THE MERCY NEWS REPORT

Cannabis Legalization Wins Big On Election Day

Neither Measure Amends The States' Existing Medical Marijuana Laws

Washington, DC, USA: Voters on Election Day expressed unprecedented support for removing criminal penalties for cannabis consumers.

Voters in Colorado and Washington approved ballot measures allowing for the personal possession and consumption of cannabis by adults. In **Colorado**, 55 percent of voters decided in favor of Amendment 64, which allows for the legal possession of up to one ounce of marijuana and/or the cultivation of up to six cannabis plants in private by those persons age 21 and over. In **Washington**, 55 percent of voters similarly decided in favor of Initiative 502, removes criminal penalties specific to the adult possession of up to one ounce of cannabis for personal use (as well as the possession of up to 16 ounces of marijuana-infused product in solid form, and 72 ounces of marijuana-infused product in liquid form.) Both measures will take effect in approximately 30 days.

<continued on page 3 >

Science & Medicine Are Moving Reform Forward by Dr. David Bearman for AAMC

We have just seen the voters of Washington and Colorado take a giant step forward for common sense. This is based in part on what we have learned about cannabis, cannabinoids and the endocannabinoid system. As we move forward we will be discovering even more about the medical utility of this amazing plant and it's phytochemicals.

<continued on page 3 >

Case Report: Inhaled Cannabis Controls Convulsions In Epileptics

San Francisco, CA, USA: Cannabis inhalation is associated with significantly reduced incidences of convulsions in a pair of epileptic patients, according to a forthcoming case report in the journal *Epilepsy & Behavior*. Investigators at the University of California, Epilepsy Center summarized the cannabis use history of a 43-year-old subject and a 60-year-old subject, both of whom suffered from severe epileptic seizures.

<continued on page 3 >

DC Court Hears Rescheduling Appeal, Requests More Info

ASA Submits Brief on Patients' Right to Sue in Landmark Federal Case

On October 16, the federal appeals court for the D.C. Circuit heard oral arguments in *Americans for Safe Access v. Drug Enforcement Administration*, a legal challenge to the government's contention that cannabis has no medical use.

<continued on page 6 >

Kids and Cannabis, Kids on Cannabis; Debate Follows Media Coverage of 7-year old Patient

"Like some cancer patients in states where it's allowed, Mykayla Comstock uses cannabis as part of her treatment. Comstock is seven-years old. Her mother, a long time advocate for medical use of the illegal drug, has been giving her a gram of oral cannabis oil every day."

<continued on page 7 >

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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MERCY On The Tube!

Mercy-TV
Medical Cannabis Resource Center
MERCY
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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/**

About MERCY – The Medical Cannabis Resource Center

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 - **1745 Capital Street NE, 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 – 1745 Capital Street NE, 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 CANNABIS LEGALIZATION, page 1 > Longer-term, both Amendment 64 and I-502 seek to establish statewide regulations governing the commercial production and distribution of marijuana by licensed retailers. State regulators have up to a year to complete the rulemaking process regarding the commercial production, sale, and taxation of cannabis.

Neither Measure Amends The States' Existing Medical Marijuana Laws

Commenting on the historic votes, NORML Deputy Director Paul Armentano said: "Amendment 64 and Initiative 502 provide adult cannabis consumers with unprecedented legal protections. Until now, no state law has defined cannabis as a legal commodity. Some state laws do provide for a legal exception that allows for certain qualified patients to possess specific amounts of cannabis as needed. But, until today, no state in modern history has classified cannabis itself as a legal product that may be lawfully possessed and consumed by adults."

Armentano continued: "The passage of these measures strikes a significant blow to federal cannabis prohibition. Like alcohol prohibition before it, marijuana prohibition is a failed federal policy that delegates the burden of enforcement to the state and local police. Alcohol prohibition fell when a sufficient number of states enacted legislation repealing the state's alcohol prohibition laws. With state police and prosecutors no longer engaging in the federal government's bidding to enforce an unpopular law, the federal government had little choice but to abandon the policy altogether. History is now repeating itself."

