



Busy As Beavers; Three Marijuana Legalization Initiatives Active in Oregon

by [Phillip Smith](#) for [Drug War Chronicle](#) » [Issue #698](#) - **August 24, 2011:** Activists in Oregon are serious about legalizing marijuana. There are currently three different marijuana legalization initiative campaigns aimed at the November 2012 ballot underway there and, this year, there are signs the state's fractious marijuana community is going to try to overcome sectarian differences and unify so that the overarching goal -- freeing the weed -- can be attained.

The three initiatives are in varying stages of advancement, with one already engaged in signature-gathering, one just approved for a ballot title, and the third trying to obtain the 1,000 signatures necessary to be granted a ballot title and be approved for signature-gathering.

The initiative currently furthest down the path toward the ballot box, is the [Oregon Cannabis Tax Act of 2012](#) (Initiative Petition #9), sponsored by veteran activist and medical marijuana

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President Balks At Responding To Medical Marijuana Question At Town Hall

Cannon Falls, MN, USA:

President Barack Obama this week [refused to offer](#) a substantive reply to an audience member's question regarding the administration's failure to take steps to allow for the physician-recommended use of marijuana.

During a Town Hall event on Monday the President was asked: "If you can't legalize marijuana, why can't we just legalize medical marijuana, to help the people that need it?"

Obama [responded](#): "Well, you know, a lot of states are making decisions about medical marijuana.



As a controlled substance, the issue then is, you know, is it being prescribed by a doctor, as opposed to, you know -- well -- I'll -- I'll -- I'll -- I'll leave it at that."

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Israel: Government Officially Recognizes Therapeutic Value Of Cannabis -- Codifies Regulations For Producing, Providing It To Patients

Tel Aviv, Israel: The Israeli government on Sunday [acknowledged](#) the therapeutic utility of cannabis and announced newly amended guidelines governing the state-sponsored production and distribution of medical cannabis to Israeli patients.

A [prepared statement](#) posted Monday on the website of office of the Israeli Prime Minister states: "The Cabinet today approved arrangements and supervision regarding the supply of cannabis for medical and research uses. This is in recognition that the medical use of cannabis is necessary in certain cases. The Health Ministry will -- in coordination with the Israel Police and the Israel Anti-

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About MERCY – The 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 in Oregon, across America and around the World.

For more information about the MERCY News, contact us.

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www.MercyCenters.org

Check it out!

MERCY On The Tube!

Mercy-TV



in Salem, Oregon area thru Capital Community Television, Channel 23. See us on Wednesdays at 06:30pm, Thursdays at 07:00pm, Fridays at 10:30pm and Saturdays at 06:00pm. Visit –

<http://mercycenters.org/tv/>

MERCY is a non-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, Oregon 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 we provide, among other things, ongoing education to people and groups organizing clinics and other Patient Resources, individual physicians and other healthcare providers about the OMMP, cannabis as medicine and doctor rights in general.

The mission of the organization is to help people and change the laws. 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.

Want to get your Card? Need Medicine Now?

Welcome to The Club! MERCY – the Medical Cannabis Resource Center hosts Mercy Club Meetings **every Wednesday** at - **1469 Capital Street NE, Suite #130, Salem, 97301** – from **7pm to 9pm** to help folks get their card, network patients to medicine, assist in finding a grower or getting to grow themselves, or ways and means to medicate along other info and resources depending on the issue. **visit** – www.MercyCenters.org - or Call **503.363-4588** for more.

The Doctor is In ... Salem! * MERCY is Educating

Doctors on signing for their Patients; Referring people to Medical Cannabis Consultations when their regular care physician won't sign for them; and listing all Clinics around the state in order to help folks Qualify for the OMMP and otherwise Get their Cards. For our Referral Doc in Salem, get your records to – **1469 Capital Street NE, Suite #100, Salem, 97301**, NOTE: There is a \$25 non-refundable deposit required. Transportation and Delivery Services available for those in need. For our Physician Packet to educate your Doctor, or a List of Clinics around the state, visit – www.MercyCenters.org - or Call **503.363-4588** for more.

