will. There's no problem with them discussing in public how they're going to vote or to advise the public on what they can do about it.

**About the ACMM**

The Oregon Medical Marijuana Program (OMMP) Advisory Committee on Medical Marijuana (ACMM) provides an opportunity for public to discuss administrative issues with the OMMP management.

Section 7 of Senate Bill 1085, required the Director of DHS to appoint an 11 member advisory committee (a committee to advise the Director of DHS) 'from persons who possess registry identification cards, designated primary caregivers

of persons who possess registry identification cards and advocates of the Oregon Medical Marijuana Act.' The ACMM replaces the Administrative Workgroup, which had previously worked on such matters.

The ACMM members consist of: Richard E. Bayer, M.D., Chair; Sandee Burbank, Vice Chair; Leland Berger, Todd Dalotto, Laird Funk, Darryl George, DO, Chris Iverson, Jim Klahr, Madeline Martinez, Stormy Ray, and John Sajo. The most salient feature of this group is that no one who opposes the OMMA is on the committee.

This committee will be merely advisory, and the director can reject advice from the committee once it is formed. Additionally, advisory committee meetings are subject to Oregon's open meeting laws, so that any interested person can get notice of the meetings and attend.

**Contacting The ACMM.** Oregon NORML lists the email addresses for all the ACMM members at:

<http://www.ornorml.org/legal/acmm.htm>

#### Other OMMP News

As of March, 2006, there were 11,592 patient cardholders, total of 13,048 with pending applications. From February 23, 2006 to March 23, 2006, the program received 301 new applications, 358 renewal applications, 870 cards were issued, and 32 denials or terminates.

Denied or Terminated applications are usually due to incomplete information. Ms. Salsbury, Program Manager, clarified that renewing patients who have done the Criminal History Request (CHR) form within about 3-4 months are not required to resubmit the CHR form with the renewal application.

**24/7 Law Enforcement Data System (LEDS) VERIFICATION system is up.** Ms. Salsbury announced that police could now check cardholder status 24 hours per day and 7 days per week with any LEDS terminal.

The OMMP has access to a report that accounts each check that is run by an officer's DPSST (Badge Number) and what location. The program would be able to detect if an officer was searching. A report every quarterly meeting showing the number of inquiries - such as how many times officers are accessing the system by county - was requested; Ms. Salsbury will research this topic.

**Spanish application materials are available** for application instructions, new application form, renewal application form, change request form, and criminal history request form. These forms are

available online and upon request. Ms. Salsbury encouraged clinics to take copies of the Spanish forms for feedback.

#### Contacting DHS/OMMP

DHS Health Services  
OMMP - Oregon Medical Marijuana Program  
P.O. Box 14450  
Portland, Oregon 97293 - 0450  
Phone: (971) 673-1226, Fax: (971) 673-1278  
web: <http://oregon.gov/DHS/ph/ommp/>

**<continued from "TEEN BATTLES", pg 1>** The teen, who is known as Abraham, has Hodgkin's disease, a cancer of the lymph nodes.

Three months of chemotherapy last year made him extremely weak. So when he learned in February that his cancer was active again, he turned -- against doctors' advice -- to a sugar-free organic diet, herbs and visits to a clinic in Mexico. A social worker asked a judge to require the teen to continue conventional treatment.

In May, the judge issued a temporary order finding Jay and Rose Cherrix neglectful for supporting their son's choice to pursue alternatives. Judge Jesse E. Demps also ordered the parents to share custody of Abraham with the Accomack County Department of Social Services. Abraham's parents face losing custody completely.

"What it boils down to is does the American family have the right to decide on the health of their child," Jay Cherrix said, "or is the government allowed to come in and determine that themselves and threaten one way or the other to split our family up?"

Abraham and his parents think a doctor reported them to Social Services for not continuing with chemotherapy. The judge initially forbade the family to leave Virginia, then let Abraham return to the Mexican clinic last month after the teen had X-rays to assess his disease. The X-rays showed the chest tumor had grown mildly, Abraham said.

