THE MERCY NEWS REPORT

Bill to Add PTSD to OMMP Needs Support

Help Allow Medical Cannabis for PTSD for Veterans, Police, Firefighters and Other American Citizens in Oregon

There is a chance for PTSD to be included among those Diseases and Conditions Which Qualify as 'Debilitating Medical Conditions' under the Oregon Medical Marijuana Act (OMMA).

But Only If the Bill Can Get Past The Prohibitionists, who are currently adding provisions and amendments purely designed to kill the bill.

The true basis for their changes is the false federalist stance that "marijuana" (cannabis) has no medicinal value and is in fact, dangerous – even kills. Things that most sentient beings today acknowledge as patently untrue, on a par with believing the Earth is flat, or is only 6,000-years old. In 2014, citizens of their districts will

<continued on page 3 >

Medical Marijuana: A Perspective - by Arthur Livermore, AAMC

During the 1970's, when I was a medical student, I was told that marijuana (cannabis) was only a drug of abuse. The knowledge of medical uses of cannabis had been lost. Thirty years earlier, doctors were knowledgeable about medical marijuana, but now it was a forbidden plant. It took me years of research to discover the medical uses of marijuana.

<continued on page 4 >

Study: At Home Marijuana Gardens Not Associated With Adverse Health Effects Among Children

Vancouver, British Columbia: Children residing in homes where marijuana is cultivated do not suffer from adverse health effects at any greater rate than do comparable children in cannabis-free environments, according to a study in press in the *International Journal of Drug Policy*. A pair of investigators with the University of British Columbia, School of Social Work compared the household,

<continued on page 6 >

Clinical Trial Data Yet Again Affirms Cannabis' Efficacy – by Paul Armentano, NORML

Is it any wonder that the US government fights tooth-and-nail to hinder researchers' attempts to conduct clinical trials assessing the therapeutic utility of cannabis as a medicine? After all, each and every time the federal government begrudgingly allows for such studies they're faced with credibility-shattering results like this:

<continued on page 5 >

Oregon House Committee Hears Dispensary Bill

A bill introduced in the Oregon House last month would license and regulate medical cannabis dispensaries in the state. House Bill 3460 would require the estimated 150 "dispensaries" currently operating in the state to obtain a license from the Oregon Medical Marijuana Program similar to what is

<continued on page 8 >

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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Check it out!

MERCY On The Tube!

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 BILL TO ADD PTSD TO OMMP, page 1 > surely be asking themselves if they want those with such flat-earth mentality at the helm of the ship of state.

Problem for the PTSD bill – S.B. 281 – in the here and now is that 2 of the 5 members of the committee it is currently before are such, Prohibitionists. So we, The People, are going to have to Act if we care about those who would benefit from this bill.

Now, we know what you're thinking – We gotta be joking, This is some kinda late April Fools prank - It should be a slam-dunk, a no-brainer. We thot so too. But then Prohibition reared its head.

Because, make no mistake, only a people-hating, special-interest-hugging, dyed-in-the-wool Prohibitionist could possibly dig up excuses not to do this.

To Not Stop the Medi-Pot War, at least on Veterans, and the like. To deny people the relief that this law would bring, to want **a continuation** of the pain and suffering for the these particular victims of Post-Traumatic Stress Disorder (PTSD). That is what messing with this bill, voting no, means.

We must somehow help get the non-Prohibitionist members of the committee to approve/pass a version without the restrictions currently proposed. Even if Not a unanimous, or do-pass, this bill must get thru committees – in a practical, workable version - to floor. To a vote by your Representatives.

But, then our work is that much harder. We MUST educate EVERY legislator ahead of the vote, ahead of the Prohibitionists, as to the need for this Bill. As to the Lies the Prohibitionists will spread.

How cannabis is medicine, and a safe, effective one at that. How Veterans and others need this particular, unique relief – now, not later. Not maybe.

Senate Bill 281 is <u>not</u> about welfare, or giving something away at tax-payer expense, or allowing someone to get away with a crime - it's about not wasting precious resources warring on select groups of citizens for no good reason, merely to serve specious excuses and special interests.

