THE MERCY NEWS REPORT

Changes To Medical Marijuana Law Proposed

Activists Work on Improvements as Prohibitionists Try to Restrict OMMA

OMMA, the Oregon Medical Marijuana Act, passed in 1998 by the people of this state, has resulted in the highly successful Oregon Medical Marijuana Program – OMMP. Several bills effecting the OMMP have been introduced this 2005 session.

SB772. Introduced by Senator MORRISETTE (D-OR 6th), it seeks to modify Oregon's medical marijuana act so that bonafide patients have greater access to medicinal cannabis and enjoy expanded legal protections under state law.

Senate Bill 772 would increase the amounts of cannabis that medical marijuana patients may legally possess and allow for the administration of medical marijuana by trained health care professionals in public health facilities such as nursing homes or hospices.

The most notable change is what 772 does to the affirmative defenses (AD) in that it gives

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"It feels like somebody's hitting me in the back with an ax, and the spasms keep me from breathing, like being squeezed by an anaconda."

The graphic words above are from **South Dakota Safe Access** advocate Matthew Ducheneaux, who was prosecuted and convicted by Sioux Falls Minnehaha County State's Atty Dave Nelson for a "crime" all parties to the case agreed was a beneficial act.

But, because it was "against the law", Nelson made a jury give up a day of productive activity to convict Ducheneaux of an "offense" to which he already admitted, to obtain a fine of $250.00 against Ducheneaux (which he'll never pay). This is how South Dakota politicians "send the right message to children".

See more on the Ducheneaux case at
http://www.SoDakSafeAccess.org/goodthings.htm#ducheneaux

Would you break the law to obtain medicine to save your life? Would you rather the law allowed you to get it safely? How could anyone be so cruel as to deny medicine to people who need it?

While the Ducheneaux case illustrates every aspect of what's wrong with putting people in jail for trying to feel better, it is only one case, and, anyway, Ducheneaux's an Indian.

Within the general framework of the "cannabis issue" there are three specific questions being asked...

"Should people be put in jail for simply using cannabis to feel better?

"Should U.S. farmers and entrepreneurs be allowed to profit from domestic production of and manufacture from industrial hemp?" **<continued on page 6 >**

Proposal Would Regulate Growing S.F. Industry

Two years after local voters passed a pro-medical marijuana measure, San Francisco may finally update its "see no evil" policy and begin regulating its dozens of dispensaries.

The City has seen "an explosion of new medical marijuana clubs," according to Supervisor Ross Mirkarimi, a Green Party member who plans a public hearing on an estimated 34 clubs. Health Department records show that from 2003 to 2004, the number of patients requesting medical marijuana ID cards doubled to more than 7,000.

"After seeing the rise of this cottage industry in San Francisco, questions abound as to what The City might do to benefit from this commerce," Mirkarimi said. "I'm not looking in order to infringe on their business, but I want to bring them into the sunshine."

Mirkarimi's hearing will address possible licensing fees, zoning requirements, safe access

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MEDICAL CANNABIS RESOURCE CENTER

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

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<continued from CHANGES, previous page> individual patients and caregivers the ability to opt out of these defenses in return of an increase of plant and quantity limits. It does not effect AD for everyone else. Overall the bill . . .

* Defines new categories to allow for more plants if the registrant waivers their Affirmative Defense. Allows (1) 7 plants of any maturity and total of 7 ounces of usable medicine or (2) if only one crop per year, then 28 plants and 80 oz usable medicine.

* Multi-person growsites are mentioned for the first time in the OMMA and are allowed up to 7 person grow site with 7 plants per patients (49 plants) and 7 oz useable medicine per cardholder. BUT, to choose to get these higher plant/possession limits, you must register with OMMP and give up the cardholders affirmative defense (AD) of saying cardholders should be allowed to have more plants or medicine than in the law because of medical reasons.

* Defines a plant with no flowers under 12" in dimensions is a "seedling or start" and not a plant. This is to allow any (? a more acceptable) number in this category.

