Abstract

In 1998 many Oregon voters approved the Oregon Medical Marijuana Program through a state ballot initiative and believed, because of misleading campaign ads, that it was for a small percentage of people who were sick and dying. Now 12 years later, as of April 1, 2011, there are over 40,000 marijuana cardholders of which more than 35,793 or 90% of those cards have been issued for chronic pain and 35% of the cards were issued by one doctor and an additional 59% by ten doctors. This article will review Oregon's marijuana program, which is being used to promote marijuana as medicine and is in direct conflict with federal laws which have never deemed smoked marijuana as medicine, as well as reveal impacts to the environment, businesses, the treatment industry, law enforcement, youth attitudes, addiction rates, children, and the community.

Overview of Program

The Oregon Medical Marijuana Act was established by Oregon Ballot Measure 67, in 1998, passing with 54.6% support. It modified state law to allow the cultivation, possession, and use of marijuana by recommendation for patients with certain medical conditions. The Act does not affect federal law, which still prohibits the cultivation and possession of marijuana.

In 2005 the Oregon legislature passed Senate Bill 1085, which took effect on January 1, 2006. The bill raised the quantity of cannabis that authorized patients may possess from seven plants (with no more than three mature) and three ounces of usable cannabis to six mature cannabis plants, 18 immature seedlings, and 24 ounces of usable cannabis. The bill also changed the penalty for exceeding the amount allowed for state-qualified patients. The new guidelines no longer give patients the ability to argue an "affirmative defense" of medical necessity at trial if they exceed the allowed number of plants. But patients who are within the limits retain the ability to raise an affirmative defense at trial even if they fail to register with the state.

The Oregon Medical Marijuana Program is a state registry program within the Public Health Division called the Oregon Health Authority. Their role is to administer the Act as approved by the voters. Patients can get a recommendation from their doctor for a number of approved debilitating medical conditions such as cancer; glaucoma; agitation due to Alzheimer's disease; positive status for human immunodeficiency virus or acquired immune deficiency syndrome or treatment for these conditions; or a medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following: cachexia; severe pain; severe nausea; seizures, including but not limited to seizures caused by epilepsy; or persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis; or any other medical condition or treatment for a medical condition adopted by the authority by rule or approved by the authority pursuant to a petition submitted pursuant to ORS 475.334. (1)

It is important to note that doctors are not allowed to prescribe marijuana because it is not a Food and Drug Administration (FDA) approved medicine; they may only recommend it. Further data indicates in Oregon that it is not the mainstream of professional doctors that are recommending marijuana, but doctors whose only focus is marijuana and are involved in the marijuana movement. In Oregon one doctor has written 35% of the recommendations for cardholders, and 10 others have written 59 %.(2)

Doctors as well are required to explain the risk and benefit of marijuana, but they do not provide a dosage amount, unlike when doctors write FDA approved prescriptions for a certain quantity for a limited time period. With marijuana, a doctor recommends it, and the cardholder grows the allowed amount of marijuana by law or has his/her caregiver or grower provide the marijuana. There are also no standards set for growing marijuana with inspections for quality, cleanliness, or the chemicals and pesticides used. Oregon's program also sets no standards on how it may be used - whether it is smoked, put into food, or vaporized.

Section 475.309 of the law allows cardholders who are 18 years and under with parent or legal guardian written permission. Currently there are over 40 children under the age of 18 in the program, 19 under 17, 12 under 16, and 9 under the age of 15.(3)

The attending physician is required to discuss the risks and benefits of the use of marijuana. The parent or legal guardian must agree to serve as the designated primary caregiver for the child and control the amount, dosage, and frequency of use.