We need each and every citizen to Get Active in order to over-power the monsters who will lobby and vote to continue this wasteful wrong irregardless of the cost to We, The People – and to our friends and family who have served and suffered.

Passing S. B. 281 will mean that thousands of Oregonians who use cannabis to combat mood symptoms, diseases or the intolerable effects of pharmaceuticals, will be free of danger of arrest, prosecution, civil asset forfeiture, child protective service investigations, employment discrimination, medical discrimination, jail and forced drug treatment. PLEASE make contact and Join the Campaign today! It is urgent that patients speak up, take part and tell Oregon and the World – whether you use cannabis or know someone who does – cannabis is safe and effective in treating this condition, and that all patients deserve to use any medication that benefits them free of fear – especially in America.

What To Do? JOIN the CAMPAIGN!

At this point we are getting Everyone to lobby their Oregon State Senator, then Rep, in Support of S.B. 281. If they won't sign on to co-sponsoring, at least get a commitment to vote 'yes' each and every opportunity they have on the bill.

Phoning Your Legislator >> During a legislative session, you may call your legislators by contacting the WATS operator. **Within Salem, call – 503-986-1187. Outside of Salem, please call 1-800-332-2313.**

- Get your testimony / talking-points ready for Hearings and beyond. You can practice them on your Legislators! Also, in Letters-to-the-Editor (LTEs), **Visit the web page below for more Contact info,** sample letters, plus.

- Tell everybody you know. Make copies of this document and pass around all over the place.

- If you're not able to contact your Reps yourself, PLEASE feel free to contact us and we'll help get your testimony or talking points down and to them. Call **503.363-4588** (in the Salem area) or visit -

- **mercycenters.org/action/camp_PTS.html -**

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<continued from previous page> **more Contact Info -- To Find Your Legislator** online, visit the link above. From there you can also **Write your legislator online**. By entering your location information, you will be automatically matched to your State Senator and Representative.

What is PTS(d)? How does Cannabis help?

Many of us have heard about Post Traumatic Stress Disorder (PTSD) in one form or another. Either through direct contact with friends and family members, or through national media reports of veterans gone out of control. Regardless of the source, the fact is that PTSD is a chronic medical condition that is about to become an even larger national health issue as more and more of our veterans return from war with this debilitating disease.

PTSD sufferers often have emotional numbing that manifests as difficulty enjoying activities that they previously enjoyed, inability to look forward to future plans, and emotional distancing from loved ones. Conventional treatment for PTSD includes psychotherapy, learning coping skills, and family counseling. Medications such as anti-depressants, mood stabilizers, sleep aids, and anti-anxiety medicines are often prescribed. Some patients find relief with these treatments but it is well known in the medical community that PTSD is difficult to treat. The difficulty in treating PTSD is reflected in the variety of treatment modalities and prescription medications that have been used in attempts to reduce the severity of this condition.

Clearly, safer and more effective treatments are needed. PTSD not only results in an array of debilitating symptoms, but it also causes specific changes to certain areas of the brain that are responsible for the processing malfunctions that underlie this disease.

Activation of the primitive mammalian brain, or limbic system, during times of severe stress may play a role in optimizing survival. However, when this center of the brain becomes hyper-active and over-stimulated as a result of misguided neuro-plasticity, direct intervention at the cellular level is required.

PTSD And Medical Cannabis

Many PTSD sufferers have found good results with medical cannabis use, especially for relief of insomnia and anxiety. Cannabis can give PTSD patients a sense of well being and serenity, and it allows them to continue to function with little to no adverse side effects. PTSD patients often prefer medical cannabis over conventional medications, as it is a single medication that helps with a number of symptoms (as opposed to taking multiple medications for each separate symptom) , and the risk of medication interactions is removed. There are a number of researchers currently exploring the science behind the use of cannabis for treatment of PTSD and the results are promising.

The key to using Cannabis to treat PTSD lies in the distribution of naturally occurring Cannabinoid receptors in those areas of the brain that cause the symptoms associated with PTSD.

The presence of CB1 receptors in the hippocampus, amygdala, prefrontal cortex and anterior cingulate cortex supports the conclusion that Cannabinoids are involved in regulating anxiety, response to stressful situations, and the extinction of conditioned fear.