Other Medical Cannabis Resource NetWork Opportunities for Patients as well as CardHolders-to-be. * whether Social meeting,

Open to public –or– Cardholders Only * visit: <http://mercycenters.org/events/Meets.html> ! Also Forums - a means to communicate and network on medical cannabis in Portland across Oregon and around the world. **A list of Forums, Chat Rooms, Bulletin Boards and other Online Resources for the Medical Cannabis Patient, CareGiver, Family Member, Patient-to-Be and Other Interested Parties. * Resources > Patients (plus) > Online > Forums** * Know any? Let everybody else know! Visit: <http://mercycenters.org/orgs/Forums.html> and Post It!

<continued from OREGON INITIATIVES, page 1 > entrepreneur Paul Stanford. It would allow adult Oregonians to possess and grow their own marijuana. It would allow Oregon farmers to grow hemp. And it would license Oregon farmers to grow marijuana to be sold at state-licensed pot stores. An earlier version of OCTA failed to make the ballot last year

OCTA has been approved for signature-gathering, and OCTA spokespersons said it had so far collected more than 30,000 signatures. It needs some 87,000 valid voter signatures to make the ballot, so OCTA's goal is to gather about 130,000 to have a comfortable cushion to account for invalid signatures.

The initiative next in line is a proposed [constitutional amendment](#) (Initiative Petition #24) to repeal the state's marijuana laws sponsored by the [Oregon Marijuana Policy Initiative](#), which is supported by numerous in-state groups. "Except for actions that endanger minors or public safety, neither the criminal offenses and sanctions nor the laws of civil seizure and forfeiture of this state shall apply to the private personal use, possession or production of marijuana by adults 21 years of age and older," the amendment says. "The State may enact laws and regulations consistent with this amendment to reasonably define, limit and regulate the use, possession, production, sale or taxation of marijuana under state law."

Because it is a constitutional amendment and not an initiative, the OMPI must climb a higher hurdle to qualify for the ballot. Instead of 87,000 valid signatures, it needs 114,000.

The [initiative](#) still in the initial phase of qualifying for a ballot title is from [Sensible Oregon](#), a coalition formed this year that includes [Oregon NORML](#) and a variety of other groups. The Sensible Oregon initiative "would remove existing civil and criminal penalties for adults twenty one years of age, who cultivate, possess, transport, exchange or use marijuana" and require the legislature to come up with a regulatory scheme.

The Sensible Oregon initiative has gathered about 400 of the initial 1,000 needed to win a

ballot title. Activists are gathering them on a volunteer basis.

"We don't have any paid petitioners; we're working strictly as volunteers," said Oregon NORML board member and Sensible Oregon spokesperson Anna Diaz, who added that it is difficult to obtain funding at this early stage. "When we talk to various funding sources, we need to wait for the ballot title before anyone will take us very seriously. Once we do that, our hope is that we can go after some big funding."

Funding is also an issue for the OCTA campaign, said campaign spokesperson Jennifer Alexander. "We had to stop our signature gathering effort because we need to do some major fundraising," she said. "We have some volunteers, but we're trying to raise about \$150,000 to fund the rest of the signature drive. If we can raise the money, we can do it in eight or ten weeks."

OCTA will be the initiative "most accepted by the public," Alexander said. "It also addresses hemp, which would be a huge economic and environmental boon to the Oregon economy, and it provides the regulatory structure that Oregonians are most familiar with, similar to how we handle alcohol. You can grow your own or you can buy it from the store, and the money goes back to the state, which generates revenue and a regulated environment."

Last year, Oregon NORML supported OCTA, but it is going down a different path this year. "Paul Stanford has been trying to pass some form of OCTA for about 20 years, and we didn't want to do the same thing and get the same results," said Diaz. "At the same time, the [Sensible Washington](#) people had come forward with the idea of removing all criminal penalties, and we decided that would be more appealing to voters and a better model to attempt," Diaz said. "While we are not disparaging Paul or his efforts, OCTA has just failed one too many times for us."