* Protects a nurse who chooses to medicate a patient in an institution.

* Establishes the 24/7 verification.

* Personal privacy legislation. State employees should only give relevant material to LE who gives badge number or some ID to verify they really are LE and this information may only be used to verify someone is a lawful registrant or that some address is a lawful grow site.

* Establishes an Advisory Committee on Medical Marijuana.

To give up AD in SB 772, the cardholder must say, "I don't think AD helps me as much as more plants helps me. Where do I sign?" Then the cardholder or applicant signs a waiver to not use AD and gets the allowance for more plants. If we believe adults should be free to sign contracts, this may really benefit some outdoor growers who elect to sign this waiver. But, it is a choice to sign on or keep things the way they are right now without giving up anything.

WHAT IS "AD"?

AD, the Affirmative Defense, is covered in 475.306 (2) and basically says that if you exceed the limits you can still plead medical necessity as defense and the state must disprove that to win.

For purposes of OMMA, the Oregon Medical Marijuana Act, an affirmative defense (AD) is the third level of protection for patients and caregivers. It differs from general defenses because the accused has to put on some evidence in support of it. In a general defense (self-defense, for example) an accused can simply rely on the state's evidence.

There are 3 affirmative defenses in the OMMA. (1) If you have a card but have too much you can show it was medically necessary as an affirmative defense. Whether you have a card or not, (2) if you were diagnosed within one year prior to arrest and in the opinion of your attending physician it is medically necessary, and (3) a choice of evils defense which is available if you made some effort to comply with the OMMA and are either within the limits or can show the excess to be medically necessary.

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<continued from previous page> Put another way:

Case #1. OMMA offers AD for non-cardholders if they can show they would have qualified as a patient if they had chosen to register. Let's call that AD1.

Case #2. OMMA offers AD for cardholders to have more than the base possession limits if they can prove they need more medicine. Let's call that AD2.

SB 772 keeps AD1 but allows cardholders to choose to sign a document to actively decline AD2 if the patient wants higher possession limits. In other words, with SB 772, a cardholder would have to make an active contract to limit any AD. Otherwise AD stays the same as the original OMMA.

Status

The Senate Human Services Committee has held a hearing regarding Senate Bill 772 and will probably hold a Work Group Session on it in early April.

Law Enforcement thinks SB 772 as written is too liberal and are opposed. They refused to discuss this proposal at the LAC and denounced it in the media last fall. However, the bill has the potential for the beginning of a new LAC and offers a chance for more moderate medical cannabis bills to pass, even should it fail.

Some History

In August of 2003, Senator Morrisette asked Dr. Grant Higginson to convene a Legislative Advisory Committee (LAC) to see if there may be any consensus among OMMA proponents and opponents for a 2005 consensus bill. Since then there were meetings. In June 2004, while attempting to achieve consensus, law enforcement (LE) decided to boycott further meetings and no longer attended. At the time of this "event", Dr. Higginson had written a compromise draft that was a snapshot of where we were with the LAC when LE walked out on the process. OMMA proponents attending the LAC meetings agreed to support Dr. Higginson's draft of June 2004 if it was taken as a total package. The LAC unanimously supported Dr. Higginson's proposal last June because it left AD intact and gave choice (particularly to outdoor growers).

Now this draft has morphed into Senate Bill 772 thanks to a coalition called the Oregon Medical Cannabis Alliance (OMCA). Senator Morrisette has been very responsive to patient and advocates and deserves our thanks big time.

SB717. By contrast, there is the special interest served by Senate Bill 717, which was introduced By Senator KRUSE (R-OR 1st). This is at another attempt to pass the notorious HB 2939 - but now this time, Mr. Kruse is a Senator instead of a House member so it is coming at us from the SB side rather than the HB side. The bill will -

* Require applicants to sign on the form that they read – and thereby fully understand - the law, which is not going to help any patient but might help a prosecutor. And there is a requirement for educational materials which costs money and does the same thing. Advantage LE and patients get zip.