Unfortunately, none of this matters unless we make it matter to our Reps. Those of us who recognize the benefit of using Cannabis to treat PTSD need to make our voices heard in the Oregon Legislature.

It is time to put the "We" back in "We the People", by contacting your legislators and letting them know that we want this medical treatment made available to our deserving veterans and others who will benefit.

For more information, Visit our page of info on PTS(d) and Cannabis, and tell everybody you know about it. And get them to write and spread the word, etc. >> **mercycenters.org/action/camp_PTS.html**

<continued from MEDICAL MARIJUANA: A PERSPECTIVE, page 1 > My search through the medical school library was not helpful. I found some information in used book stores. There was a copy of a 1921 Therapeutic Handbook with medications made with cannabis. When I found Dr. Lester Grinspoon's book, Marihuana Reconsidered (Grinspoon 1971), it became clear that marijuana is medicine. How it works was still unknown. Many young people were using it in the 70's and some soldiers returning from Vietnam found that it helped them emotionally. My own experience showed that it is effective in treating bipolar mood disorder.

When I was learning how to control my emotional body, the psychiatric community didn't think that marijuana was helpful. I was given the most powerful prescription medicines available, but my episodic mania continued. I discovered that marijuana helped me avoid these episodes and I

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<continued from previous page> began using it instead of the standard medications. When I discussed using marijuana with my psychiatrist, she was not able to prescribe cannabis because the law said it wasn't medicine. She saw that it was effective treatment for my symptoms and did not object to my use of marijuana.

During the 1980's, marijuana was demonized in the "Just Say No" campaign. At the same time the United States Federal Government was running an Investigational New Drug program that allows patients to use medical marijuana. Robert Randall was the first patient in this program after he sued the Food and Drug Administration (FDA), the Drug Enforcement Administration (DEA), the National Institute on Drug Abuse (NIDA), the Department of Justice (DOJ), and the Department of Health, Education and Welfare (now HHS). He won this suit in November, 1976, based on the medical necessity of marijuana in the treatment of his glaucoma.

The FDA's Compassionate IND program was expanded to include AIDS patients during the 1980's. When the George H. W. Bush administration closed the program in 1992, there were thirty patients receiving marijuana from the government. Twenty years later, four of these patients are still receiving marijuana from the federal government.

After the government stopped adding people to the legal medical marijuana list, patients who responded to cannabis therapy worked with political activists to pass medical marijuana laws in the States. In 1996, California passed the first medical marijuana law. As of 2012, seventeen States and the District of Columbia have made marijuana legal for medical use In spite of this support for recognizing marijuana as medicine, the DEA has refused to place marijuana in the medical use category. Repeated petitions to remove marijuana from the 'no medical use' category have been denied.

In 1988, the court reviewed the science of medical marijuana and the Administrative Law Judge, Francis Young, found that "Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care. … To conclude otherwise, on this record, would be unreasonable, arbitrary and capricious." Why does the DEA ignore the evidence that cannabis is a medicine? Quite simply, they are paid to say that all use of marijuana is abuse of marijuana. The discovery of delta-9-tetrahydrocannabinol (THC) as the active ingredient in marijuana by Ralph Mechoulam and Yechiel Gaoni (Gaoni and Mechoulam 1964) in 1964 led to the identification of the endocannabinoid receptor system in 1988 (Devane, et al. 1988). In 1992, this previously unknown transmitter system was found to be activated by the endogenous neurotransmitter, anandamide (Devane, et al. 1992). Exercise stimulates the release of anandamide so the 'runner's high' associated with jogging is the result of elevated levels of endocannabinoids. Cannabinoid receptors are found in higher concentrations than any other receptor in the brain. They are in areas associated with pain reduction, coordination of movement, memory, emotions, reward systems, and reproduction.

Clinical uses of marijuana are not limited to pain reduction, appetite enhancement, and controlling chemotherapy induced vomiting. Cannabis protects nerve cells from damage and is also effective in reducing tumor growth. Multiple sclerosis patients use cannabis to treat peripheral neuropathy. It is effective in the treatment of movement disorders, glaucoma, asthma, bipolar disorder, depression, epilepsy, post-traumatic stress disorder (PTSD), arthritis, Parkinson's disease, Alzheimer's disease, amyotrophic lateral sclerosis, alcohol abuse, insomnia, digestive diseases, gliomas, skin tumors, sleep apnea, and anorexia nervosa.