Doug McVay, a long-time activist now (again) working for [Voter Power](#), the group behind Oregon's successful 1998 medical marijuana

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<continued from previous page> initiative, said Voter Power supports any and all of the initiatives, but is concentrating its limited resources on the OMPI constitutional amendment and a second initiative that would create a state-regulated medical marijuana dispensary system.

"In Oregon, we have three chances to make history, and that's exciting," he said. "All of them or any of them could create a ripple, hell, a tidal wave across the country. I will be working to help them make the ballot and working to make their passage a reality."

Factionalism and in-fighting has been the bane of the marijuana movement in Oregon, as in so many other places, but this time around, there is a lot of talk about unity and supporting whatever will work.

"We will get behind other initiatives if ours doesn't work out," said Diaz. "There is also talk about all three initiatives doing polling to see which would really fly, and all of us jumping on that. Surprisingly, this is one time where I'm hearing proponents of every proposed initiative suggesting we should all support each other. It's not a matter of competing against each other."

"We're all trying to end prohibition and these are just different models to do so," said OCTA's Alexander. "I love that we have so many going to the ballot. We have all pretty much agreed that whichever one makes the ballot, we will support it. There have been a lot of people picking apart the different initiatives, but we have to get behind each other and work for the common goal."

That would be a very good thing. A marijuana movement unified around a legalization initiative would be able to concentrate on real opposing forces instead of having to defend itself from sniping from within. We don't want to see a repeat of last year's experience in California, where "Stoners against Prop 19" types had initiative organizers looking over their shoulders to fend off attacks from within the ranks even as they tried to confront the organized opposition. SOURCE:

http://stopthedrugwar.org/chronicle/2011/aug/24/three_marijuana_legalization_ini

<continued from PRESIDENT BALKS, page 1 > In July, the administration issued a [revised memorandum](#) to US Attorneys stating that it opposes any production or distribution of marijuana as a medicine, even when such activities are in compliance with [state law](#).

President Obama had offered similarly vague responses to questions regarding marijuana policy at other Town Hall forums. At a town meeting in 2009, Obama curtly [rejected](#) the proposition that legalizing and regulating cannabis could "boost the economy and reduce drug cartel related violence," stating, "The answer is no, I don't think that [is] a good strategy."

When Obama's former press secretary Robert Gibbs was later asked to elaborate on the President's position, he [responded](#): "Uh, he, he does not think that, uh, uh, that that is uh, uh, [pause] he opposes it, he doesn't think that that's the, the right plan for America." Prior to Obama's ascension to the Presidency, he [espoused](#) decriminalizing the possession of marijuana.

Commenting on the President's most recent response, NORML Deputy Director Paul Armentano [said](#), "If the President of the United States can't publicly articulate why we continue to arrest [over one-half million Americans each year](#) for possessing marijuana, then why are we as a nation continuing to engage in this destructive and illogical policy?"

The full video of Monday's Town Hall forum is available online at: <http://www.youtube.com/watch?v=ZOZji2w-i30>. The question from the audience pertaining to medical cannabis and Obama's response is at the 49-minute mark. *For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500 or Paul Armentano, NORML Deputy Director, at: paul@norml.org*

<continued from ISRAEL, page 1 > . Drug Authority -- oversee the foregoing and will also be responsible for supplies from imports and local cultivation." According to the Israeli online news site Haaretz, approximately 6,000 Israeli

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<continued from previous page> patients [are supplied](#) with locally grown cannabis as part of a limited government program. This week's announcement indicates that government officials intend to expand the program to more patients and centralize the drug's supply. "[T]here are predictions that doctor and patient satisfaction is so high that the number could reach 40,000 in 2016," The Jerusalem Post [reports](#).