* Require the OMMP to inform doctor A if doctor B says cannabis (marijuana) is contraindicated or if there is a change in diagnosis.

* Kicks everybody out - no cannabis (marijuana) card - if convicted of a drug felony, allowing for permanent prohibition to get a registration card if you get or have a drug felony. This is really bad.

* Also requires a physician to report changes in debilitating conditions to a regulatory agency and doesn't specify punishment if a physician considers it unethical to share medical records for no obvious patient benefit or even forgets comply? It also appears to let doctor A override doctor B's permit authorization by declaring marijuana contraindicated, even if the patient considers doctor B as the attending physician and doctor B thinks it might help. Any medical disagreement on medical treatment may require multiple medical opinions and should only be resolved in the patient's best interest. "Criminalizing" a patient is not in the patient's best interest and the permit card will expire anyway. This whole section is *really* bad.

* Attacks “multiple patients at one location” situations, this is the “anti daisy-chain” part. They do this by specifying no more than 3 mature plants at any one site part. This means roommates, spouses, co-ops, et al could not practice basic economy of scale and expense-sharing of costs. It also means less medicine even if you are a master grower. This is ridiculous.

* Finally, going for the “big lie”, they declare this an emergency so there can be no referendum.

Bottom line is the desire to feed more poor and un-connected citizens into the maw of the Drug War, with a potential focus on the very patients and activists involved in the process. The War is still is as bad as ever and this is yet another move by those purporting to represent law enforcement to get their way, having utter contempt for the will of the people. This self-serving special interest was unable get these items under the Interim Legislative Advisory Committee called for by Sen. Morrissette - which they stormed out of, claiming that the committee was a nothing but a front for legalization – so here they are. Nothing but a front for Prohibition.

At best, SB 717 is a waste of time given all the Senate has to do. Contact your legislator and remind them.

HB2485. Submitted By Representatives BROWN, JENSON, P SMITH; Representatives ANDERSON, BURLEY (at the request of Rob Bovett and Oregon Narcotics Enforcement Association) -- Relating to controlled substances; 2485 changes effect current cannabis (marijuana) laws, including medical. Section 16 would amend 475.992(7) by defining 'possession' for purposes of the crime of possession of a controlled substance, as follows:

> ***{ + (7) As used in this section, 'possess' means: (a) To have physical possession of or otherwise to exercise dominion or control over something. (b) To be under the influence of something. + }***

(b) is new, and, in the opinions of knowledgeable people, unconstitutional. It would certainly reverse current case law.

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<continued from previous page> HB2485 is especially problematic for cannabis for two reasons. For medical cannabis patients, the problem is that 'use' in a public place is outside of the protection of the OMMA, and, use includes possession. If possession includes being under the influence, then being medicated in a public place would be unprotected under the OMMA.

For non-patients, it gives the police a tool to harrass and shake down people based on how they look. 'Appearing stoned' would create probable cause to arrest and search. Setting aside the civil liberties issue, those who make this determination are often wrong, and the effect of the error can be significant to the person wrongfully detained.

HB2695. House Bill 2695 was introduced By Representative NELSON (at the request of Ed Rosario, Yamhill sheriff detective) -- Relating to medical marijuana.

* Clarifies that person under influence of medical marijuana may not operate commercial motor vehicles.

* Prohibits person using medical marijuana from exposing others to secondhand smoke from marijuana.

* Punishes by maximum imprisonment of 30 days, $1,250 fine, or both.

Yamhill Co. Rep. Donna Nelson made queries during a Judiciary Committee hearing about second hand smoke and seemed concerned about this issue. We are unaware of any studies which suggested any problem with second hand medical cannabis smoke. The only mention we know invoved a hospice facility, where many of the residents were in recovery from drug addiction and the d/a counselor was very concerned. A vaporizer solved that problem.