Cannabis is a very safe medicine. The side-effect of euphoria is one reason patients don't want to use marijuana, but most people like the feeling of well-being that cannabis provides. When patients get too high a dose, they may feel paranoid for a while and then fall asleep. Knowledgeable use of marijuana prevents these negative side-effects.

The irrational marijuana policy of the last 75 years needs to end. Fear of addiction has led to common misconceptions about marijuana. Marijuana laws that are based on the discredited "gateway theory" and "reefer madness" propaganda fail because the truth is hidden. We now know a great deal about brain chemistry. The endocannabinoid system is an important part of our body's regulatory mechanisms.

Marijuana is not going to go away. We must create legal channels for the sale of marijuana so that people can use this valuable medicinal herb without the threat of legal consequences.

<continued from CLINICAL TRIAL DATA YET AGAIN AFFIRMS CANNABIS' EFFICACY, page 1 > "Marijuana relieves muscles tightness, pain of multiple sclerosis: Study" via the Toronto Star -- "Smoking marijuana can relieve muscle tightness, spasticity (contractions) <continued on next page>

<continued from previous page> and pain often experienced by those with multiple sclerosis, says research out of the University of California, San Diego School of Medicine. The findings, just published in the Canadian Medical Association Journal, included a controlled trial with 30 participants to understand whether inhaled cannabis would help complicated cases where existing pharmaceuticals are ineffective or trigger adverse side effects.

MS is an unpredictable, often disabling disease of the central nervous system, which is made up of the brain and spinal cord.

The disease attacks the myelin, the protective covering wrapped around the nerves of the central nervous system, and — among other symptoms — can cause loss of balance, impaired speech, extreme fatigue, double vision and paralysis.

The average age of the research participants was 50 years with 63 per cent of the study population female.

More than half the participants needed walking aids and 20 per cent used wheelchairs.

Rather than rely on self-reporting by patients regarding their muscle spasticity — a subjective measure — health professionals rated each patient's joints on the modified Ashworth scale, a common objective tool to evaluate intensity of muscle tone.

The researchers found that the individuals in the group that smoked cannabis experienced an almost one-third decrease on the Ashworth scale — 2.74 points from a baseline score of 9.3 — meaning spasticity improved, compared to the placebo group.

As well, pain scores decreased by about 50 per cent.

"We saw a beneficial effect of smoked cannabis on treatment-resistant spasticity and pain associated with multiple sclerosis among our participants," says Dr. Jody Corey-Bloom of the university's department of neuroscience.

To those familiar with medicinal cannabis research, the results are hardly surprising. After all, Sativex - an oral spray containing plant cannabis extracts - is already legal by prescription to treat MS-related symptoms in over a dozen countries, including Canada, Germany, Great Britain, New Zealand, and Spain. Further, long-term assessments of the drug indicate that in addition to symptom management, cannabinoids may also play a role in halting the course of the disease.

Nevertheless, the National MS Society - like the US government - shares little enthusiasm for cannabis medicine, stating, "Studies completed thus far have not provided convincing evidence that marijuana or its derivatives provide substantiated benefits for symptoms of MS."

Patient advocacy organizations, like the MS Society, have a responsibility to represent the interests of their constituents and to advise practitioners regarding best treatment practices. Why then does this responsibility not extend to patients who use cannabis as an alternative treatment therapy or to those that might one day potentially benefit from its use? **SOURCE = American Alliance for Medical Cannabis *(AAMC).* March 2013 Newsletter * *Contact them at* 44500 Tide Ave · Arch Cape, OR 97102 *or by visiting* - http://www.letfreedomgrow.com**

<continued from AT HOME MARIJUANA GARDENS NOT ASSOCIATED WITH ADVERSE HEALTH EFFECTS AMONG CHILDREN, page 1 > family and individual characteristics of 181 children found living in homes with cannabis grow operations in two regions in British Columbia, Canada.

