Cancel My Denial
To: California Society of Addiction Medicine
74 New Montgomery Street, Suite 230
San Francisco, CA 94105

American Society of Addiction Medicine
4601 North Park Avenue Suite 101
Chevy Chase, MD 20815

Colleagues,
As I contemplated whether or not to renew this year with the not unsubstantial dues, I asked myself "Why should I?" Over the years since I joined the organization I have tried to raise the possibility of a harm-reduction option for the treatment of alcoholism. Notwithstanding my repeated and persistent entreaties, I have been repeatedly denied any opportunity for a collegial and professional forum. I have even offered to make my patients available for questioning and review. Nothing. Lame excuses — not ready yet.

Forays into spiritualism with self-styled practitioners responding to the "spiri- tual needs" of addicts was particularly disturbing. Somehow I don’t remember any training in medical school in theological studies. The blurring of boundaries and confusion of identity diminishes, attenuates medical leadership, and reduces professional credibility to cultism. Medical Review Officers conducting forensic examinations are not engaged in a medical activity. Endorsing their enforcement of corporate authority diminishes medical leadership and reduces ASAM/CSAM to shill's and trough feeders. The societies support the federal government’s irrational drug-war policy while prominent addiction specialists seek to maximize their share of court referrals.

I officially give up on ASAM/CSAM and any possibility of a magical ethical transformation. I have been denied the opportunity to present a viable, effective, and medically appropriate intervention: cannabis as a substitute for alcohol and other addictive substances.

Retrospectively, I wonder why I waited so long to quit. I can no longer maintain my wishful thinking that somehow ASAM/CSAM could be fair, objective, professional, and medically correct. I shall not be renewing my membership.

Member since 1974
Certified by ASAM 1986
MRO Certified by ASAM 1992

A Close-up View
Hello O'Shaughnsey's,

I registered nurse with a BSN from UCSF, with current two years working for a hospice and palliative care institution. My patients who benefit most are those living with cancer, chronic pain, chronic disease, and those suffering from medical marijuana suffer from the mechanical pressure of growing tumors in the GI system, resulting in the patient’s ability to eat food and the cre- ation of nausea and vomiting. Patients therefore avoid debilitating cachexia, which is soon followed by death.

A Nurse, Stockton, CA

ON THE PREPARATIONS OF
THE INDIAN HEMP, OR GUNJAH
W. B. OSMAN, M.D.
IN THE MEDICAL OFFICE OF PARR.

The narcotic effects of Hemp are popularly known in the south of Africa, South America, Turkey, Egypt, Asia Minor, India, and the adjacent territories of the Malay, Burmese, and Sinhalese. In all these countries Hemp is used in various forms, by the dissipated and degraded, as the ready agent of a pleasing introduction. In the popular medicine of these nations we find it extensively employed for a multitude of ailments. But in Western Europe, in its use either as a stimulant or as a remedy, is equally unknown. With the exception of the fakirs, as a medicine to the whole body, of the Egyptian 'Hashish', by a few peasants at Morisk, and of the ethereal use of the wine of Hemp by Malouins, as almost in a state of violation, I have been unable to trace any notice of the use of this drug in Europe.

W.B. O'SHAUGHNESSY'S PAPER in the Transactions of the Medical and Physical Society of Bengal, 1838-1840 brought cannabis to the attention of European physicians. It was reprinted in Marijuana Medical Papers, 1839-1972, an anthology compiled by Tod Mikuriya, MD, that sustained interest in cannabis in the darkest years of Prohibition. See story on page 26.

O'Shaughnsey's Published by the Society of Cannabis Clinicians
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Founder: Tod Mikuriya
Managing Editor: Fred Gardner
Request For Accommodations Denied

To the Editor:

Following is the response from the presiding judge of Santa Ana rejecting my request for accommodations to carry my medicine in Orange County courthouses because it “fundamentally alters the nature of the service provided by the court.”

This is the first time a state judge has cited federal law as an excuse to persecute and prosecute qualified medical cannabis patients. I’ve heard three state judges tell patients that they were not bound by the California Constitution and did not have to abide by Article 3 Sec. 3.5 which holds that a state law not deemed unconstitutional must be enforced regardless of conflicting federal law. One judge cited separation of gov- ernmental entities (executive, judicial & legislative). Judge Wieben Stock failed to acknowledge that I sometimes have to take a bus and have no place to keep my medical cannabis. She also failed to address my ability to smoke outside the courthouse at least 20 ft. from the entrance and other police harassment. I’m not an attorney, but I find it hard to believe that state judges do not have to uphold state law. I’ve heard so many half-truths and-­-out-­-and-­-lies out of judges in Southern California that I’m not sure if what they’re saying is true or not. If it is not an issue, I intend on appealing this decision to a higher level. I am currently writing a response letter and preparing arguments for an appeal hearing. Any suggestions or advice would be greatly appreciated.