Perhaps a physician knowlegable about the studies could contact Rep. Nelson or a patient constituent of hers could make contact to clarify how this is not a problem. We are guessing Rosario had a case involving medical cannabis DUII and a commercial motor vehicle, one can try education here as well.

In any case, HB2695 is yet another prohibitionist HORROR for any medical cannabis user. The medical cannabis community should make sure it **(a)** does not pass the house or failing that **(b)** is buried in the Senate.

- Related; Prohibition in general -

SB294. On a positive note, this bill was introduced by Senator Floyd Prozanski this bill permits production and possession of industrial hemp and trade in industrial hemp commodities and products by authorizing the State Department of Agriculture to administer licensing, permitting and inspection program for growers and handlers of industrial hemp.

Hemp is a healthy alternative for OMMP patients and we face the same prohibitionists who oppose medical cannabis. You should contact Senator Prozanski and offer to help him pass his bill. Please keep us informed of your efforts. Also, consider Vote Hemp as a resource. Visit: **http://www.votehemp.com**, where they have a large number of documents that you could provide as testimony in support of SB 294.

These are some of the Oregon state legislative items. To check up on all the bills we know of – and to input your info - visit: **http://mercycenters.org/legsn.html**

And keep us posted!

Doctor Suggested Cannabis For Pain Relief, Say One In Six Medicinal Users

Sixteen per cent of people who use cannabis for medical reasons say that their doctor suggested it, according to research published in the March issue of IJCP, the International Journal of Clinical Practice. 947 people in the UK reported using cannabis for medical purposes, with more than a third (35 per cent) saying that they used it six or seven days a week. The majority (68 per cent) said that it made their symptoms much better.

"The results of our UK survey, including the extent of use and reported effects, lend support to the further development of safe and effective medicines based on cannabis" says lead author Dr Mark Ware from McGill University Health Centre in Montreal, Canada.

People with chronic pain were most likely to use cannabis for medicinal purposes (25 per cent) followed by patients with multiple sclerosis (22 per cent), depression (22 per cent) arthritis (21 per cent) and neuropathy (19 per cent).

Younger people, males and those who had used cannabis recreationally were also more likely to use it for medicinal reasons.

Key findings included:

-- 73 percent of respondents used cannabis at least once a week, with 35 percent using it six or seven times a week.

-- 62 % said a friend, family members of acquaintance had suggested it and 55 percent said they had read a book or article about cannabis. 19 percent were prior users or had found out about its benefits by accident and 16 per cent said their doctor had suggested it.

-- The majority of users (82 percent) smoked the drug. Other methods included eating it (43 percent) and making cannabis tea (28 per cent).

-- 916 reported average usage levels, with the largest percentage (27 percent) using one to two grams per day. Only two per cent used 1 or more grams a day and seven per cent used five to nine grams a day.

-- 45 per cent of 916 respondents said cannabis worked better than prescribed medication. 30 per cent of the 872 who answered the question on side effects, said that prescribed drugs were worse than cannabis and 34 percent said the side effects were much worse than cannabis.

-- 77 per cent of 876 respondents said their symptoms returned or got worse when they stopped using cannabis.

"To our knowledge this is the most extensive survey of medicinal cannabis use among chronically ill patients conducted to date" says Dr Ware, who conducted his research with GW Pharmaceuticals in Salisbury, UK.

"We believe that it presents a broad picture of the current state of cannabis use for medicinal purposes in the UK."

-- The medicinal use of cannabis in the UK: results of a nationwide survey. M A Ware, McGill University Health Centre, Montreal, Canada; H Adam and G W Guy, GW Pharmaceuticals plc, Salisbury, UK. IJCP, the Internatinal Journal of Clinical Practice, Vol 59, pages 291 to 295 (March 2005).

-- IJCP, the International Journal of Clinical Practice was established in 1946 and is edited by Dr Graham Jackson from Guy's and St Thomas' NHS Foundation Trust, London, UK. It provides its global audience of clinicians with high-calibre clinical papers, including original data from clinical investigations, evidence-based analysis and discussions on the latest clinical topics. The journal is published by Blackwell Publishing Ltd, part of the international Blackwell Publishing group.

