



Forty Years And Still Waiting: National Commission On Marihuana Recommends Decriminalizing Cannabis

First And Only Federal Commission On Pot Policy Determined, "The Criminal Law Is Too Harsh A Tool" To Apply To Possession Offenses: Commission's Recommendations Still, If Not More, Applicable Today

Washington, DC: Forty years ago, on March 22, 1972, the first and to date only Congressional Commission ever to assess marijuana policy called on Congress to amend federal law so that the possession and use of small quantities of cannabis by adults would no longer be a criminal offense.

The Commission, known as the [National Commission on Marihuana and Drug Abuse](#) (aka the Shafer Commission), chaired by former Pennsylvania Governor Raymond P. Shafer, determined that minor marijuana possession offenses -- including those involving the not-for-profit transfer of cannabis by adults -- should be 'decriminalized' under federal

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White Paper: Drug Testing Results Often Inaccurate, Unreliable

Princeton, NJ, USA: Drug screening results, including those from federally certified labs, may not always be reliable, according to a [white paper](#) published online by the [National Workrights Institute](#) (NWI).

"[Government] certified drug testing laboratories have significant reliability problems and that the government's assurances that false positive

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Many Cannabis Users Substitute Booze For Pot After Age 21, Study Says

Denver, CO, USA: Many adolescent consumers of cannabis increase their use of alcohol and decrease their use of marijuana shortly after turning 21 years of age, according to data published in the *Journal of Health Economics*.

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Mayo Clinic Proceedings: "Bureaucratic Hurdles ... Interfere With Legitimate Cannabis Research"

Rochester, MN, USA: Federal officials should reclassify cannabis under federal law and permit "long-stifled research into a potential trove of (the plant's) therapeutic applications," according to

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Government's Crackdown On Medicinal Cannabis Not Unconstitutional, Federal Judge Rules

Sacramento, CA, USA: A federal judge in Sacramento last week [dismissed](#) a federal [lawsuit](#) filed in November by members of the [NORML Legal Committee](#) against the US Department of Justice, US Attorney General Eric Holder,

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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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in Salem, Oregon area thru Capital Community Television, Channel 23. Call In – 503.588-6444 - on Friday at 7pm, or 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 #100, 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

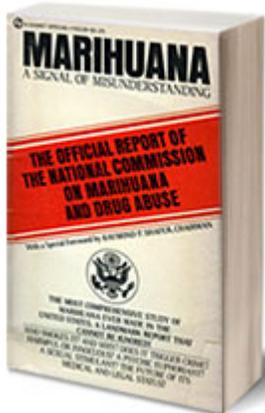
Doctors on signing for their Patients; Referring people to Medical Cannabis Consultations when their regular care physician won't sign for them; and listing all Clinics around the state in order to help folks Qualify for the OMMP and otherwise Get their Cards. For our Referral Doc in Salem, get your 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 FORTY YEARS AND STILL WAITING, page 1 > law. The Commission recommended that states should similarly eliminate criminal penalties for minor pot offenses.

"[T]he criminal law is too harsh a tool to apply to personal possession even in the effort to discourage use,"



concluded the 13-member Commission, which included nine hand-picked appointees of then-President Richard Nixon.

"It implies an overwhelming indictment of the behavior which we believe is not

appropriate. The actual and potential harm of use of the drug is not great enough to justify intrusion by the criminal law into private behavior, a step which our society takes only with the greatest reluctance.

"... Therefore, the Commission recommends ... [that the] possession of marijuana for personal use no longer be an offense, [and that the] casual distribution of small amounts of marihuana for no remuneration, or insignificant remuneration, no longer be an offense."

Members of the Commission further acknowledged that marijuana did not meet the criteria of a [schedule I](#) controlled substance under federal law, a classification that places cannabis along side heroin as a prohibited substance without any therapeutic value. In July 2011, the Obama administration [upheld](#) cannabis' schedule I classification, stating, "At this time, the known risks of marijuana use have not been shown to be outweighed by specific benefits in well-controlled clinical trials that scientifically evaluate safety and efficacy."