Voters in several additional states also decided on various statewide and local measures specific to cannabis. In **Massachusetts**, 63 percent of voters approved Question 3, which eliminates statewide criminal and civil penalties related to the possession and use of up to a 60-day supply of cannabis by qualified patients. It also requires the state to create and regulate up to 35 facilities to produce and dispense cannabis to approved patients. Massachusetts is the 18th state since 1996 to authorize the physician-recommended use of cannabis.

Massachusetts voters in over 40 municipalities - representing approximately one-fifth of the electorate - also voted overwhelmingly in favor of local public policy questions in favor of ending the criminalization of cannabis for adults. Voters in Burlington, Vermont also passed a similar non-binding legalization measure.

In **Michigan**, voters in four cities - totaling over a million people - also decided on Election Day to legalize or depenalize the adult use of cannabis. Voters in **Detroit** approved Proposal M, removing local criminal penalties pertaining to the possession on private property of up to one ounce of marijuana by adults over age 21. In **Flint**, voters approved a citizens' initiative to amend the city code so that the possession on private property of up to one ounce of marijuana or cannabis paraphernalia by those age 19 or older is no longer a criminal offense. **Grand Rapids** voters approved Proposal 2 to allow local law enforcement the discretion to ticket first-time marijuana offenders with a civil citation, punishable by a $25 fine and no criminal record. In **Ypsilanti**, voters decided on a municipal proposal to make the local enforcement of marijuana possession offenses the city's lowest law enforcement priority.

Not every marijuana law reform measure was successful at the ballot box. Only 45 percent of Oregonians approved Measure 80, the Oregon Cannabis Tax Act, which sought to allow for the state-licensed production and retail sale of cannabis to adults. In Arkansas, voters narrowly (49 percent to 51 percent) rejected Measure 5, The Arkansas Medical Marijuana Act of 2012, which sought to authorize the state-licensed distribution of medical marijuana. In Montana, voters approved Initiated Referendum 124, which affirms legislative restrictions to the state's 2004 voter-approved medical cannabis law.

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 SCIENCE & MEDICINE ARE MOVING REFORM FORWARD, page 1 > The potential for human advancement through research on cannabis, cannabinoids and the endocannabinoid system is enormous. Not only are we gaining a greater understanding of the workings of the human mind and body but modern science is documenting the wisdom of our ancestors about the therapeutic value of the cannabis plant and the compounds in it. We are seeing cannabis being taken more seriously as a medicine and that trend is likely to continue. The medicinal value of cannabis and

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Science, knowledge, and medicine are driving the increasing appreciation of the medicinal value of cannabis. Scientific findings and clinical experience with medicinal cannabis are generating changing attitudes and practices in the medical community and with the general public. As most informed physicians, scientists and research organizations believe, the federal government needs to reschedule cannabis to schedule II to allow for more research. This increased ease in drug research on cannabis, cannabinoids and terpenes will further unlock the tremendous therapeutic and health benefits of cannabis.

CANNABINOIDS

THC: Scientific research has generated interest in cannabinoids for treatment of cancer. delta-9-tetrahydrocannabinol (THC), considered by many to be the most pharmacologically active constituent of Cannabis sativa. THC serves as an appetite stimulant, analgesic and is effective against vomiting and nausea. THC is currently being tested in a clinical trial for the treatment of aggressive recurrent glioblastoma multiforme (GBM). CBD has been shown to have anti cancer effects. The compounds have been reported to be well tolerated during chronic oral and systemic administration.

In addition to delta-9-THC, cannabidiol (CBD), cannabinol (CBN) and cannabigerol (CBG) are also present in reasonable quantities in cannabis. In vitro studies by GW Pharmaceuticals have determined that the cannbinoids CBN, CBD and CBG also are effective at inhibiting aggressive cancers. They found that a synergistic increase in the antiproliferative and apoptotic (cell killing) activity of cannabinoids can be produced by combining specific ratios of CB1 and CB2 receptors agonists with non-psychotropic cannbinoids.