-- The Research Institute of the McGill University Health Centre is a biomedical and health-care hospital research centre. Located in Montreal, Canada, the institute is the research arm of the MUHC, a university health centre affiliated with the Faculty of Medicine at McGill University. The institute supports over 500 researchers, nearly 1000 graduate and post-doctoral students and operates more than 300 laboratories devoted to a broad spectrum of fundamental and clinical research. For more info visit:
http://www.medicalnewstoday.com/medicalnews.php?newsid=21339

Fired City Employee Pursues Prop. 215 Discrimination Suit

EUREKA, California -- Fired city employee Logan Shawn Dake said he's done nothing wrong by using medical marijuana during his off hours and he just wants to get back to caring for lawns in city parks and cemeteries.

The former maintenance worker has gone before the City Council in recent weeks to plead his case, saying he's trying to save them from a potentially expensive lawsuit for discrimination based on a medical condition.

"The longer it goes, the more it is going to cost and it will be no one's fault but the city's," Dake told the council last month. "All I want is my job back. This is a fight the city cannot win."

Dake is also asking for back pay.

A discrimination complaint Dake filed against the city has been accepted for investigation by the state Department of Industrial Relations labor division, according to a letter he provided the Times-Standard.

The city fired Dake in August 2004 after he failed a mandated drug test. He had received positive employee reviews before the test, which was required for a promotion. Dake said he told his supervisors he wouldn't pass because he used medical marijuana with a doctor's prescription. They told him to take the test anyway, he said.

City Manager David Tyson confirmed Dake is a former employee, but said he could not comment on specifics. In general, city employees on certain prescription medications are prohibited from operating equipment until they are finished with the drug, he said.

Tyson said the city follows Department of Transportation guidelines regarding driver license requirements and does not have a policy specifically addressing medical marijuana. Neither does the city of Arcata or Humboldt County, said representatives at the respective agencies.

The lack of such a policy was noted in a ruling on Dake's case by the city's Personnel Board.

Missing Work

Not having a job has changed his life, Dake said. He said the crews he worked with are his only family and he wants to return to the job he waited years to land.

"I feel like less of a man every day I don't go to work," said Dake, a stocky man with sandy blond hair. "I don't want to get emotional about this, but this is my life we're talking about here. I have no family and I miss the guys I worked with something fierce."

Dake said he loved the job which he had been eyeing since beginning as a part-time city employee in 1986.

"The day I started I decided I wanted the job I got one and a half years ago," Dake said. "I hung in all that time only to get it and have it taken away."

A performance evaluation done in August 2003 states he was rated above standard and supervisors noted they were counting on Dake to help train new staff.

Dake, who turns 50 in April, said he uses medical marijuana for his arthritis, but not every day. He rotates it with a pain medication to help him sleep.

The glitch came when the city had Dake take a drug test as part of the process for receiving a Class B driver license, which it required for his promotion. Dake said he was not told he would have to take a drug test or get the license when the city originally offered him a position.

Later notification letters included that information, according to documents Dake provided.

Dake said the city made exceptions for some workers and he should also receive a medical **<continued on next page>**

<continued from previous page> exemption because he doesn't need a commercial license to do his former job.

Legally Speaking

California voters legalized medical marijuana in 1996 with the passage of Proposition 215, which allows individuals with a doctor's recommendation to cultivate, use and obtain the drug. Dake provided the city a copy of his May 2004 prescription.

Eugene Denson, a Humboldt County attorney who specializes in medical marijuana cases, said Dake appears to have a medical discrimination case based on limited information he has about the firing.

Denson said he handled a similar case in Trinity County where an individual that used medical marijuana was applying for a job that required a drug test. In that case, Trinity County ended up making an exception after Denson wrote a letter.