In the four decades since the Nixon administration and Congress rejected the recommendations of the Shafer Commission, an estimated 22 million Americans have been [arrested](#) for marijuana-related offenses, according to annual data compiled by the FBI. Upwards of 80 percent of those arrested were

charged with possession only offenses, not sales or trafficking. "Failing to implement the recommendations issued by the Shafer Commission to decriminalize minor marijuana offenses has costs taxpayers tens of billions of dollars and unnecessarily ruined the lives of millions of otherwise law abiding American citizens," said NORML's Executive Director Allen St. Pierre.

He adds: "Despite the federal government's 40-year 'war on pot,' today an estimated [45 percent](#) of US adults acknowledge having consumed cannabis at some point in their lives, with nearly 12 percent admitting having done so in the past year. A [majority](#) of Americans now say that the plant should be legalized and regulated for adults."

St. Pierre concludes, "Forty years ago tomorrow the Nixon administration had an unprecedented opportunity to enact a rational pot policy. They were provided with the truth about cannabis, but they [refused to listen](#). It is time for the Obama administration to listen -- and to act. It is time to make peace with pot." *For more information, please contact Allen St. Pierre, NORML Executive Director or Keith Stroup, NORML Legal Counsel, at (202) 483-5500.*

<continued from WHITE PAPER: DRUG TESTING RESULTS OFTEN INACCURATE, UNRELIABLE,



page 1 > test results are a thing of the past is untrue," the paper concludes. The NWI paper bases its conclusion on several key findings. These include:

- "The accuracy of certified labs has never been tested."
- Government certified labs do not "consistently followed federally mandated procedures for lab accuracy."
- Federal regulations "allow labs to make mistakes on ten percent of the blind samples used in the certification process."

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- "[C]ertified labs do not always maintain a proper chain of custody."

According to the paper, documented examples of errors committed by federally certified labs are not uncommon. It finds, "In the last four years alone, one laboratory had its certification revoked and three others had their certification suspended."

The paper acknowledges that federally certified labs are likely to yield more reliable results than non-certified facilities, but cautions that their procedures may still inadvertently produce false positive results.

Full text of the paper, "Latest Research Reveals New Problems With Drug Testing," is available online at: <http://workrights.us/>.

<continued from MANY CANNABIS USERS SUBSTITUTE BOOZE FOR POT AFTER AGE 21, STUDY SAYS, page 1 > A team of international investigators from the United States and Mexico estimated the causal effect of legal access to alcohol on marijuana consumption.



They reported: "Our results show that alcohol and marijuana are substitutes. At age 21, we observe a sharp increase in alcohol consumption but a decrease in marijuana consumption. ... Our estimates suggest that the MLDA (minimum legal drinking age) at age 21 decreases the probability of having consumed alcohol in the past 30 days by 16 percent and increases the probability of having consumed marijuana by 10 percent. ... This suggests that policies that restrict access to alcohol cause an increase in marijuana consumption."

Authors stated that this purported substitution effect "is substantially stronger for women than men."

They concluded, "Our results show that legal access to alcohol causes a significant decrease in marijuana use among young adults close to the age of 21."

Separate [studies](#) of older cannabis consumers

in states with limited legal access to both marijuana and alcohol yield a less consistent trend, with data indicating that many subjects that consume cannabis use reduced levels of alcohol or other intoxicating substances. For example, a [2011 study](#) of qualified medicinal cannabis consumers in California found that respondents' "prevalence of alcohol use was significantly lower" than that of the general population.

Most recently, authors of [November 2011](#) Institute for the Study of Labor paper, "Medical Marijuana Laws, Traffic Fatalities, and Alcohol Consumption," determined: "[The] legalization [of cannabis] is associated with a nearly nine percent decrease in traffic fatalities, most likely due to its impact on [reduced] alcohol consumption."

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "The effect of alcohol availability on marijuana use: Evidence from the minimum legal drinking age," appears online in the *Journal of Health Economics*.

<continued from MAYO CLINIC PROCEEDINGS: "BUREAUCRATIC HURDLES ... INTERFERE WITH LEGITIMATE CANNABIS RESEARCH", page 1 > [review](#) published in the February issue of the journal *Mayo Clinic Proceedings*, a peer-reviewed journal sponsored by Mayo Clinic in Rochester, Minnesota.