Bill Britt, Long Beach

O’Shaughnessy’s Available Here

MediCann Inc. Call (866) 632-6627 for appointment at any office
Jean Talleyrand, MD jtalleyrand@medicann.com
1814 Franklin St., Suite 901
Oakland, CA 94612
1209 Sutter St.
San Francisco, CA 94109
4295 Gesner St., Suite 1B
San Diego, CA 92117
1107 Greenacre Ave.
West Hollywood, CA 90046
3494 Freedom Park Dr.
North Highlands, CA 95614
725 18th St.
Modesto, CA 95354
1509 Seabright Avenue, #2
Santa Cruz, CA 95062
4346 Occidental Rd
Santa Rosa, CA 95401
812 N. State Street
Ukiah, CA 95482

Denney’s Law

Denney’s Law from page 2

procedures.”

The comments of Chief Moty and DA Becerra add insult to injury as Denney’s Denney’s: “The visits to my office are written up in detailed reports headed ‘Investigative Narrative.’ If my practice wasn’t investigated, what’s the right word for it? ‘Infiltrated?’ ‘Penetrated?’ ‘Spied on?’ Then they make disparaging remarks about my procedures — it’s outrageous. The fact that I feel violated and threatened, personally, isn’t what’s most objectionable. The effect of the move against Dixon Herbs is that a thousand or so patients in the Redding area are forced onto the black market to buy their medicine. Is that really what the chief of police wants?”

“Even if Dixon Herbs was not 100 percent up to snuff, it was better than the alternative and deserved to be worked with. That’s what the law requires — safe and affordable access. The collusion between the state agen- cies and the feds is for no other purpose than to overturn the will of the voters. What does that say about the state of our democracy?”

Denney is contemplating his legal op- tions. He thinks the federal agencies in- volved may have violated the injunction issued in Conner v. McCaffrey protecting doctors who perform cannabis consulta- tions. He also wonders whether the state agents violated Article 3, section 3.5 of the California Constitution.

The small space of publicity resulted in calls to Denney’s Redding office from patients concerned about their records. He found himself rethinking his original decision to publicize the intrusion of law enforcement into his practice. He’d been put in a bind, he realized: “either risk raising the fear level of my patients, or ignore the abuse of my rights — and theirs.”

“Prop 215 was like a rock thrown into a lake and the ripples keep expanding as a result of face-to-face, person-to-person conversations.”

Overall, however, the number of pa- tients calling to make appointments did not decline in the weeks after Denney’s situation was written up. “In general, the circle of patients keeps widening,” he observes. “Prop 215 was like a rock thrown into a lake and the ripples keep expanding as a result of face-to-face, person-to-person conversations. With every passing day, more people hear from somebody they know and trust — somebody they’re prepared to be- lieve — that cannabis really does have medicinal effect, that it worked for them, that the side effects are relatively mild, that getting a doctor’s approval is do-able. Law enforcement cannot stop this ever-widening circle of understand- ing. That’s what’s new the patients keep coming from.”

Denney’s Law: movements capable of effecting social change grow by con- versation and personal example.

Dear O’Shaughnessy’s,

Can anyone give me a sound reason why SICKLE CELL DISEASE should be excluded from O’Shaughnessy’s published “Chronic Conditions Treated With Cannabis”? Certainly, between 1990 and 2005 it is well known that people liv- ing with SICKLE CELL DISEASE get therapeutic and curative benefits from consuming cannabis from its seed oil, plant concentrates and extracts as well as overall optimum health in people living with sickle cell disease. Cannabis addresses the violent epi- sodes of pain, and overall comfort for sickle cell sufferers, but the primary ben- efit is in eating healthy foods enhanced with cannabis, so as to allow the body to heal itself, produce healthier bloodcells allowing longevity of life and quality of life enhanced.

Sister Somayah Moore-Kumbi, Los Angeles

Ed. Note: Dr. Mikuriya has already corrected the omission by adding Sickle Cell Anemia 282.8 to his list of condi- tions (by ICD-9 number) that cannabis has been used to treat with reported success.

Error of Omission

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Omar Figueroa

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PLEASE TAKE NOTICE that I do not waive any of my legal or Constitutional rights. I object to being detained, questioned, or searched. I object to my person, automobile or my residence being searched. I demand that my attorney, OMAF FIGUEROA, (415) 986-5581, be immediately notified of my detention and that I be allowed to call him.