One of the most alarming sections of the Oregon Medical Marijuana Program is that when Senate Bill 1085 took affect in 2006, it created a section in which the Oregon Health Authority would appoint an Advisory Committee that would consist of 11 members to include persons who possess registry identification cards, designated primary caregivers of persons who possess registry identification cards and advocates of the Oregon Medical Marijuana Program. This advisory committee is comprised of only designated proponents of the marijuana program and has excluded both physicians from the field of drug addiction recovery and members of law enforcement who are responsible for dealing with the compliance and illegal activities resulting from this program. (4)

A registry identification cardholder or the designated primary caregiver of the cardholder may possess up to six mature marijuana plants, 18 immature plants, and 24 ounces of usable marijuana. Another one of the loopholes in the Oregon law is that there is no designated maximum number of patients for which caregivers can grow marijuana. Below is a look at the top 10 caregivers with multiple patients revealing the amount of usable marijuana they may legally have in their possession at any given time based upon the number of registered cardholders they reportedly serve.(5)

1. 58 # of patients 87 lbs of Marijuana
2. 25 # of patients 37.5 lbs of Marijuana
3. 20 # of patients 30 lbs of Marijuana
4. 18 # of patients 27 lbs of Marijuana
5. 17 # of patients 25.5 lbs of Marijuana
6. 15 # of patients 22.5 lbs of Marijuana
7. 12 # of patients 18 lbs of Marijuana
8. 11 # of patients 16.5 lbs of Marijuana
9. 10 # of patients 15 lbs of Marijuana
10. 10 # of patients 15 lbs of Marijuana

A person authorized to produce marijuana at a marijuana grow site may produce marijuana for no more than four registry identification cardholders or designated primary caregivers concurrently. In essence, one grower could have on their property 24 mature plants, 108 immature plants, 144 ounces or 6 lbs of marijuana in their possession.

Currently there are 9,516 marijuana grow sites in Oregon that have more than one cardholder application linked to the site. Below is a look at the top 10 multiple patient grow sites. (6)

1. 60 cardholder applications 90 lbs and 1440 plants
2. 51 cardholder applications 76.5 lbs and 1224 plants
3. 34 cardholder applications 51 lbs and 816 plants
4. 30 cardholder applications 45 lbs and 720 plants
5. 23 cardholder applications 34.5 lbs and 552 plants
6. 21 cardholder applications 31.5 lbs and 504 plants
7. 20 cardholder applications 30 lbs and 480 plants
8. 17 cardholder applications 25.5 lbs and 408 plants
9. 16 cardholder applications 24 lbs and 384 plants
10. 15 cardholder 22.5 lbs and 360 plants

applications

Impacts to the Environment from Grow Operations

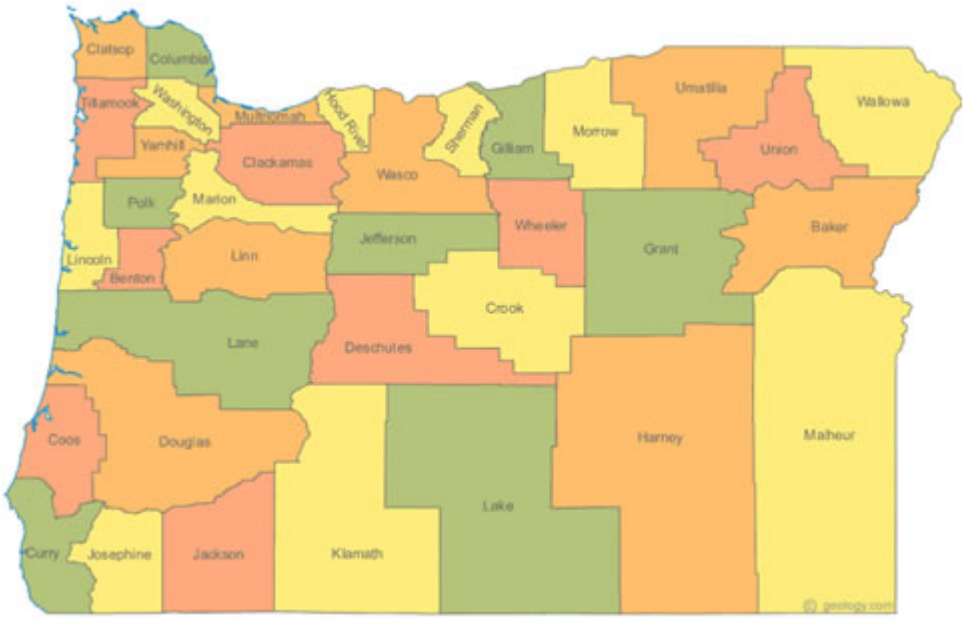
The impacts to Oregon communities have been overwhelming because of the misuse of the program, according to Sgt. John Koch of Washington County Sheriff's Office, noting that, "the law did not define any boundaries on where this marijuana could be grown, other than it cannot be visible to the public. Therefore, in communities across Oregon, innocent neighbors have cardholders, caregivers, and marijuana site growers who are growing a federally illegal drug in their backyards, homes, apartments, attics, closets, bedrooms, garages, basements, out buildings, and land lots all providing easy access for burglars, children, and animals." (7)