The review, entitled "Blurred Boundaries: The Therapeutics and Politics of Medical Marijuana," states: "Bureaucratic hurdles not erected for other potential pharmaceuticals continue to interfere with legitimate cannabis research. The federal government instituted its 1970 ban in the absence of scientific evidence supporting its position. It maintains the ban, despite scientific evidence suggesting that cannabis could have positive effects on the many organ systems endocannabinoid activity modulates."

It concludes: "Because of this modern-day prohibition, opportunities to further study marijuana's risks and benefits and develop

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<continued from previous page> new pharmacotherapies are squandered. It is high time for the federal government to ... reclassify marijuana so that it has the same status as certain opiates and stimulants. ... By forcing marijuana to languish as a Schedule I drug with a 'high potential for abuse, no accepted medical use, and no accepted safety for use in medically supervised treatment,' the federal government thumbs an illogical nose at contemporary public sentiment, recent scientific discoveries, and potentially head-to-toe therapeutic breakthroughs. This reclassification would be a first step toward reconciling federal and state law and permitting long-stifled research into a potential trove of therapeutic applications to commence."

Full text of the review appears online at the Mayo Clinic Proceedings website at: [http://www.mayoclinicproceedings.org/article/S0025-6196\(11\)00021-8/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(11)00021-8/fulltext). A video summary by the author appears separately at: <http://www.scivee.tv/node/39225>.

<continued from GOVERNMENT'S CRACKDOWN ON MEDICINAL CANNABIS NOT UNCONSTITUTIONAL, FEDERAL JUDGE RULES, page 1 > and DEA Director Michele Leonhart. The [lawsuit](#), one of four filed simultaneously in the state's four federal districts, argues that the Justice Department's [ongoing crackdown against medical marijuana providers and distributors](#) in California is in violation of the Ninth, Tenth, and Fourteenth Amendments to the US Constitution because the use of cannabis therapeutically is a fundamental right. Petitioners also argue, using the theory of judicial estoppel, that the Justice Department had previously affirmed in [public memos](#) and in statements made in federal court that it would no longer use federal resources to prosecute cannabis patients or providers who are compliant with state law.

On Wednesday of last week, US District Judge Garland Burrell, Jr., rejected those arguments and granted the respondent's dismissal motion. He denied petitioners request for a public hearing prior to making his ruling.

Judge Burrell rejected plaintiffs' Ninth and

Tenth Amendment challenges, finding: "Since the Supreme Court has held that the CSA's (federal Controlled Substances Act) categorical prohibition of the possession, manufacturing, and distribution of marijuana does not exceed Congress' authority under the Commerce Clause (Article I Section 8, Clause 3 of the US Constitution), plaintiffs do not have a viable ... claim."

He also rejected plaintiffs' equal protection arguments, finding that the Justice Department's actions in California mimic efforts the federal government has taken against "similarly situated individuals" elsewhere. Judge Burrell also cited court rulings finding that defendants in previous challenges have failed to meet the "heavy burden of proving the irrationality of the schedule I classification of marijuana."

Finally, Judge Burrell dismissed plaintiff's judicial estoppel claim, which argues that defendants' "recent crackdown ... against medical cannabis patients flouts the representations made on the record by the Department of Justice" in public memos and statements in court. Responding to this challenge, Judge Burrell determined, "Since judicial estoppel does not apply unless 'a party's later position [is] 'clearly inconsistent with its earlier position,' and the Ogden memo does not contain a promise not to enforce the CSA, defendants' enforcement of the CSA is not inconsistent."

Commenting on the ruling, Attorney David Michael of San Francisco, who along with Matt Kumin of San Francisco and Alan Silber of Roseland, New Jersey were the lead attorneys in these four challenges, said, "We are disappointed, but not discouraged, that the District Courts have thus far denied us the relief we had sought. They are constrained by existing precedent, and the result was not unexpected. It is the Ninth Circuit where we hope to find a receptive audience, and, with the *Lawrence v. Texas* decision, we may also have a more receptive audience in the Supreme Court, should the issue go there."

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<continued from previous page> Judges for the Ninth Circuit had previously [determined](#) in *Raich v Gonzalez*: "For now, federal law is blind to the wisdom of a future day when the right to use medical marijuana to alleviate excruciating pain may be deemed fundamental. Although that day has not yet dawned, ... (it) may be upon us sooner than expected."