Barry Taylor, the family's attorney, said the case had major ramifications not only in Virginia, but also across the nation when it comes to parents' rights to determine what is best for their children.

"I don't think any family in the commonwealth would be comfortable with the fact that a social worker with no medical training could make a medical decision for their child," Taylor said. "It's an assault on the American family."

## Medical Marijuana From the Patient's Point of View by *Kenneth Michael White*

The House of Representatives recently voted down an amendment to a spending bill that would have prevented the Justice Department from spending Federal tax dollars on medical marijuana investigations and enforcement actions in those States that have decriminalized marijuana for medical use. From the perspective of a person with a serious illness whose doctor has recommended the medical use of cannabis, the congressional vote was an unfortunate 259 to 163 against common sense.

Of course, common sense is not always common (especially in Washington, D.C.). In this sense, the congressional vote against medical marijuana is nothing new. For example, the 75th Congress started the trend of ignoring reality when it comes to medical marijuana by passing The Marihuana Tax Act of 1937. Over the objection of the American Medical Association, the 75th Congress allowed prejudice (directed primarily towards Spanish-speaking persons in the Southwest) to trump intelligence. America has paid dearly for this mistake, both in terms of wasted tax dollars spent punishing unpopular people and the inevitable loss of liberty associated with asking the government to protect people from themselves.

The 259 members of the 109th Congress who failed to vote in favor of correcting a mistake of 69-years and counting have given de-facto approval to the practice of punishing sick and dying people. Granted, the Drug Enforcement Administration has promised the United States Supreme Court that it does not target individual medical marijuana patients, but the agency nevertheless opposes the end of medical marijuana prohibition and therefore desires to, at least, threaten legitimate medical marijuana patients with criminal sanction. But, why? Why is it so hard to accept the private medical use of marijuana?

Are people upset with the medical use of marijuana because they believe it looks like lawlessness? Would such people change their view about medical marijuana if they knew that the American Medical Association once considered the plant to be medicine? If they knew that the Chinese have been using the plant as medicine for thousands of years? If they had a family member who needed marijuana to ease the symptoms associated with cancer, AIDS, and/or chronic pain?

Are people upset with the medical use of marijuana because they believe that some medical marijuana patients do not "look" sick? Well, should Congress

order doctors to only prescribe medicine on the basis of who "looks" sick to the average person with no medical background or training? What, exactly, is a cancer patient supposed to look like anyway? How about an AIDS patient? An MS patient? Glaucoma? Arthritis? Is it even possible or desirable to judge by a glance which person deserves a disabled parking permit and which person does not?

Are people upset with the medical use of marijuana because they think that marijuana is addictive? Would such people change their view about medical marijuana if they knew that the supervised use of pain medication is not the equivalent of the unsupervised abuse of pain medication? If not, then should Congress prevent doctors from recommending the use of all medicines that could be addictive or could be abused? Why should people be deprived of useful medicine on the basis that certain individuals cannot be trusted with such medicine? Isn't it simply cruel to threaten to punish people with incarceration for privately following their doctor's advice?

Are people upset with the medical use of marijuana because they think that marijuana is dangerous? Would such people change their view about medical marijuana if they knew that no one in recorded human history has ever died from overdosing on marijuana? Alcohol is far more dangerous than marijuana, so should we re-prohibit alcohol and bring back organized crime figures like Al Capone? If not, then why should we keep medical marijuana prohibition in place when it helps foster a black market that provides ready funding to international terrorists? Is it possible that the war on drugs is more dangerous than the medical use of marijuana? Isn't it the current system of drug regulation that subjects our children to dangerous streets and dangerous temptations? Has Coors Brewing Company ever sponsored a drive-by shooting or otherwise used violence to profit from the sale of beer? Has a legitimate medical marijuana patient's use of marijuana ever caused measurable harm to society?