According to the Oregon Health Authority there are over 40,000 cardholders scattered around 36 counties in Oregon. Below is a review of Oregon's 36 counties and how the cards are distributed across the State. (8)

Baker	119
Benton	524
Clackamas	**2,835**
Clatsop	401
Columbia	678
Coos	**1,310**
Crook	194
Curry	506
Deschutes	**1,732**
Douglas	**1,581**
Grant	78
Harney	60
Hood River	213
Jackson	**5,136**
Jefferson	161
Josephine	**3,136**
Klamath	780
Lake	95
Lane	**4,324**
Lincoln	677
Linn	**1,019**
Malheur	147
Marion	**1,872**
Multnomah	**6,796**
Polk	460
Tillamook	332
Umatilla	333
Union	194
Wallowa	68
Wasco	347
Washington	**2,735**
Yamhill	700
Combined total patient cardholder count for: Gilliam, Morrow,	97

Sherman, and Wheeler Counties*

*Note: To protect the confidentiality of patients, the responses for these counties have been combined. This practice is consistent with DHS policy and HIPAA requirements



What are overwhelming about the impacts to Oregon communities are the large amounts of marijuana that are being grown throughout the State as well as the large amounts of marijuana being provided to individual cardholders. Using the number of cardholders that Oregon currently has (40,000) and multiplying it by the number of allowed marijuana plants per cardholder provides the over total amount of marijuana that is spread throughout Oregon. 40,000 cardholders = 240,000 thousand mature marijuana plants, 720,000 thousand immature plants, and 960,000 thousand ounces (60,000 pounds) of dried usable marijuana.

In an experiment, this author rolled 79 joints with one ounce of dried mint leaves. This translates into 75,840,000 million joints or 1,896 marijuana joints per cardholder. Each cardholder would have to smoke 5.2 joints per day each day of the year for 365 days to use them all. As well, these totals do not include the marijuana that is grown illegally over the amount allowed by law. According to Detective Ray Meyers from the City of Grants Pass in Southern Oregon who works on the Interagency Narcotics RADE team, "this over abundance of marijuana is being illegally trafficked to non-cardholders, sold to other states, and on occasion freely being given away to other cardholders." (9)

Sgt. John Koch of Washington County Sheriff's Office indicates that "many of these grow sites are set up in garages, apartments, attics, and homes. The people setting up these grows will run a series of wiring for the lights, ventilation, and watering timers. The growers are not required to pull county or city permits or have their grow sites inspected for safety. As a result many fires have occurred due to indoor marijuana grows where the culprit has been over heated lights or poor wiring. Property owners are common victims as well. As with meth labs in the past, when a renter moves out and leaves the remnants of a large marijuana grow behind, the owner is frequently left with a huge clean up cost. This is partly due to the fact that these grows require a greenhouse type environment and are kept humid where dangerous mold spores thrive. Other costs to owners include correcting of the wiring, water damage, soil left in residence, and deadly pesticide disposal."(10)

An official with Network Environmental Systems indicates that, "indoor marijuana grow operations have caused significant structural, environmental, and electrical systems damage in the homes that they have been

found in, not to mention the chemical residues which remain as a hidden health hazard for future occupants. Marijuana Grow Houses present serious hazards to law enforcement personnel. A number of officers have become ill and been electrocuted dismantling indoor marijuana grows. Studies conducted in Canada and the U.S. demonstrate specialized training is needed to safely take down grow house operations." (11)

Kitchen filled with marijuana growing chemicals and rooms filled with marijuana grow operation equipment, as well as holes cut in a bedroom wall and mold and moisture forming on the walls seeping through to the outside making the home a dangerous and hazardous location for occupants to reside in.
(Photo's provided by Northwest Environmental Services).