Denson said many employers haven't revised their policies to address Prop. 215 despite the law's passage nearly 10 years ago.

"I can't think of any other medicine where this comes up," he said. "This doesn't happen where someone calls up and says, 'I'm taking Vicodin and I was fired.'"

Paper Trail

Dake said he has also filed a complaint with the state Department of Fair Employment and Housing. A representative there said the agency could not comment on individual cases. Tyson said he has not seen a complaint from that department.

Before Dake took his discrimination claim to the state level, he went before the city's Personnel Board in late October 2004. A week later the board found the city followed its policies in Dake's termination and he did not meet the requirements for advancement to the Maintenance Worker II position.

The board's conclusion said the issue before it was a "narrow one" and Dake's work performance in all other respects was not implicated by the ruling.

"The board would also like to note that this matter involves issues surrounding the use of medical marijuana," the conclusion reads. "There was testimony indicating that the city of Eureka has no employment policies concerning the use of medical marijuana. This board has no authority to create any such policy, however, it would like to suggest that the city consider developing a medical marijuana policy."

For now, Dake is waiting for his complaints to work through the system. The city had offered him a demotion back to a part-time, minimum wage position rather being fired but he refused.

"They figured I would never fight this, that I would go away," Dake said.

"However, it's grown by leaps and bounds. I just can't wait for the day I can walk back in the work room. When things are finally righted, I will feel good."

<continued from SAFE ACCESS, pg 1 > "Should people with certain specific indentified adverse medical conditions be allowed -- under professional medical supervision -- to use cannabis to relieve pain, nausea, and sometimes life-threatening illnesses?"

Four times since 1999, activists have asked the South Dakota Legislature to enact law that would protect South Dakotans from prosecution for using the herb, cannabis -- under medical recommendation and supervision -- to alleviate the adverse effects of certain medical conditions.

"Safe Access" is the issue. Safety -- so people who need cannabis, and who have the necessary medical recommendation, can get cannabis without the danger of hanging out with criminals. Safety -- so people who devote their time to caregiving, and those for whom they care, can be protected from arrest, prosecution, and imprisonment without their medicine.

Let doctors and patients decide.

If you think that government should leave medical decisions to patients and their doctors, check out the working copy of the "South Dakota Safe Access to Medical Marijuana Act of 2006" petition now posted at:

http://www.sodaksafeaccess.org/petition.htm

<continued from PROPOSAL, pg 1 > guidelines and consumer protections. Currently, The City allows the clubs to operate in a black-market limbo, free from prosecution or onerous planning hurdles.

Jason Beck, who owns the Alternative Herbal Medicine pot club on Haight Street, welcomed the increased scrutiny and regulation.

"Whatever types of regulation we can impose that benefit the patients would be great and will only provide us with more legitimacy," said Beck, adding that some city clubs simply sell pot for profit, with nothing in the way of patient consultation or care.

A business license could also help dispensaries obtain insurance, Beck said, adding that a permitting fee would be a way for the clubs to pay a tax into city coffers.

Currently, all an aspiring medical marijuana shopkeeper needs in order to open is a willing property owner. Wayne Justmann, who was the first in line when The City began issuing medical marijuana ID cards, said the time is right for The City to define what constitutes a dispensary.

Demand for medical marijuana has grown sharply since the Health Department began issuing ID cards four years ago.

Year: Cards issued
2000: 754, 2001: 2,089, 2002: 2,270,
2003: 3,085, 2004: 7,014

 # San Francisco cannabis clubs: 34. **Regulations:** None
 # Oakland cannabis clubs: Four. **Regulations:** Four-club limit within the city, $5,000 to $20,000 licensing fee, zoning, monitoring. For more info see:
http://www.sfexaminer.com/articles/2005/02/25/news/20050225_ne05_feds.txt

Another Kind of OMMA

MEDICAL MARIJUANA COMES TO OHIO

Senator Robert Hagan (D-33) Introduces Bill

(Columbus, OH) The Ohio Patient Network (OPN) is pleased to learn that Ohio Senator Robert Hagan (D-33) will be introducing the Ohio Medical Marijuana Act (OMMA) on Thursday, February 17, 2005.