Cannabidiol (CBD): CBD cannabinoid was first identified in 1940 and its specific chemical structure was identified in 1963. Conventional wisdom among many researchers is that CBD is the cannabinoid that possesses the greatest therapeutic potential.

Researchers Antonio Zuardi, writing about CBD in the Brazilian Journal of Psychiatry in 2008, concluded "Studies have suggested a wide range of possible therapeutic effects of cannabidiol on several conditions, including Parkinson's disease, Alzheimer's disease, cerebral ischemia, diabetes, rheumatoid arthritis, other inflammatory diseases, nausea and cancer." A 2009 literature review by a team of Italian and Israeli investigators found that CBD has broad clinical potential. They wrote that CBD possesses anxiolytic, anti-psychotic, anti-epileptic, neuro-protective, vasorelaxant, antispasmodic, anti-ischemic, anticancer, anti-emetic, antibacterial, anti-diabetic, anti-inflammatory, and bone stimulating properties.

Author of *Smoke Signals*, Martin Lee, and director of the non-profit group Project CBD - wrote that "Cannabidiol is the Cinderella molecule. "[It's] the little substance that could. [It's] nontoxic, non-psychoactive, and multi-capable."

Cannabinol (CBN): We first isolated the compound in 1896. Cannabinol (CBN) is a product of THC degradation, is found in cannabis in minute quantities, and weakly binds with humans' endogenous cannabinoid receptors. CBN is a mildly psychoactive cannabinoid which potentiates the effects of THC. There are 500 published papers in the scientific literature specific to cannabinol. Several articles document CBN's therapeutic potential - including its ability to induce sleep, ease pain and spasticity, delay ALS (Lou Gehrig's Disease) symptoms, increase appetite, and halt the spread of certain drug resistant pathogens, like MRSA (aka 'the Super Bug').

Cannabichromene: (CBC): Cannabichromene (CBC) was first discovered in 1963. Freshly harvested, dry cannabis contains significant quantities of CBC. It has not been extensively studied. There are no more than 75 published papers on PubMed that make specific reference to CBC. A 2009 review of cannabichromene and other non-psychotropic cannabinoids, "CBC exerts anti-inflammatory, antimicrobial, and modest analgesic activity." CBC has also been shown to promote anti-cancer activity in malignant cell lines.

Tetrahydrocannabivarin (THCV): THCV is currently being researched as a treatment for metabolic disorders, including diabetes. Medicinal properties include: anoretic, bone-stimulant, and anti-epileptic. The British Journal of Pharmacology, a peer-reviewed journal, published one of the over 65 studies on cananbidivarin (CBDV), cannabis, which showed that cannabidivarin strongly suppressed seizures in six different experimental models. These models are commonly used in epilepsy drug discovery.

Cannabidivarin (CBDV): CBCV has the potential to prevent more seizures, with few of the annoying side effects (e.g. uncontrollable shaking),

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Acidic Cannabinoids: The major cannabinoid constituents in raw Cannabis come in the form of acids (e.g. THCA, CBDA, etc.) Research suggests the acidic cannabinoids hold most of the anti-inflammatory properties that Cannabis has to offer. Acidic cannabinodis show promise in the treatment of IBS, Chron's and Leaky-Gut Syndrome. Acidic cannabinoids go through a chemical change over time or with heat through a process called decarboxylation to form their non-acidic counterparts.

Pharmaceutical Potential: Clearly there is a market for these remarkable cannabinoid compounds. The market potential both as an herbal and an FDA approved pharmaceutical product. Expanded development of cannabinoid medicine can dramatically lower our health care costs as Dr. Christopher Fichtner argues in his book Cannabinoics. Here is a list on what research has shown are symptoms and conditions addressed by just some of the components of cannabis.