For more information, please contact Keith Stroup, NORML Legal Counsel, at (202) 483-5500.

Synthetic Cannabinoid Halts Progression Of Multiple Sclerosis, Study Says

Madrid, Spain: The administration of a cannabinoid agonist halts the advancement of multiple sclerosis, according to preclinical [data](#) to be published in the journal *Neuropharmacology*.

Investigators at Complutense University in Madrid assessed the impact of WIN55,512-2, a synthetic cannabinoid agonist, in an animal model of multiple sclerosis (MS). Researchers [reported](#) that the treatment moderated disease progression and reduced MS symptom, including spasms and tremors.

"In summary, the treatment of EAE (experimental autoimmune encephalomyelitis) mice with the cannabinoid agonist WIN55,512-2 reduced their neurological disability and the progression of the disease," authors concluded. "This effect was exerted through the activation of CB(1) receptors, which would exert a positive influence in the reduction of inflammatory events linked to the pathogenesis of this disease."

In 2008, investigators at the University of California at San Diego reported that inhaled cannabis significantly reduced objective measures of pain intensity and spasticity in patients with MS in a placebo-controlled, randomized clinical trial. Researchers concluded, "[S]moked cannabis was superior to placebo in reducing spasticity and pain in patients with multiple sclerosis and provided some benefit beyond currently prescribed

treatment."

Clinical trial [data](#) assessing the use of [Sativex](#), a spray containing organic cannabinoid extracts, in MS patients reports, "[L]ong-term use of (the drug) maintains its effect in those patients who perceive initial benefit." Sativex is presently [available](#) by prescription for the treatment of multiple sclerosis in Canada, Denmark, Germany, New Zealand, Spain, and the United Kingdom."

According to survey data published in 2004 in the journal *Neurology*, an estimated [one in seven](#) patients with MS reports using cannabis therapeutically to treat symptoms of the disease.

*For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabinoids ameliorate disease progression in a model of multiple sclerosis in mice, acting preferentially through CB(1) receptor-mediated anti-inflammatory effects," will appear in the journal *Neuropharmacology*.*

THC Neuroprotective In Model Of Parkinson Disease

Plymouth, United Kingdom: The administration of THC is protective against neuronal injury in a human Parkinson's disease (PD) cell culture model, according to [data](#) to be published in the journal *Neuropathology and Applied Neurobiology*. [Parkinson's disease](#) is a degenerative brain disorder marked by involuntary movements.

Investigators at the University of Plymouth in the United Kingdom assessed the protective properties of THC on brain cells exposed to PD-relevant toxins.

Researchers reported that THC was protective against all three of the toxins tested in the study. By contrast, separate administration of the non-psychoactive cannabinoid [CBD](#) (cannabidiol) and the synthetic cannabinoid agonist WIN55,212-2 "were unable to elicit the same neuroprotection."

Previously reported [survey data](#) of patients

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<continued from previous page> diagnosed with PD found that nearly half of respondents who tried cannabis experienced therapeutic benefit from it, including the relief of tremors and muscle rigidity.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, *Δ(9) - THC exerts a direct neuroprotective effect in a human cell culture model of Parkinson's disease*, appears online in the journal *Neuropathology and Applied Neurobiology*.

Cannabinoid Agonist Moderates HIV Progression, Study Says

New York, NY, USA: The activation of specific endogenous cannabinoid receptors moderates the progression of the human immunodeficiency virus (HIV), according to preclinical [data](#) published online in the journal *PLoS ONE*.

Investigators at the Mount Sinai School of Medicine in New York City assessed whether the administration of a selective cannabinoid agonist could regulate HIV-1 infectivity. Researchers [reported](#) that activation of the CB2 receptor inhibits HIV infection in culture.

Authors concluded, "[T]he clinical use of (selective CB2) agonists in the treatment of AIDS symptoms may also exert beneficial adjunctive antiviral effects ... in late stages of HIV-1 infection."

Last year, investigators at the Louisiana State University Health Sciences Center reported that the long-term administration of delta-9-THC, the primary psychoactive compound in marijuana, is associated with [decreased mortality](#) in monkeys infected with the simian immunodeficiency virus (SIV), a primate model of HIV disease.

