

OMMP:  
A patient's perspective on how Oregon's Medical Marijuana Program  
is doing after ten years.

By Stormy Ray  
Chief Petitioner for Measure 67  
that created the Oregon Medical  
Marijuana Act.

Few people question the efficacy of medical marijuana anymore; the question is how do we make this medicine available to the patients without contributing to its illegal use?

For approximately half of the 27,000 patients registered with the Oregon Medical Marijuana Program, our law is unrivaled among states that have passed medical marijuana legislation.

Our state ran patient registry insures that we can easily verify our right to use medical marijuana. Our law allows each patient to grow six marijuana plants and keep up to 24-ounces of dried usable medical marijuana at any one time.

If a patient needs help, they can have a friend or loved one assist them, a caregiver or grower can be reimbursed for the actual garden expenses spent on their patient's behalf. Patients can form collective gardens working together sharing resources to reduce costs. But regardless of where the medicine is grown; all of the marijuana produced is the property of the patient it was grown for. Collective gardens equally divide each harvest between its members.

Patients and collectives that have produced more than they require can legally give their excess medicine to other cardholders, but buying or selling medical marijuana is strictly forbidden in Oregon.

Unfortunately, for the patients that don't have a garden, or someone they can trust to grow for them, our program is in need of some improvement. For many patients, producing their own medicine has turned out to be more problematic than anticipated when I was a chief petitioner that helped pass Oregon's medical marijuana law back in 1998.

As you might suspect, physical limitations prevent many patients from having a garden. Other patients don't have a discreet place at their house for an outdoor garden and the cost of the equipment required to grow indoors far exceeds what they can afford.

Often a patient's home is too small to grow indoors. Some patients live in HUD housing or rental properties that will not allow a medical marijuana garden. Can you imagine how hard it would be to ask family members or friends to help you grow marijuana?

By my estimate, about half of the patients registered with Oregon Medical Marijuana Program don't have an affordable and consistent supply of medicine. These patients are usually the most disabled and the lowest income patients registered in OMMP.

For thousands of patients the only way to access medical marijuana is through the black market. Imagine discovering that medical marijuana helps your mom, and then imagine her involved in some back ally drug deal to get her medicine. Pretty scary!

Many patients are victimized by con artists and black market profiteers that offer to grow for them. These growers seek out patients offering to provide one or two ounces of marijuana a month in exchange for the patients grow card. An experienced grower can easily produce 5 ounces a month from a 6 plant garden.

Too often the patient receives little or nothing of what is produced while their medicine is illegally sold to other patients, or the black market for ten times what it costs to grow.

Marijuana is produced for under \$50 an ounce, but usually sells on the black market for over \$300 an ounce. One OMMP grower with four grow cards can legally possess 24 plants and up to 96 ounces of marijuana at a time. An indoor garden can be harvested three times a year. It's easy to see why these crooks would be attracted to patient gardens.

Until this supply problem is corrected, thousands of patients will continue to be victimized by the black market profiteers, and our program will continue to be a shield for illegal growing operations.

During the last session of the Oregon legislature, three solutions to our medical marijuana supply problem emerged. A state ran marijuana garden, a privately owned dispensary system, and a patient owned co-op system.

Representative Maurer and Representative Tomei introduced HB-3274 that would have created a state run supply system eliminating all patient gardens, and medical marijuana would have been sold through pharmacies. It soon became apparent that implementation of this bill would be impossible because of existing Federal laws prohibiting the cultivation and sale of marijuana. This simply could not be done by a state agency.

SB-812 proposed creating privately owned dispensaries that would buy marijuana from contractors or growers called "providers" and then resell the medicine to patients that don't have their own garden. Anyone over 21 with a thousand dollars could sign up as a "provider" and then grow marijuana regardless of their past criminal history. A similar system of dispensaries in California has resulted in wide spread abuse. Medical marijuana is being sold to patients for prices that are often higher than the black market.

Although SB-812 was never given a hearing during session, its supporters are now trying to get it on the 2010 ballot as initiative I-28. Unfortunately the sponsors of this

initiative seem to be more interested in legitimizing the black market and making a huge profit than making medical marijuana accessible. Remember, the primary reason patients don't have medicine is money. Insurance will not cover medical marijuana and patients cannot afford the prices that these dispensaries are planning on charging.

The third Idea that emerged last session was a system of patient owned collectives or co-ops. These larger gardens would replace the three and four patient gardens that are currently allowed making it easier for law enforcement to keep an eye on our program.

Ten or more patients could group together each bringing their six plants to the co-op. Each member would have an equal vote in developing the co-ops bylaws.

Members would vote on the price Medicinal marijuana would be sold for, and then every member from the CEO to the grounds keeper would pay that same price. Any excess medicine produced would be sold to non-member cardholders for the same price members pay.

Co-op members that volunteered their time would be given credit towards the price of medicine. For example, a member that volunteered ten hours might receive an ounce of medicine free. And finally, ten percent of all sells would go to DHS to cover implementation. The money could also be used to support other health programs within DHS.

If you are OMMA patient and have been victimized by profiteers and shady growers, please contact Representative Maurer's office at (503)-986-1403 and let him know which of these plans you support.

God Bless,  
Stormy Ray

**Stormy Ray** has been active in the movement to legalize marijuana for the purposes of medical treatment for over a decade in Oregon. She was a Co-Chief Petitioner for Measure 67 that became the Oregon Medical Marijuana Act (OMMA) in 1998. The Stormy Ray Cardholders' Foundation is a non-profit Oregon medical marijuana information and support organization dedicated to helping patients utilize this law. Stormy currently serves on the Oregon Medical Marijuana Program (OMMP) Advisory Committee. She served on the Oregon State Rehabilitation Advisory Council for two Governors, and the Federal Disabilities Determination Advisory Board for four years. She is currently the president of the Stormy Ray Cardholders' Foundation (SRCF), P.O. Box 1522 Salem, OR. 97381, (503) 587-7434, [www.stormyray.org](http://www.stormyray.org)