Analgesic: CBC, CBD, CBGA, D9-THC, D8-THC, THCA-C4, THCVA, CBLA, CBNA, Linalool, Myrcene - Relieves pain
Anorectic: THCV - Weight loss.
Antibacterial: CBD, CBGA, CBG - Slows bacteria growth.
Anti-Diabetic: CBD - Reduces blood sugar levels.
Antidepressant: Limonene - Relieves symptoms of depression.
Anti-Emetic: D9-THC, CBD - Reduces vomiting and nausea.
Anti-Epileptic: THCV, CBD, Linalool - Redues seizures and convulsions.
Antifungal: CBCA, Carophyllene Oxide, Limonene - Treats fungal infection.
Anti-Inflammatory: CBDA, CBD, CBCA, CBC, CBGA, Alpha-Pinene, Myrcene, Trans-Carophyllene - Reduces inflammation.
Anti-Insomnia: THCA, CBG - Aids sleep.
Anti-Ischemic: CBD - Reduces risk of artery blockage.
Anti-Proliferative: THCA, CBDA, CBD, CBC, CBG, Limonene - Inhibits cancer cell growth.
Antipsioratic: CBD - Treats psoriasis.
Antipsychotic: CBD, Linalool, Myrcene - Tranquilizing.
Antispasmodic: THCA, D9-THC, CBD, Myrcene - Suppresses muscle spasms.
Anxiolitic: CBD, Linalool, Limonene - Relieves anxiety.
Appetite Stimulant: D9-THC - Stimulates appetite.
Bone Stimulant: THCV, CBD, CBC, CBG - Promotes bone growth.
Gastro-Ooesophageal Reflux: Limonene - Reduces acid reflux.
Immunostimulant: Limonene - Stimulates the immune system.
Immunosuppressive: CBD - Reduces function in the immune system.
Intestinal Anti-Prokinetic: CBD - Reduces small intestine contractions.
Neuroprotective: CBD - Retards nervous system degeneration.
Vasorelaxant: CBD - Redues vascular tension.

Endocannabinoid Deficiency: Dr. Ethan Russo, the nation's top medical expert on cannabis and cananbinoids, recognizes the adverse effects of an endocannabinoid deficiency. He writes that, "Migraine, fibromyalgia, IBS and related conditions display common clinical, biochemical and pathophysiological patterns that suggested an underlying clinical endocannabinoid deficiency that may be suitably treated with cannabinoid medicines."

Entourage Effect: Russo postulates that there is a combined "entourage effect" of many of the compounds found in cannabis: cannabinoids, terpenes and flavinoids. This synergy of phytocannabinoid-terpenoid entourage effects is why the plant is likely more effective therapeutically than any single synthetic or extracted cannabinoid.

Research is demonstrating a combined effect of cannabidiol (CBD) and other phytocannabinoids, including tetrahydrocannabivarin, cannabigerol and cannabichromene, potentially being greater than even the additive of effect of these chemical compounds. These substances exert additional effects of therapeutic interest. In his article he suggests the therapeutic importance of other phytotherapeutic agents. These include the cannabis terpenoids: limonene, myrcene, a-pinene, linalool, ß-caryophyllene, caryophyllene oxide, nerolidol and phytol. Terpenoids share a precursor with phytocannabinoids. We find terpenes in all the "flavour and fragrance components common to human diets that have been designated Generally Recognized as Safe by the US Food and Drug Administration and other regulatory agencies."

Russo points out that, **"Terpenoids are very potent. They can affect animal and human behaviour when inhaled from ambient air at**

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<continued from previous page> serum levels in the single digits ng/mL. He suggests that terpenes may contribute to the entourage (e.g. combined) effects of cannabis- based medicinal extracts. He suggests that this synergy may be present in respect to treatment of pain, inflammation, depression, anxiety, addiction, epilepsy, cancer, fungal and bacterial infections (including methicillin-resistant Staphylococcus aureus). Phytocannabinoid-terpenoid synergy, if proven, increases the likelihood that an extensive pipeline of new therapeutic products is possible from this venerable plant."