This compassionate and groundbreaking legislation will:

* Modify various sections of the Ohio Revised Code to regulate the medical use of marijuana under the direction of a patient's physician;

* Establish a patient registry with the Ohio Department of Health and mandate that a patient application and identification process be instituted to identify authorized patients to law enforcement personnel;

* Require the issuance of identification cards by the Department of Health to patients and caregivers;

* Establish a method of scientific review and public comment for the purpose of evaluating the conditions for which medical use will be authorized;

* Protect patients that may benefit from the medical utilization of cannabis and cannabinoid medications from prosecution;

* Provide physicians and patients with the necessary medical tools to treat otherwise untreatable conditions;

* Protect the public health and welfare by prohibiting the use of medical marijuana in schools, civic centers, public recreation centers, youth centers, places of employment, on public transportation, or in a private vehicle;

* Not require public or private insurance companies to incur any cost of the use of medical marijuana; and

* Properly identify and limit amounts, and standardize the weighing process of marijuana permitted under the law.

"This legislation should provide significant protection from state prosecution to patients who use cannabis therapeutically in Ohio, " said John Precup, President of the Ohio Patient Network and a Multiple Sclerosis patient. "Research from all over the world is showing that cannabis can relieve the symptoms of a variety of illnesses including AIDS wasting syndrome, nausea associated with chemotherapy, and MS."

Precup and OPN's Director of Patient Advocacy, Dierdre Zoretic, both patients who use therapeutic cannabis, are available for interview. Please call 1-888-OH-Patient (1-888-647-2843) for more information.

The Ohio Patient Network is a 501(c)(3) non-profit coalition of patients, caregivers, medical professionals, concerned citizens, and organizations who support the compassionate use of cannabis for various medicinal purposes. Information about OPN can be found at: **http://www.ohiopatient.net.**

CANNABIS MAY HELP PREVENT ALZHEIMER'S MEMORY LOSS

Scientists at one of Spain's leading research centres claimed yesterday to have found evidence that cannabis helps prevent the memory loss experienced by people suffering from Alzheimer's.

The potential breakthrough in understanding a disease that affects nearly half a million people in Britain, and around nine million worldwide, was made by a team led by Marma de Ceballos at the Cajal Institute in Madrid.

Their study seems to show that THC, the main active ingredient in cannabis, inhibits the activity of cells that cause damage to neurons in the brain.

Although the study is preliminary, it was welcomed by patient groups.

"Right now, there are no good drugs for Alzheimer's. There are some that treat symptoms but nothing that halts the disease," said Susanne Sorensen, head of research at the Alzheimer's Society.

While the beneficial effects of cannabis looked promising, Dr Sorensen cautioned that people with Alzheimer's should not start using the drug to help their memories, because of side effects.

Memory loss in Alzheimer's patients is not fully understood, but part of the problem is thought to lie with cells called microglia that surround neurons in the brain. In Alzheimer's, the activity of microglia gets out of control, damaging neurons and killing off parts of the brain. Dr de Ceballos's team conducted two separate experiments using human brain tissue and rats which showed that THC inhibits the activity of microglia, thus reducing memory loss.
Dr de Ceballos said the results showed that THC could help prevent memory loss in Alzheimer's patients, although the reasons why this might happen are still to be explored.

The next stage, she said, would be to test the rats using a synthetic equivalent of THC which inhibits the activity of microglia without intoxicating the rats as well.

"There's a long way to go before we will know if it is actually possible to stop the progression of Alzheimer's," she said.