Data was collected on site regarding the physical characteristics of the homes, the health characteristics of the children residing in the homes, and the adolescents' prescription drug history. Investigators also compared the rates of the subjects' prescription drug use with that of a group of children from the same geographic areas.

Researchers reported "no significant difference between the health of the children living in cannabis grow operations and the comparison group of children, based on their prescription history and their reported health at the time."

They concluded: "The findings of this study challenge contemporary child welfare approaches and have implications for both child protection social workers and the policymakers who develop frameworks for practice. ... Although there is little argument that the physical hazards found in cannabis grow-operations pose a risk to children and adults living in the homes, the associated health risks are not as clear. Policymakers involved in establishing frameworks and protocols for responding to these unique child welfare cases must consider the absence of clinical evidence to indicate these children are unwell and whether there are grounds for child welfare intervention."

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<continued from previous page> *For more information on* "**AT HOME MARIJUANA GARDENS NOT ASSOCIATED WITH ADVERSE HEALTH EFFECTS AMONG CHILDREN**"*, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or NORML Legal Counsel Keith Stroup at: keith@norml.org. Full text of the study, "The role of child protection in grow-operations," appears in the International Journal of Drug Policy.*

ASA Petitions DC Circuit to Review Rescheduling Appeal, Suit argues federal government should reclassify cannabis as having medical use

Americans for Safe Access (ASA) last month asked the federal court of appeals in Washington D.C. to reconsider its lawsuit over the federal classification of cannabis. ASA petitioned the United States Court of Appeals for the D.C. Circuit to have either the original three-judge panel or the full court review its suit that seeks to reclassify cannabis.

In January, the appeals court ruled in ASA v. Drug Enforcement Administration that the government did not act arbitrarily or capriciously in denying the most recent petition to reschedule cannabis. ASA appealed the DEA decision, arguing that the more than 200 peer-reviewed studies on medicinal cannabis show that there are accepted medical uses.

In denying the appeal, the court deferred to the DEA's definition of what counts as 'adequate and well-controlled' studies. The DEA concedes that the research cited in ASA's appeal suggests cannabis can be therapeutically beneficial for a variety of conditions, but says that no research to date meets the standard needed for new drug approval. Meeting that standard requires successful completion of multiple Phase II and Phase III clinical trial—the type of double-blind placebo-controlled studies involving thousands of patients that are usually reserved for pharmaceutical companies trying to market a new drug.

"The effectiveness of cannabis in treating a host of serious medical conditions has been demonstrated repeatedly by careful scientific studies as well as centuries of doctor-patient experience," said ASA Chief Counsel Joe Elford, who argued the appeal before the D.C. Circuit. "Even if there were a company interested in paying for them, the type of large-scale trials they're demanding are made impossible by the government's refusal to authorize such research or provide the cannabis necessary to conduct it."ASA argues the DEA cannot "apply different criteria to marijuana than to other drugs, ignore critical scientific data, misrepresent social science research, or rely upon unsubstantiated assumptions, as the DEA has done in this case." If the D.C. Circuit rejects ASA's request for rehearing or review, the case can be appealed to the U.S. Supreme Court.

Massachusetts Issues Draft Regulations | Safe access in Massachusetts is beginning to take shape. The state's Department of Public Health (DPH) last month issued draft regulations for implementing the state's medical cannabis program.

The draft regulations establish a framework for the program 63% of Massachusetts voters approved last November. The law allows qualifying patients to use and possess medical cannabis on the recommendation of their physician and establishes Medical Marijuana Treatment Centers (MMTCs) for obtaining it. Local governments would be barred from banning MMTCs in their community.

DPH will license MMTCs to cultivate, process, and sell medical cannabis. Qualified patients will be able to obtain up to 10 ounces in a 60-day period. A hardship provision allows patients to cultivate their own medicine if they are unable to access a MMTC due to distance, disability, or low income.