Prohibition Makes Bad Policy

If we look at our dysfunctional drug policy it makes you scratch your head. One would think that alcohol prohibition had proved that Prohibition is a bad policy. That doesn't work and has too many unacceptable unintended negative consequences. The American public wants to know what has happened to common sense, a respect for law and the Constitution.

We have now so twisted the Constitution that we can prohibit drugs without a Constitutional Amendment. This is an assault on states rights. It violates the 9th and 10th Amendments to the Constitution, the U.S. Supreme Court 1925 Linder decision, and the 1938 Food, Cosmetic and Drug Act. This is not a secret. Justices Rheinquist, Thomas and Sandra Day O'Connor pointed this out in their dissent in 2005 in the Gonzales v. Raich case.

We can all agree that cannabis is an herb that has medicinal value and has been used as a medicine for at least 5,000 years. The FDA is there to protect us from potentially dangerous **MANUFACTURED** drugs sold to the general public for profit. Many citizens of all political persuasions believe that the government should have **NO** authority to control what we grow in our own vegetable garden for our own personal use.

How can one make sense of a government that approves a drug - dronabinol (THC) which is the most euphorogenic compounds in the cannabis plant, but say cannabis is illegal? With our government trillions in debt we squander twenty billion dollars a year on the ONDCP. If the states decide to regulate this medicine let the states not the federal government spend this money.

Further making it illegal is a fool's errand. As the AMA pointed out in their 1937 testimony opposing the Marijuana Tax Act, cannabis is a weed that is impossible to eradicate.

And why would we want to eradicate cannabis. Cannabis is safer, has fewer side effects, cheaper and more effective than the FDA approved dronabinol. Marinol (dronabinol) is synthetic THC combined with gelatin, glycerin, iron oxide red, iron oxide yellow, titanium dioxide and is marketed for profit. It's legal. Growing an herb in your backyard is illegal.

With this kind of thinking it's no wonder no one trusts Congress and we're trillions in debt.

SOURCE = American Alliance for Medical Cannabis *(AAMC).* November 2012 Newsletter * *Contact them at* 44500 Tide Ave · Arch Cape, OR 97102 *or by visiting* - http://www.letfreedomgrow.com

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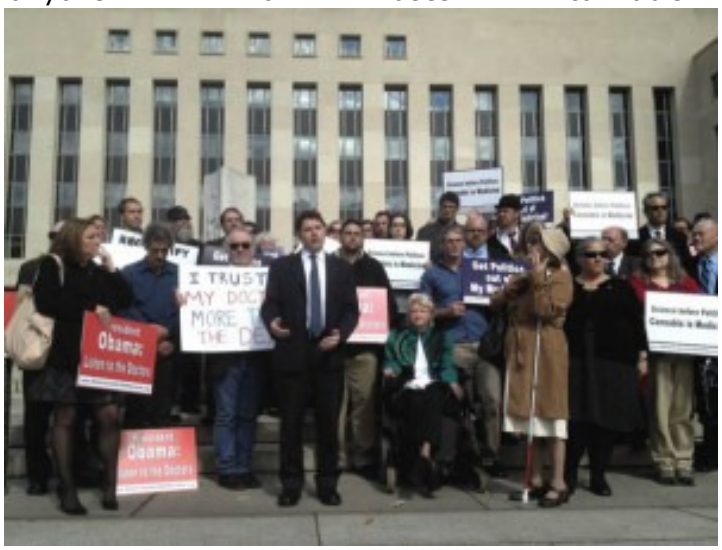
<continued from DC COURT HEARS RESCHEDULING APPEAL, page 1 > The panel of three federal judges focused on the question of legal standing, whether the named plaintiffs in the lawsuit have a right to sue the government because they were directly injured by the current classification. Following the oral arguments, the court requested additional briefing on the harm sustained by plaintiff and disabled U.S. Air Force veteran Michael Krawitz as a result of the federal government's policy on medical marijuana.