Impacts to Businesses

When the Oregon Medical Marijuana Program was passed, businesses were concerned about workplace safety issues arising from employees attempting to use an illegal drug in the workplace as well as failing federal drug-free workplace program tests, many of which are required federally. The Oregon Medical Marijuana Act (ORS 475.340) states that nothing in the law shall be construed to require "an employer to accommodate the medical use of marijuana in any workplace."

Dan Harmon, Executive Vice President of Hoffman Construction, one of the largest commercial construction companies in Oregon noted that their company has experienced 90 accidents in the last 10 years involving marijuana, resulting in property damage, equipment loss, and injury to individuals and co-workers. Providence Managed Care Organization (MCO) reports that there have been several injuries to so-called medical marijuana cardholders. Hoffman also indicates that lost work day rates fell .80/100k man-hours from 1996-2000 (prior to the effective date of Oregon's Medical Marijuana Program) but have fallen only .25/100k man-hours since. Incident rates have also slowed dramatically since the implementation of Oregon's Medical Marijuana Program and like the lost work day rate; improvement has slowed to a near stall while fatalities spiked during the initial inception of Oregon's Medical Marijuana Program and have not improved. (12)

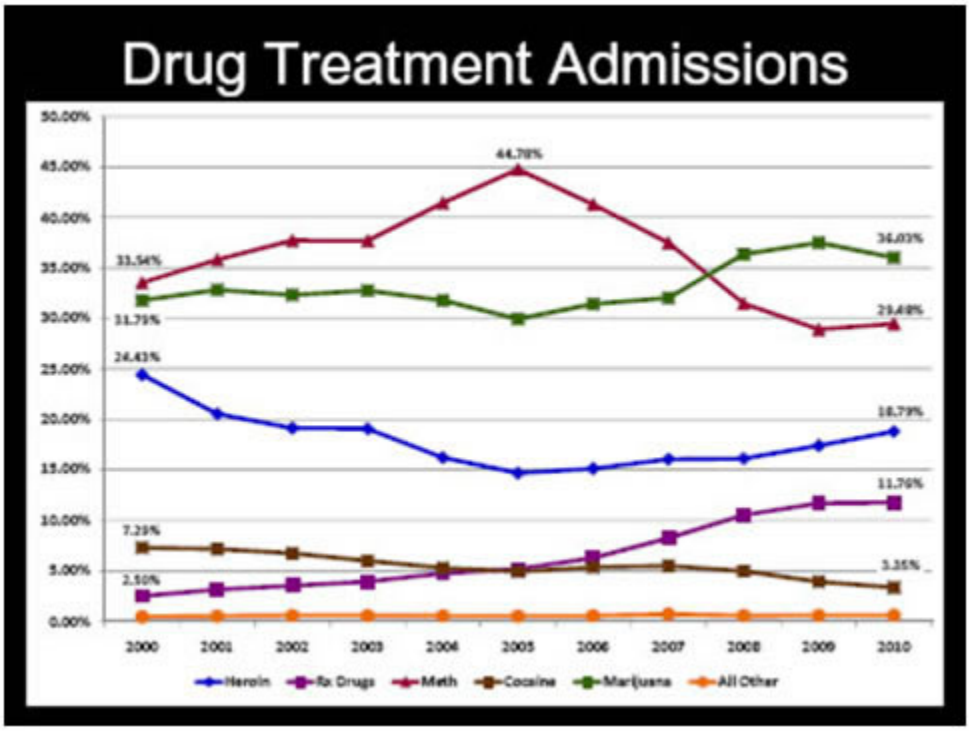
In 2003 Emerald Steel in Oregon hired a temporary employee who was an approved user under the state program. He used the drug daily, but reportedly never on the company's property. A few weeks later he was offered a full time job which required him to take a company drug test. At that time he told the company that he was a marijuana user under the Oregon Medical Marijuana Program and was not hired. The employee sued and this case made its way to the Oregon Supreme Court. As a result of the court's ruling, no Oregon employer is required to accommodate a medical marijuana user regardless of where he uses the drug, and no Oregon employer is required to engage in an interactive process about modifying a substance abuse program. (13)

Although Emerald won the case, it cost them a lot of money to defend it. As other employers are sued for comparable reasons, they can expect similar expensive experiences.