According to the polls there is only 20% of the American population that does not favor medical marijuana. That means a whopping 80% of the country favors making marijuana available for doctors to prescribe to patients without government interference. Despite the fact that both federalism and conservatism seem to call for letting States enact medical marijuana laws and keeping government out of people's private lives, a majority-of-the-majority in the Republican Party refuses to recognize any comity or restraint, and

the Democratic Party is sometimes too afraid to stand up for what is often viewed as a "hippie" drug. The result is an out-of-touch Congress that criminalizes the sick and dying.

Oh well, maybe next year common sense will, finally, prevail in Congress again. In the meantime, people who need medical marijuana to survive are forced to go on living with the stigma of being a violator of an unjust law, which is still some kind of law after all, and which, for conscientious citizens, does not feel good to disobey. The good news is that medical marijuana patients are on the side of truth; however, the bad news is that they have to beg Congress to catch up with them for at least one more year.

The Author: Kenneth Michael White is an attorney and the author of "The Beginning of Today: The Marihuana Tax Act of 1937" and "Buck" (both by PublishAmerica 2004); Source:

[http://www.opinioneditorials.com/freedomwriters/kwhite\\_20060701.html](http://www.opinioneditorials.com/freedomwriters/kwhite_20060701.html)

## **COULD CANNABIS SLOW THE PROGRESS OF MS?**

**MILLIONS of people could benefit if the world's first trial to investigate the effects of cannabinoids on progression of multiple sclerosis is a success, it has been claimed.**

The UKP2million three-year trial, led by Professor John Zajicek, is being carried out in Britain with the help of 500 volunteers, nearly 20 of whom have already been recruited.

The aim is to discover whether cannabis derivatives could play a role in slowing the progression of MS, a chronic disease of the nervous system suffered by around 85,000 people in Britain.

Evidence suggests cannabis extracts may play a role in relieving the symptoms of MS. Previous trials led by Prof Zajicek, of Peninsula Medical School and Derriford Hospital in Plymouth, Devon, also found evidence to suggest one part of cannabis, THC, might slow the development of the disease.

He said: "If this study demonstrates cannabinoids do have a longer term effect on the progression of disability, there are potentially far-reaching implications, not only for people with MS, but also for those with other neurodegenerative conditions.

"If cannabinoids really can protect nerve cells, it might be possible to think about other conditions like Parkinson's disease, Alzheimer's disease and motor neuron disease, and other degenerative

conditions which result from the loss of cells."

Source: Manchester Evening News (UK)  
Website: <http://www.manchesteronline.co.uk>

--- References ---

<http://www.mapinc.org/topics/multiple+sclerosis>  
<http://www.mapinc.org/mmj.htm> (Cannabis - Medicinal)

## **ACTIVISTS PROTEST MEDICAL MARIJUANA RAIDS AND ARRESTS**

The dragnet that was dropped over San Diego County medical marijuana dispensaries Thursday has prompted deepening concern among patients who rely on the plant to relieve their symptoms.

Most of the dispensaries targeted by the drug task force stayed closed yesterday, but some were open despite a terse warning from officials that they might be next.

Dozens of medical marijuana activists protested yesterday outside the federal courthouse, where one day earlier local and federal law enforcement leaders announced the results of a raid on area pot dispensaries.

Fifteen people were arrested on various state and federal charges after an 18-month investigation into the dispensaries, which are legal under state law but remain forbidden under federal drug rules.

California's landmark 1996 medical marijuana law allows patients to grow and use marijuana, but a follow-up bill that tried to clarify the legislation does not fully spell out guidelines on the commercial sale of the drug.

The resulting confusion has left patients and local officials in a lurch.

"How can you bust people for breaking the law when there are no rules?" wondered Dion Markgraaff, a medical marijuana advocate who helped organize the demonstration. "That's what everybody wants regulation."

Motorists driving by the protest along Broadway honked in apparent support of the protesters, who stayed at the corner for nearly an hour before marching to the Hall of Justice.

They hoped to meet with District Attorney Bonnie Dumanis, who vowed at a news conference Thursday to continue raiding dispensaries if they do not shut down.

Courthouse security teams refused to allow all the protesters to enter the building, permitting only a handful of them to drop off a letter to Dumanis.