Krawitz, a disabled veteran, was denied treatment by the US Department of Veterans Affairs because he was using cannabis on the advice of a physician to treat pain, trauma and an eye disease. That forced him to pay out of his own pocket for medical care to which he would otherwise be entitled through the VA. The VA has a policy of denying pain management care to anyone who uses cannabis.



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<continued from previous page> "The court's request for clarification is a sign that this case is being taken very seriously," said ASA Chief Counsel Joe Elford, who argued the case. "The experience of plaintiff Michael Krawitz being denied treatment by the Department of Veterans Affairs is real and emblematic of many other patients caught up in the federal government's harmful policy on medical marijuana."

ASA argues that the DEA acted arbitrarily and capriciously in ignoring scientific evidence of the commonly employed therapeutic uses of cannabis. The suit contends that the federal government's intransigence is keeping cannabis out of reach for millions of Americans who would otherwise benefit from its therapeutic value.

The previous legal challenge to the classification of cannabis was rejected by the D.C. Circuit in 2002 after the court concluded the plaintiffs lacked legal standing to bring the suit. No medical cannabis patients were part of that case. *Americans for Safe Access v. Drug Enforcement Administration* includes several patient plaintiffs, and ASA also argues that the organization has standing because it incurs significant costs countering the government's false claims with valid scientific information.

The landmark case is an appeal of the DEA's decision last year to deny the 2002 rescheduling petition by the Coalition for Rescheduling Cannabis, of which ASA is a member. It marks the first time in nearly 20 years that a federal court has heard arguments on the classification of cannabis as a Schedule I substance, a category reserved for drugs with a high potential for abuse and no current accepted medical use that cannot be used safely even under medical supervision.

A decision from the court on whether the case can proceed is expected within the next several months.

"The current classification of cannabis is based more on politics than science," said Elford. "This is an historic opportunity for patients and doctors to confront politically motivated decision-making with the scientific evidence that cannabis is a safe, effective medicine that can meet the needs of millions of patients." **SOURCE = Americans for Safe Access (ASA) - Monthly Activist Newsletter - NOVEMBER 2012; Volume 7, Issue 11 *** ** 1322 Webster Street, Ste. 402 * Oakland, CA 94612 * **info@AmericansForSafeAccess.org*** 510-251-1856 * **AmericansForSafeAccess.org*** * **For More information:** ASA's supplemental brief on standing, Affidavit of plaintiff Michael Krawitz, ASA rescheduling appeal brief, CRC rescheduling petition

<continued from CASE REPORT: INHALED CANNABIS CONTROLS CONVULSIONS IN EPILEPTICS, page 1 > In the first subject, cannabis inhalation reportedly reduced the frequency of nighttime seizures from an average of five-to-six per evening to an average of one-to-two. After the subject ceased using cannabis, the subject experienced ten evening seizures. Following dosing with oral cannabis, the subject subsequently reported only a single nighttime seizure.

The second subject reported inhaling six – to - eight cannabis cigarettes daily. Upon cessation of his cannabis use, the subject experienced five seizures in a 12-hour period. Neither subject responded favorably to conventional anticonvulsant treatments.

Authors concluded, "These cases ... suggest that, for at least a subset of patients with focal epilepsy, marijuana use may provide an anticonvulsant effect. We believe this possibility warrants further study."

To date, only two small double-blinded placebo-controlled studies are available in the scientific literature assessing the use of cannabinoids in patients with epilepsy. In both studies, the subjects received daily doses of oral cannabidiol (CBD), a non-psychoactive compound of cannabis. In one study, CBD administration over a 30-day period was associated with a significant reduction in convulsions in 7 out of 8 patients. However, a second study reported no significant change in seizure frequency among epileptic subjects. *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Seizure exacerbation in two patients with focal epilepsy following marijuana cessation," will appear in Epilepsy & Behavior.*

<continued from KIDS ON CANNABIS, page 1 > "Despite the fact that medical marijuana is legal in Oregon, where Comstock lives, the idea of giving it to a child still gives pause to many adults who associate the drug with recreational use that breaks the law.