Writing in the journal *AIDS Research and Human Retroviruses*, authors concluded: "Contrary to what we expected, ... delta-9-THC treatment clearly did not increase disease progression, and indeed resulted in generalized attenuation of classic markers of SIV disease. ... These results indicate that chronic delta-9-THC does not increase viral load or aggravate

morbidity and may actually ameliorate SIV disease progression."

Separate trials in human subjects have previously [documented](#) that the short-term inhalation of cannabis does not adversely impact viral loads in HIV patients, and may even improve immune function.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabinoid Receptor 2-Mediated Attenuation of CXCR4-Tropic HIV Infection in Primary CD4+ T Cells," appears online in *PLoS ONE*. Additional studies documenting the disease modifying potential of marijuana is available in the NORML handbook, *Emerging Clinical Applications For Cannabis & Cannabinoids: Fourth Edition*, available online at: <http://norml.org/library/recent-research-on-medical-marijuana>.

Over Two-Dozen Controlled Trials Demonstrate Cannabinoids' "Statistically Significant Pain Relieving Effects"

New York, NY, USA: Cannabis and its active constituents appear to be safe and modestly effective treatments in patients suffering from a variety of chronic pain conditions, including neuropathy (pain due to nerve damage), according to a literature [review](#) to be published in *The Clinical Journal of Pain*.

An investigator from New York University, Department of Physical Medicine and Rehabilitation, conducted a PubMed search to survey the percentage of positive and negative published randomized controlled trials (RCTs) assessing cannabinoids as treatments for pain.

Of the 56 hits generated, 38 published RCTs met inclusion criteria.

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<continued from CANNABINOIDS' "STATISTICALLY SIGNIFICANT PAIN RELIEVING EFFECTS", previous page> Of these, "71 percent (27) concluded that cannabinoids had empirically demonstrable and statistically significant pain relieving effects, whereas 29 percent (11) did not."

Cannabinoids appeared to be most effective in treating hard-to-treat neuropathic pain conditions. "[F]or notoriously difficult to treat conditions such as HIV neuropathy, ... cannabinergic pain medicines, particularly inhaled cannabinoid botanicals, are one of the only treatments that have been shown to be safe and effective with the highest levels of evidence," the review states.

Five to ten percent of the US population is estimated to suffer from neuropathic pain at some point during their lives.

The study concludes, "Overall, based on the existing clinical trials database, cannabinergic pain medicines have been shown to be modestly effective and safe treatments in patients with a variety of chronic pain conditions. ... Incorporating cannabinergic medicine topics into pain medicine education seems warranted and continuing clinical research and empiric treatment trials are appropriate."

A separate [paper](#), published in January in the *Harm Reduction Journal*, concluded: "Prescribing cannabis in place of opioids for neuropathic pain may reduce the morbidity and mortality rates associated with prescription pain medications and may be an effective harm reduction strategy."

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabinergic pain medicine: A concise clinical primer and survey of randomized controlled trial results," will appear in The Clinical Journal of Pain.

Synthetic Cannabinoid Protective Against Stroke-Induced Cell Death, Study Says

San Francisco, CA, USA: The administration of a cannabinoid agonist is neuroprotective in subjects with [cerebral ischemia](#) (a condition characterized by insufficient blood flow to the brain resulting in cell death), according to preclinical [data](#) published online in the journal *Neuroscience*.

Investigators at the University of California, San Francisco, Neonatal Brain Disorders Center assessed the neuroprotective impact of WIN55,512-2, a synthetic cannabinoid agonist, on the brains of infant rats following cerebral ischemia.

"WIN administration ... attenuated infarct volume (necrosis resulting from obstructed blood flow to the brain)," authors concluded. "Cumulatively, our results show that the cannabinoid agonist WIN protects against neonatal focal stroke in part due to inhibitory effects on microglia."

Separate studies have previously documented that the administration of organic cannabinoids, including the non-psychoactive compound [CBD](#) (cannabidiol), is protective in animal models of [cerebral](#) and [cardiac ischemia](#), as well as against [alcohol-induced neurotoxicity](#).

*For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Reduced infarct size and accumulation of microglia in rats treated with WIN 55,212-2 after neonatal stroke," appears online in *Neuroscience*.*