Impacts to the Treatment Industry

Since the Oregon Medical Marijuana Program was initiated in 1998, the Oregon Health Authority statistics have revealed an increase in marijuana addiction and treatment rates in the State over a ten year period of time.

Marijuana addiction and treatment rates in comparison to methamphetamine, heroin, prescription drugs, and cocaine continue to climb above all other abused drugs in the state with marijuana climbing from 14.4% in 2000 to 17.33% in 2010, compared to Methamphetamine at 15.34% to 14.18%, Heroin at 11.17% to 9.04%, and Cocaine at 3.34% to 1.61% in the same time period. (14)



Graph derived from client admission data from Addictions and Mental Health Division of the Department of Health and Human Services, March 2011

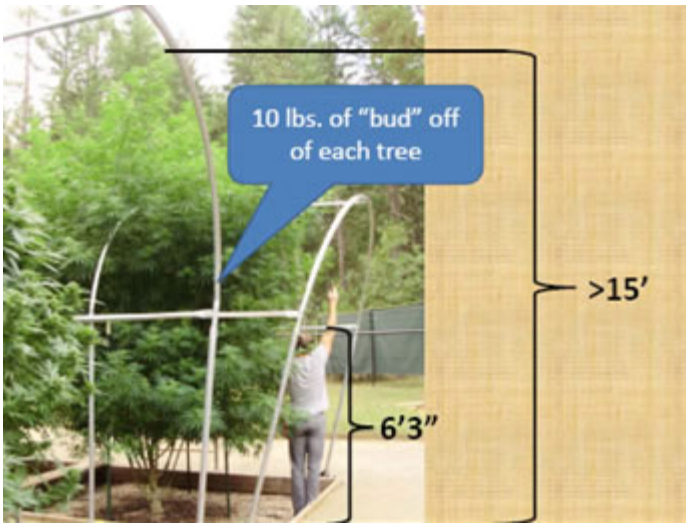
Oregon has a high rate of marijuana addiction and treatment rates and it is highly likely that the Oregon Medical Marijuana Program has helped influence these rate increases.

Impacts to Law Enforcement

Law enforcement officials are burdened with having to divert their resources to deal with the illegal impacts of the Oregon marijuana program. In 2008 Washington County Sheriff's Office indicated that they have seen a rise in the number of reported crimes associated with Oregon's Medical Marijuana Program grow sites. Some of these crimes include armed take-over robberies and serious assaults. (15)

According to the 2010 Oregon HIDTA (High Intensity Drug Trafficking Assessment) approximately one-third of law enforcement surveyed in Oregon reported that the number of out-of-compliance medical marijuana grows identified increased in 2008 compared to previous years. (16)

Deputy District Attorney Rafael Caso of Josephine County District Attorney's Office notes, that over 99% percent of the complaints coming in are in relation to the Medical Marijuana Program and that it is 75% of his caseload with 90% being related to the program. In addition, marijuana plants being grown in the Josephine County area are as large as 15' high and can yield as much as 10 lbs of marijuana off of each tree, which is leading to an over abundance of marijuana that is being sold and trafficked to others not in the program, individuals in other states and the black market. (17)



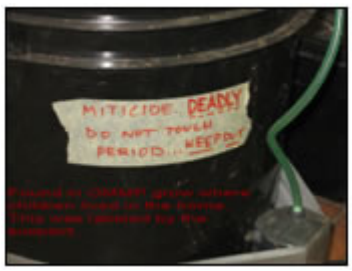
(Photo provided by Josephine County District Attorney's Office)

Detective Ray Meyers from Southern Oregon works on the Interagency Narcotics RADE team and Meyers indicates that since the team's inception, in September of 2008, the overwhelming majority of cases they have worked on involving marijuana sales are directly related to medical marijuana cardholders growing and selling marijuana, which is not allowed under Oregon's law. Myers noted that one of the subjects he arrested has since pled guilty to unlawful delivery of marijuana who harvested at least 100 lbs of marijuana to sell in a co-op situation. The subject admitted that "every person" with a card cheats. (18)