The Israeli Ministry of Health is expected to [oversee the production](#) of marijuana in January 2012.

Similar government-sponsored medical marijuana programs are also active in [Canada](#) and [the Netherlands](#).

By contrast, in July the United States Drug Enforcement Administration (DEA) formally [denied](#) a nine-year-old petition calling on the agency to initiate hearings to reassess the present classification of marijuana as a [schedule I](#) controlled substance, [stating](#) in the July 8, 2011 edition of the Federal Register that cannabis has "a high potential for abuse; ... no currently accepted medical use in treatment in the United States; ... [and] lacks accepted safety for use under medical supervision." *For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or Paul Armentano, NORML Deputy Director, at: paul@norml.org.*

Cannabis Use Common Among Patients With Inflammatory Bowel Disease, Study Says

Toronto, Canada: The use of cannabis is common among patients with inflammatory bowel disease (IBD), according to [survey data](#) to be published in the *European Journal of Gastroenterology and Hepatology*.

An international team of researchers from Mount Sinai Hospital in Toronto and the Salford Royal NHS Foundation Trust in the United Kingdom surveyed one hundred patients with ulcerative colitis (UC) and 191 patients with Crohn's disease (CD) attending a tertiary-care outpatient clinic.

A comparable proportion of patients with ulcerative colitis and Crohn's disease reported lifetime (51 per cent and 48 per cent) or current (12 per cent and 16 per cent) cannabis use, investigators reported. Of lifetime users, 33 per cent of patients with colitis ulcerosa and 50 per cent of patients with Crohn's disease acknowledged having used the substance to [mitigate symptoms](#) related to inflammatory bowel disease, including abdominal pain, diarrhea and reduced appetite. Authors concluded: "Cannabis use is common amongst patients with IBD for symptom relief, particularly amongst those with a history of abdominal surgery, chronic abdominal pain and/or a low quality of life index. The therapeutic benefits of cannabinoid derivatives in IBD may warrant further exploration."

According to the US government website clinicaltrials.gov, investigators at the Meir University Center in Israel [are presently conducting](#) a double blind, placebo-controlled clinical trial to evaluate the effect of cannabis inhalation on patients with IBD. *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study appears online in the *European Journal of Gastroenterology and Hepatology*.*

Synthetic THC Reduces Motility In Patients With Irritable Bowel Syndrome

Rochester, MN, USA: The administration of synthetic THC (aka dronabinol) decreases colonic motility compared to placebo in patients with irritable bowel syndrome (IBS), according to [clinical trial data](#) to be published in the journal *Gastroenterology*.

Investigators at the Clinical Enteric Neuroscience Translational and Epidemiological Research (CENTER) in Rochester, Minnesota assessed the impact of oral THC versus placebo in a randomized trial of 75 patients with IBS.

Researchers reported that active THC decreased motility of the large intestine during
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Dronabinol is presently a schedule III controlled substance. It is approved by the US Food and Drug Administration for the treatment of severe nausea and cachexia (wasting syndrome).

Irritable bowel syndrome (IBS) refers to a disorder that involves abdominal pain and cramping, as well as changes in bowel movements. It is a different condition than inflammatory bowel disease (IBD), which includes Crohn's disease and ulcerative colitis.

Earlier this month, [survey results](#) published online in the *European Journal of Gastroenterology and Hepatology* reported that patients with IBD commonly use cannabis therapeutically. *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Pharmacogenetic Trial of a Cannabinoid Agonist Shows Reduced Fasting Colonic Motility in Patients with Non-Constipated Irritable Bowel Syndrome," will appear in *Gastroenterology*.*

Medi-Pot Most Often Consumed For Pain, Muscle Spasms, Study Says

"These data suggest that the patient population has evolved from mostly HIV/AIDS and cancer patients to a significantly more diverse array"

Santa Cruz, CA, USA: Patients in California with a physician's recommendation are predominantly using cannabis to treat symptoms of [pain](#), insomnia, and anxiety, according to population data published in the present issue of the *Journal of Psychoactive Drugs*.