Details: **http://www.mapinc.org/media/175 -or- see** Bookmark: **http://www.mapinc.org/mmj.htm** (Cannabis - Medicinal)

THE MERCY NEWS REPORT

Joining the OMMP, Oregon's Medical Marijuana Program; Some basic facts

The role of the Oregon Department of Human Services, Health Services is simply to administer the Oregon Medical Marijuana Act as approved by the voters of this State. The Department did not write the law and does not have any authority to change it or to disregard its provisions. The principal goal of the OMMP is to make the registration process work smoothly and efficiently for qualified patients.

- You must be an Oregon resident to be a registered patient in the Oregon Medical Marijuana Program (OMMP).
- You must have a qualifying debilitating medical condition as listed on the Attending Physician's Statement.
- Your physician must be a Medical Doctor (MD) or Doctor of Osteopathy (DO) licensed to practice medicine in Oregon. You must have an established patient/physician relationship with your "attending physician." Naturopaths, chiropractors, and nurse practitioners cannot sign the documentation.
- The OMMP cannot refer you to a physician. The OMMP does not have a physician referral list.
- You must list a grow site address on your application. You, or your designated primary caregiver, may grow your own medication. There is no place in the State of Oregon to legally purchase medical marijuana.
- The OMMP cannot find a designated primary caregiver for you. The OMMP does not keep a referral list of persons who want to be caregivers for patients. (You are not required to list a caregiver, unless you are less than 18 years old.) Your caregiver cannot be your physician.
- The OMMP cannot supply you with seeds or starter plants, or give you advice on how to grow medical marijuana.
- The application fee cannot be waived. Partial payments cannot be accepted.

Contacting the OHD/OMMP: Oregon (Dept. of Human Resources) Health Division, Oregon Medical Marijuana Program * 800 NE Oregon Street, #21 * Portland, OR 97232-2162 * (503) 731-4002, Ext. 233 * FAX (503) 872-6822 * e-mail: OMMP.QA@state.or.us * WEBSITE: http://www.ohd.hr.state.or.us/mm/index.cfm

***Oregon State Activists & Orgs*:**

Alternative Medicine Outreach Program (AMOP**)** * ROSEBURG * 541.459-0542

Eugene Compassion Center 2055 W. 12th Ave., Eugene, OR 97402 * PH# (541) 484-6558 FAX (541) 484-0891 * Office Hours: Tuesday and Friday - Noon to 6pm * visit: **http://www.compassioncenter.net**

Mothers Against Misuse and Abuse (MAMA**)** * Local Patient advocacy as well as national Drug Policy Reform. * 5217 SE 28th (Steele & 28th) * Now holding clinics, contact them at **mama@mamas.org** - or- call: **503-233-4202**.

Oregon Green Free (OGF**)** * 11918 SE Division St., #122. * Portland, OR 97266 * 503.760-2671 * web: **http://www.oregongreenfree.com/**

The Hemp & Cannabis Foundation (THCf**)** * 4259 NE Broadway St. * PORTLAND (Hollywood dist) - call for an appointment: 503.235-4606 * **http://www.thc-foundation.org**

***Books to get and read*:**

Is Marijuana the Right Medicine for You? A Factual Guide to Medical Uses of Marijuana by Bill Zimmerman, PhD with Rick Bayer, MD and Nancy Crumpacker, MD, ISBN#0-87983-906-6 (Keats 1998).

Cannabis and Cannabinoids: Pharmacology, Toxicology, and Therapeutic Potential edited by Franjo Grotenhermen, MD and Ethan Russo, MD (Haworth Press 2002)

The Oregon Medical Marijuana Guide: A Resource for Patients & Health Care Providers by Ed Glick, RN (Contigo-Conmigo 2001). This is the most comprehensive guide to the Oregon Medical Marijuana Act. It is available online at **www.or-coast.net/contigo/** and for purchase on CD - ROM or paper.

Marijuana Medical Handbook by Rosenthal, Gieringer and Dr. Mikuriya, "A Guide to Therapeutic Use". ISBN#0-932551-16-5 $16.95

See more at the OMMA1998 website Medical Cannabis (Marijuana) Bibliography page: **http://www.omma1998.org/omr_mmj_bibliography.html**