Sheriff John Trumbo of the Umatilla County Sheriff's Office, a 38 year law enforcement veteran, brings to light that there are many more questions than answers for law enforcement when it comes to dealing with Oregon's Medical Marijuana Program. Trumbo remarked that, at a January 26, 2011 Safe Schools meeting, the Vice Principal of a local high school stated there has been an increase in the use of marijuana by high school students and that two students had recently been suspended for marijuana possession. The students were from different families yet both students had parents that held valid medical marijuana cards. (19)

Impacts to Children

Sgt. John Koch of the Westside Interagency Narcotics Team of the Washington County Sheriff's Office notes that "a common claim is 'drugs are a victimless crime. In dealing with drugs and drug abuse at any level, it is clear this is not true. The most important victims are the children. Often the drugs and chemicals are left in reach of kids residing in many of these homes and as with any drug use, homes frequently have parents lying around 'stoned,' leaving kids to fend for themselves. Children's respirations are faster than adults, thus they potentially take in more of this secondhand smoke, affecting their developing bodies. There are no regulations in the Oregon Law restricting the use of this substance around children." (20)



Found in Oregon medical marijuana program grow where children lived in the home. This was labeled by the suspect.

(Photo's provided by Washington County Sheriff's Office and Douglas County Sheriff's Office)

In November of 2008, Washington County Sheriff's Office released details of an in home invasion robbery of a licensed medical marijuana grow site in which four people were tied up and three were physically assaulted. Detectives discovered that the victim ran a licensed medical marijuana grow site that was out of compliance with the amount that the law allows. They found two guns, a stolen motorcycle, and over $5000 in cash. They also found three children in the house in conditions that caused concern for their well being and 13 pit bulls in poor health. The Oregon Department of Human Services Child Welfare Division (DHS) took a four month old child into protective custody and the other two children were placed with family members. Washington County Animal Control responded to evaluate the dogs to make sure that they received better care. (21)

(Photo's provided by Washington County Sheriff's Office)

Oregon's foster care program reflects an increase in children served, as well as foster care homes needed over a 5 year period of time. The top reason for children entering foster care is due to drug abuse by parents. From 2003 to 2006, the numbers of children removed from drug homes climbed from 2,715 or 54.9% to 3,208 or 60.6%. Many of the children in foster care have been emotionally, physically, and sexually abused. (22)

Clackamas County Mental Health has also seen an increase in youth marijuana addiction rates. From January 2009 to December 2010, of all the youth under the age of 18 who entered county addiction centers, marijuana was the leading reason, ranging from 50.0% to 81.7% over all other drugs such as Meth, Heroin, Opiates and other/unknown. (23)

Children, and in some instances animals, have become innocent victims of Oregon's marijuana program.

Conclusion

Marijuana is a Schedule 1 drug, according to the Drug Enforcement Administration (DEA), meaning it has a high abuse potential and no recognized medical value. Marijuana advocates have tried to circumvent the Food and Drug Administration (FDA) through voter ballot initiatives and legislative ballots. What medicine have voters ever voted for? What medicine have citizens ever smoked? What medicine have citizens grown in their backyard without any controls, dosage amounts, and safe delivery methods?

There are a few employees at the Oregon Health Authority (OHA) who diligently try to manage the paperwork involved in the program. Other than that, there is little to no oversight. Legitimate drugs manufactured in the United States must be approved by the Food and Drug Administration (FDA) and are required to be subject to rigorous regulations as are the drug manufacturers and dispensers. The Oregon Medical Marijuana Program has no such oversight. Once a card is issued to an individual there is no one to inspect the grow site to assure quantity compliance, quality control, or to approve chemicals and pesticides used at the grow site. Law

enforcement has no authority to enter into grow sites to make sure they are in compliance. This is the only drug manufacturing system in the United States allowed to operate solely on the "honor system."

This honor system has lead to massive abuses of the Oregon Medical Marijuana Program and has allowed shady caregivers and marijuana growers to easily traffic and sell their abundance of marijuana to the black market and other states rather than to provide to the ailing individuals who have requested their assistance to help them grow their allowed amount. According to Sergeant John Koch of Washington County Sheriff's Office, of the more than 40,000 individuals currently in the program, many have been previously arrested or involved in the manufacture, delivery and possession of controlled substances. He reports that many of the individuals with which law enforcement have come in contact are admitted long time cannabis users/abusers, utilizing the program to legitimize their drug use, addiction and sales. (24)

Marijuana advocates complain that program applicants do not have access to their marijuana because of these shady growers and caregivers and have twice tried, unsuccessfully, through voter ballot initiatives to convince Oregon voters to approve state-authorized marijuana grow sites and marijuana distribution centers to help regulate and supply marijuana as a technique to try and reign in the out-of-control law they turned loose on voters in 1998. Their attempted ballot initiatives are drafted in ways that do not rid the current law of its existing loopholes but rather adds other layers of state government controlled bureaucracies.