The regulations include input gathered from medical cannabis patients and other stakeholders at "listening sessions" DPH held. ASA, working in coalition with the Massachusetts Patient Advocacy Alliance and the ACLU, has raised concerns with DPH regarding limits to patient access and barriers to doctor recommendations. The limits on patients include prohibiting them from obtaining cannabis from more than one MMTC and requiring patients under 18 to be certified by two physicians as having a debilitating, terminal medical condition. The draft regulations also require physicians to register with DPH and undergo training before being authorized to recommend cannabis to their patients.

New Hampshire Medical Cannabis Bill Advances | After two previous attempts were vetoed, the Granite State appears to be on track to become the 19th to legalize medical cannabis. Late last month, the New Hampshire House voted 286-64 **<continued on next page>**

THE MERCY NEWS REPORT

<continued from previous page> to approve a bill that would permit qualifying patients to use medical cannabis when their doctors recommended it. The state Senate is now considering the bill. Passage is expected, as the Republican-controlled legislature approved similar legislation in both 2009 and 2012.

If enacted, the new law would establish state-licensed dispensaries and allow qualified patients or their designated caregivers to cultivate up to three plants. The two previous bills were vetoed by then-Gov. John Lynch (D), who voiced concerns over potential for abuse. A spokesperson for New Hampshire's new governor, Maggie Hassan (D), has said the governor supports access to medical cannabis under tight restrictions.

Maryland Moves to Protect Caregivers, Add Distribution

Caregivers in Maryland may soon share the affirmative defense protection afforded qualified patients in the state. On April 1, the state House on a vote of 95-37 approved Senate Bill 580, which was passed unanimously in the Senate on March 14. If signed by Gov. Martin O'Malley, caregivers in possession of an ounce or less of cannabis could have charges dismissed if they can present evidence they were assisting a qualified patient.

Under Maryland law, neither patients nor caregivers are protected from arrest, but patients charged with an ounce or less of cannabis can present evidence of medical need to the court and get charges dismissed. Patients charged with cultivation or possession of more than one ounce can argue medical need and receive a reduced sentence.

There is no mechanism for legally obtaining any amount of medical cannabis in Maryland, but the Senate is now considering House Bill 1101, which would establish the framework for a highly restricted distribution system through academic medical centers. Whether any such hospitals would participate remains to be seen. The two most prominent candidates, Johns Hopkins Hospital and University of Maryland Hospital, have each said they will not, according to the state's Department of Legislative Services. The DLS analysis of the bill also concludes that the program cannot meet its requirement to be cost-neutral without setting prohibitively high fees.

New York Considers Medical Cannabis Again

If enacted, New York would have a regulated system of cultivation and distribution to qualified patients. The New York Assembly has passed similar bills in the past only to see them blocked by lawmakers in the Senate. The bills' supporters also face opposition from Gov. Andrew Cuomo (D), who has said in the past that he believes the dangers of abuse outweigh therapeutic benefits.

West Virginia Holds Hearing on Medical Cannabis

A bill that would establish a medical cannabis program in West Virginia got a hearing before the state's House Health and Human Resources Committee last month.

If enacted, House Bill 2961, "The Compassionate Medical Marijuana Use Act of 2013," would allow qualifying patients to possess up to six ounces of marijuana and cultivate up to 12 plants. The state would license eleven dispensaries—five by the end of the first year and another six by the end of the second.

A January poll by Public Policy Polling found a majority of West Virginia voters support safe access by a 13-point margin, with 53% in favor and 40% opposed. West Virginia has the nation's highest disability rate. **SOURCE = Americans for Safe Access (ASA) - Monthly Activist Newsletter -** APRIL 2013, Volume 8, Issue 4 ***** *1322 Webster Street, Ste. 402 * Oakland, CA 94612 * **info@AmericansForSafeAccess.org*** 510-251-1856 * **AmericansForSafeAccess.org** *

<continued from OREGON HOUSE COMMITTEE HEARS DISPENSARY BILL, page 1 > required of patients and caregivers under existing law. Medical cannabis dispensaries would be required to test for pesticides, mold and mildew and comply with security guidelines. They would be prohibited from operating in residential areas or within 1000 feet of a school. The bill is currently before the House Health Care Committee, which has scheduled a public hearing on it for April 8. The chief sponsors of the bill are Rep. Peter Buckley and Sen. Floyd Prozanski.