Researchers at the University of California, Santa Cruz analyzed data from 1,746



consecutive admissions to nine medical marijuana assessment clinics operating throughout California.

Authors reported, "[R]elief of pain, spasms, headache, and anxiety, as well as to improve sleep and relaxation were the most common reasons patients cited for using medical marijuana." Patients typically reported that cannabis provided them with more than one therapeutic benefit, and four in five (79.3 percent) reported having first tried other medications prescribed by their physicians, almost half of which were opiates.

Of those sampled, three-fourths of the patients were male and three-fifths were Caucasian. Compared to the US Census of California, the patients in this sample were on average "somewhat younger, report[ed] slightly more years of formal education, and [were] more often employed." Two-fifths of patients in the sample "had not been using marijuana recreationally prior to trying it for medicinal purposes."

Investigators also reported that patients' use of tobacco was "somewhat higher than in the general population, but [that their] prevalence of alcohol use was significantly lower" than that of the general population. Patients use of other illicit substances, including cocaine, methamphetamine, and heroin was also lower than that of the general population.

Over 80 percent of the patients in the sample reported consuming cannabis via inhalation (86.1 percent). Twenty-five percent of patients sampled consumed cannabis orally. Twenty-two percent [vaporized](#) cannabis and approximately three percent said that they used the substance topically.

Most patients (40.1 percent) reported consuming up to three grams of cannabis per week. Thirty-six percent of patients reported using four to seven grams of cannabis, and 23.3 percent said they consumed more than seven grams of marijuana per week. A majority of respondents (56.1 percent) said they used cannabis prior to sleep.

Authors concluded: "Compared to earlier
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<continued from previous page> studies of medical marijuana patients, these data suggest that the patient population has evolved from mostly HIV/AIDS and cancer patients to a significantly more diverse array. ... This suggests that the patient population is likely to continue evolving as new patients and physicians discover the therapeutic uses of cannabis. *"For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Who are medical marijuana patients? Population characteristics from nine California assessment clinics," appears in The Journal of Psychoactive Drugs.*

Intravenous Administration Of THC Not Associated With 'Serious Adverse Events' In Human Subjects

West Haven, CT, USA: The intravenous administration of cannabis' primary psychoactive compound, delta-9-THC, poses a "relatively low" risk to subjects' health, according to [a review](#) of clinical trial data to be published in the journal *Psychopharmacology*.

A team of investigators at the West Haven, Connecticut branch of the US Department of Veteran Affairs conducted a review of all intravenous THC studies conducted at the center over a 13-year period. They assessed 11 studies involving 266 subjects (14 schizophrenia patients and 252 healthy subjects, of whom 76 were frequent cannabis users), 351 active THC infusions, and 226 placebo infusions. Study subjects were monitored for subjective and physical adverse events and followed up to 12 months beyond study participation.

Authors reported: "There was one serious and 70 minor adverse events in 9.7 percent of subjects and 7.4 percent of infusions, with 8.5 percent occurring after the end of the test day. Nausea and dizziness were the most frequent side effects associated with intravenous THC administration. Adverse events were more likely to be associated with faster infusion rates (two to five minutes) and higher doses. Of [the] 149 subjects on whom long-term follow-up data were gathered, 94 percent reported either no

change or a reduction in their desire to use cannabis in the post-study period, 18 percent stated that their cannabis use decreased, and three percent stated that it increased in the post-study period."

Researchers concluded: "With careful subject selection and screening, risk to subjects is relatively low. Safeguards are generally sufficient and effective, reducing both the duration and severity of adverse events."