Attempts, as well, have been made through the legislature to create state regulated marijuana grow sites and marijuana supply centers with no success. These types of strategies have caused many to believe that the true intention of the marijuana-for-medicine movement is actually full legalization of marijuana for non-medical purposes.

As of April 1, 2011, out of the over 40,000 individuals in the program, less than 1,671 (less than 4%) are in it due to cancer. Over 35,573 (89%) of the people in the program utilize cannabis for purported chronic pain. With pain being very subjective and difficult to gauge it opens the program for a potentially large amount of abuse. (25)

Marijuana advocates have also created what they call membership collectives, cooperatives, and cannabis cafés in which medical marijuana individuals for a yearly membership fee, can share between themselves free marijuana plants and donated marijuana, and in essence show up at these facilities to learn more about the trade, medicate themselves, listen to music, play pool, and then drive home. Marijuana clinics have sprouted up around the state and have solicited on-site doctors who solicit potential individuals and their prior medical records to review to see if they qualify for one of the approved medical conditions. Attempts by marijuana advocates are also being made to create non-profit collectives or cooperatives in which they take donations from medical marijuana individuals in exchange for marijuana, which in essence is the sale of marijuana, but from their perspective is deemed reimbursement for the costs for supplies to grow the marijuana.

Most recently there have been attempts to open dispensaries and cafés to sell marijuana to cardholders although this is illegal both federally and under Oregon's law. One marijuana advocate indicates he plans to open a café in a local community strip mall. The café will be open only to cardholders over 18 years of age and his plans include selling marijuana at $10 a gram. Oregon's Interim United States Attorney Dwight Holton when interviewed noted, "I'm struck by the brazenness of recent dispensaries who seem to think they are above the law." He added, "It's drug trafficking. Period. End of story." (26)

Many drug policy experts agree that, from a common sense perspective, it is appropriate to demand that our legislators and government officials not allow illegal substances that have not been approved by the FDA into our states.

It is reasonable to question why, if marijuana advocates really believe that marijuana is an effective medicine, do they not push for the valid research that follows the proper procedures to obtain FDA approval. The answer is obvious as Dr. Robert Dupont noted, "there is only one reason the advocates for "medical marijuana" do not

use this new openness of the FDA to fulfill their hopes, and that is the difficulty they face in proving that smoked marijuana is an effective and safe way to treat any illness." (27)

Author Information

Shirley Morgan is the founder of Oregonians against the Legalization of Marijuana. For the past 12 years she has voluntarily traveled the nation, helping communities mobilize and build partnerships with county, state, and federal officials to help deal with the infiltration of illegal drugs within their community.

She has been the recipient of an "Oregon Hero" award presented by the Oregon House Majority Leader for her outstanding contributions as a nationally recognized advocate against illegal drug crime, a "Local Hero" award from Oregon Partnership, a public service award from Clackamas County Sheriff's Office, the Federal Bureau of Investigation Director's Leadership Award, was highlighted in President Bush's 2004 National Drug Control Strategy for developing effective community coalition building strategies, and was highlighted in the 2004 Communities Anti Drug Coalitions of America (CADCA) 2004 annual report as one of America's most effective communities in dealing with methamphetamine and other drugs. She has received numerous community grants to help build strategies that support removing illegal drug dealers and crime.

Morgan has a Bachelor of Arts in Human Communications from Marylhurst University/Oregon (1999), a Master of Arts in Whole System Design/Organizational System Renewal from Antioch University/Seattle, Washington (2003), and a Master of Science in Community & Economic Development from Southern New Hampshire University/Manchester, New Hampshire (2008).

Conflict of Interest

I declare that I have no proprietary, financial, professional or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in, or the review of, the manuscript entitled: The Impact of Oregon's Marijuana Program.

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