As reported by ABC News, Mykayla was diagnosed with acute lymphoblastic leukemia in July. Against her doctor's wishes, her mother, Erin Purchase, began giving her lime-flavored capsules filled with cannabis oil after she had a poor response to her initial chemotherapy treatment. Her doctors suggested a bone marrow transplant, but while she was taking the medical marijuana, she went into

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THE MERCY NEWS REPORT
MEDICAL CANNABIS RESOURCE CENTER

<continued from KIDS ON CANNABIS, previous page> remission in August. She continues to rely on cannabis to ease pain and nausea and her mother plans to continue giving her the drug during the additional two to three years of chemotherapy she still faces. Purchase, believes that certain components in marijuana, which show anti-cancer activity in many early studies, helped spark the remission. Mykayla's current doctor knows she takes the capsules, but doesn't discuss the marijuana as part of her medical therapy.

Experts like Igor Grant of the University of California's Center for Medical Cannabis Research warn that the effects of the drug on child development are unknown. But the same is true for other medications used to fight pain and nausea that are currently given to children with cancer, as well as for powerful antipsychotic drugs that are used in long term treatment of childhood mental illnesses. Opioid drugs like morphine and Oxycontin, which are sometimes used to treat the severe pain that accompanies life-threatening cancer and other diseases, for example, can cause overdoses.

Although marijuana can be addictive, addiction rates are often lower than those to opioid drugs, and discontinuing opioids is associated with severe physical withdrawal symptoms not seen with marijuana. While opioids can cause nausea and vomiting, marijuana reduces the risk of these symptoms that frequently plague cancer patients as side effects of radiation or chemotherapy. Advocates like Purchase argue that if opioids are acceptable to treat youngsters' cancer pain, then marijuana should be as well.

The American Academy of Pediatrics, however, disagrees, and opposes the use of marijuana to treat young children, citing its addictive potential and the many unknowns about how it may affect developing bodies. The Institute of Medicine (IOM), a scientific group of experts consulted by Congress, analyzed the available data and since 1999 has acknowledged that certain legitimate medical uses of marijuana are worth additional study. While the panel noted that many effective treatments already exist to relieve nausea and cancer pain, it recognized that for some patients who may not respond to these therapies, the components in marijuana may be helpful. The group's main objection to the drug was its use in smoked preparations, which is not an issue in this case.

The IOM's report highlights the need for much more research into understanding medicinal uses of marijuana—including for which symptoms or conditions it might be most effective, and for which patients.

Those concerns are magnified when it comes to treating children like Comstock, who often are not included in clinical trials because of their young age, and who may have many more years to contend with any possible side effects of the drug. Some experts point out that not all of marijuana's components, and their effects on the body, have been studied, not to mention well understood. Without more research, both doctors and parents will continue to face the difficult decision of giving youngsters a compound and hoping it will do more good than harm." From "As Is Medical Marijuana Safe for Children?", By Maia SzalavitzNov. 28, 2012 - Read more: http://healthland.time.com/2012/11/28/is-medical-marijuana-safe-for-children/#ixzz2Dr21OcU8

Harnessing Our Power for Victory - Americans for Safe Access National Medical Cannabis Unity Conference

ASA is pleased to announce Harnessing Our Power for Victory – Americans for Safe Access National Medical Cannabis Unity Conference, taking place February 22nd - 25th at the Mayflower Renaissance Hotel in Washington, D.C.

Americans for Safe Access and our allies will fight even harder for safe access in 2013. This is our chance to show the Obama Administration and the new Congress our strength in unity – and to make our voice heard like never before in the nation's capitol! The conference is a chance to network with other activists from around the country, attend panels and workshops to improve your skills and increase your knowledge, and to engage in direct citizen-lobbying efforts in the halls of Congress on Monday, February 25th. Please use the links below to find more information regarding the conference. We will be updating the website weekly to include information on scholarships, exhibitors, sponsorships and the program schedule, so keep checking back! http://www.americansforsafeaccess.org/NationalConference2013