Commenting on the study, NORML Deputy Director Paul Armentano said, "This review once again reaffirms the cannabis is relatively safe, if not safer, than comparable conventional medications or intoxicants. The plant's relatively low toxicity and risk to health in no way justifies the continued criminalization and [arrest of hundreds of thousands of cannabis consumers](#) annually." *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "The safety of studies with intravenous delta-9-tetrahydrocannabinol in humans, with case histories," appears online in the journal *Psychopharmacology*.*

Medical Marijuana Inc. Posts Loss Despite Revenue Jump

Medical Marijuana Inc. posted a \$1.29 million net loss for the second quarter, according to a filing on the OTC Markets website, which had different information than a press release issued by the San Diego-based company.

Total income, including relief of indebtedness, was \$377,643, according to Medical Marijuana's financial statement filed last Friday. Expenses were reported at \$1.67 million.

Publicly traded Medical Marijuana said in a statement today that its quarterly revenue increased to \$184,234 from \$20,425 in the first quarter. The increase was due to new product pre-launches in conjunction with its **CannaBANK** business, the company said.

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Medical Marijuana said in the statement that it reduced its liabilities from \$207,158 in the first quarter to \$91,370. But its filing said that total liabilities as of June 30 were \$103,464.

Medical Marijuana shares were priced at about 4.5 cents today, which OTC Markets warned was from "unsolicited" customer orders. Unsolicited orders can indicate that investors may have trouble selling the stock. SOURCE: <http://www.mjbusinessreport.com/wires/article.cfm?title=Medical-Marijuana-Posts-Loss-Despite-Revenue-Jump&id=eqnigkzhqtyrsw>

Michigan AG Says Prosecutors Can Close Dispensaries

Michigan Attorney General Bill Schuette said he will be telling the state's 83 county prosecutors they can shut down dispensaries as a result of an appellate court ruling this week.

On Tuesday, a three-judge panel of the Michigan Court of Appeals ruled that the state's medical marijuana law, approved by voters in 2008, does not allow for patient-to-patient sales. The ruling reversed a lower court's decision to deny Isabella County Prosecuting Attorney Larry Burdick's request for an injunction against club **Compassionate Apothecary** in Mount Pleasant. Schuette had joined in the appeal supporting the county prosecutor.

Schuette said in a statement yesterday that the court "echoed the concerns of law enforcement, clarifying that this law is narrowly focused to help the seriously ill, not the creation of a marijuana free-for-all." SOURCE: <http://www.mjbusinessreport.com/wires/article.cfm?title=Michigan-AG-Prosecutors-Can-Close-Dispensaries&id=eci9fvkxotwwkgo>

Two Plead Guilty From Montana Dispensary Raids, Report Says

Two men who were arrested as a result of large-scale law enforcement raids of Montana dispensaries in March have pleaded guilty to federal charges, the *Billings Gazette* reported.

Ryan Gifford Blindheim, 35, yesterday pleaded guilty to conspiracy to manufacture marijuana and money laundering in U.S. District Court in Missoula, the article said. Blindheim owned the **Black Pearl** dispensary in Olney.

Evan James Corum, 25, pleaded guilty to a single count of money laundering.

Blindheim and Corum allegedly transformed a warehouse on U.S. Highway 93 near Olney into a grow facility where law enforcement seized 488 plants and 70 pounds of bulk marijuana on March 14, the *Billings Gazette* said. SOURCE: <http://www.mjbusinessreport.com/wires/article.cfm?title=Two-Plead-Guilty-Montana-Dispensary-Raids-Report&id=ouqizqkdprowjv>

Boulder, Colorado, Approves 48 MMJ Businesses

Boulder, Colo., city officials have approved 48 of 120 license applications for medical marijuana businesses, the city said.

The city has denied 33 of the applications it has received since last summer, according to a statement. Nine applicants have withdrawn and 30 are still pending.

Twenty-two of the denied businesses have appealed and can remain open while their cases are pending. The city said it will begin inspecting those businesses with pending appeals to make sure they are complying with city codes to "prevent potential continued unsafe operation and to encourage equal treatment of all businesses." SOURCE: <http://www.mjbusinessreport.com/wires/article.cfm?title=Boulder-Colo-Approves-48-MMJ-Businesses&id=airvfekeueudpse>