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< continued from previous page > The rejection did not sit well with Richard Hertz, a medical marijuana advocate from Clairemont who was among those left outside.

"Our local officials aren't following state law or the will of the people," he said.

The letter to Dumanis urged her to develop local rules governing pot dispensaries so patients would have reliable and safe access to their pain-relieving medicine.

Dumanis was out of her office yesterday but had an aide read her the letter by telephone before issuing this response: "Legitimate patients and/or their real care providers can grow reasonable amounts of marijuana as prescribed by actual treating physicians. That's not what's happening here."

Dumanis was unavailable for follow-up questions.

Medical marijuana activist Rudy Reyes, who suffered severe burns across his face and body in the Cedar fire, wants to know what options exist for patients like him if they are unable to grow plants on their own or buy pot from dispensaries.

"There are no guidelines for the county," he said outside the federal courthouse. "What am I supposed to do?"

In an unrelated development yesterday, three advocacy groups petitioned a state court to intervene in a lawsuit brought by San Diego County that seeks to overturn California's medical marijuana laws.

The ACLU, Americans for Safe Access and the Drug Policy Alliance filed court papers to join in defending the pending case.

Author: Jeff McDonald, Union-Tribune Staff Writer  
Source: San Diego Union Tribune (CA), Webpage:  
<http://www.signonsandiego.com/news/metro/20060708-9999-2m8pot.html>

--- for more information ---

<http://www.mapinc.org/topics/San+Diego+County>  
**District Attorney Bonnie Dumanis**  
<http://www.sdca.org>

**American Civil Liberties Union (ACLU)**

<http://www.aclu.org/drugpolicy/medmarijuana/>

(Marijuana - Medicinal): <http://www.mapinc.org/mmj.htm>

(Marijuana - California): <http://www.mapinc.org/find?115>

## Get Active!

**The Media Awareness Project** Index of Online HELP Documents can be found at >  
[www.mapinc.org/help](http://www.mapinc.org/help)

**Help make sure that patients can access medical cannabis safely and legally.** Americans for Safe Access maintains a Take Action page at:

[safeaccessnow.org/article.php?list=type&type=139](http://safeaccessnow.org/article.php?list=type&type=139)

to help you decide what actions you can take. Common Sense for Drug Policy also maintains an organizers' toolkit at:

[www.csdp.org/active/whattodo.htm](http://www.csdp.org/active/whattodo.htm)

**Check Your Representatives' Ratings And See Who Has The Best Record.** These ratings are based on point system designed by NORML. Points were assigned for actions either in support of or in opposition to the organization's position. Visit:

[http://www.vote-smart.org/issue\\_rating\\_detail.php?sig\\_id=003784M](http://www.vote-smart.org/issue_rating_detail.php?sig_id=003784M)

**Then Contact Your Elected Representatives** And either Thank them for their Support -or- Urge Them to 'Stop Arresting Marijuana Smokers'. Visit:  
<http://capwiz.com/norml2/home/>

**NORMLs State Law Map.** This map summarizes state marijuana laws. For details, click a state.  
[http://www.norml.org/index.cfm?Group\\_ID=4516](http://www.norml.org/index.cfm?Group_ID=4516)

**State-By-State Medical Marijuana Laws: How to Remove the Threat of Arrest,** by the Marijuana Policy Project (MPP). Visit:

<http://www.mpp.org/statelaw/index.html>

Then go to their home page and check out Current Legislation. Also, they have an excellent action tool to use in following up on the H/R Amendment.

See: <http://hinchey.mpp.org/>

**The Drug Policy Alliance** monitors legislative work in many states, especially those in which they provide support for educational or legislative efforts. To see the latest developments, visit:

<http://www.drugpolicy.org/statebystate/>

**Wikipedia, the free encyclopedia.** Cannabis laws around the world. Visit:

[http://en.wikipedia.org/wiki/Medical\\_marijuana](http://en.wikipedia.org/wiki/Medical_marijuana)



