THE MERCY NEWS REPORT

PTSD Added to OMMP

Oregon Lawmakers Pass Measure To Expand State's Medical Cannabis Program To Include Patients With Post Traumatic Stress

Salem, OR: State lawmakers have approved legislation, Senate Bill 281, to allow patients with post-traumatic stress to be eligible to engage in the therapeutic use of cannabis.

Members of the Oregon House of Representatives on Thursday voted 36 to 21 in favor of the measure. Senators had previously endorsed the bill in April by a 19 to 11 vote. The measure now goes before Democrat Gov. John Kitzhaber for consideration.

The bill expands the state's existing medical marijuana program, initially enacted by voters in 1998, to include post-traumatic stress as a state-qualified illness for which marijuana may be recommended.

To date, only three states - Connecticut, Delaware, and New Mexico - specifically allow for the use of cannabis to treat symptoms of post-traumatic stress.

Clinical trial data published in the May issue of the journal *Molecular*

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Through the Smokescreen

To find clearheaded scientific perspective on cannabis use through the prevailing thick smokescreen requires recognizing just what sort of smoke obscures our better understanding. In the United States, in large part, the smokescreen is made up of culture war-charged political rhetoric and obstructionism from those in positions of authority setting up a prejudicial ideological framing for cannabis use.

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It's Difficult for the Government to Live with the Truth - by Dr. David Bearman for AAMC

Earlier this year an op-ed piece came out written by former DEA Head, Robert Bonner. Bonner said that the DEA had never blocked research on the medicinal use of cannabis. He is either badly misinformed or a liar. Bonner's remarks demonstrated the truth of what the late author James Baldwin wrote, "It is certain that ignorance allied with power is the most ferocious enemy justice can have." Here are just a couple of examples that I'm presently aware of that

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Marijuana Dispensaries Becoming Exclusive Domain Of The 1 Percent

Once a business proposition that required little more than a few thousand dollars and some gardening equipment, selling medical marijuana is quickly becoming a dream fit only for deep-pocketed entrepreneurs. Regulations in states that only recently legalized medical marijuana are mandating that would-be dispensary operators set aside large amounts of cash

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Nevada Legislators Approve Measure To Allow For Medical Cannabis Dispensing Operations

Carson City, NV: Lawmakers gave final approval this week to legislation, Senate Bill 374, to allow for the establishment of licensed facilities to dispense cannabis to state-qualified patients. The measure passed with two-thirds majorities in both legislative chambers. It now awaits action from Republican Gov. Brian Sandoval,

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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/**

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!

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> *Psychiatry* theorized that cannabinoid-based therapies would likely comprise the "next generation of evidence-based treatments for PTSD (post-traumatic stress disorder)." *For more information, please contact us at 1745 Capital St. NE, Salem, Ore., 97301 * 503.363-4588 * E-mail:Mercy_Salem@hotmail.com Or our Web page: www.MercyCenters.org.*

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*'Tis in our nature: taking the human-cannabis relationship seriously in health science and public policy - Sunil K. Aggarwal **

National leaders throughout the twentieth century have taken opportunities afforded by high office or its pursuit to publicly opine on the dangers of cannabis, such as when then-Presidential candidate Ronald Reagan famously stated in 1980 that "leading medical researchers are coming to the conclusion that marijuana, pot, grass, whatever you want to call it, is probably the most dangerous drug in the United States and we haven't begun to find out all of the ill-effects. But they are permanent ill-effects.

The loss of memory, for example Grass (1999)." Not only is such rhetoric overly simplistic, it also obscures and distorts pre-existing facts. In this particular case, Reagan's statement obscures the fact that the American Medical Association testified in 1937 on record to Congress that, after nearly 100 years of professional experience in Western medical practice with over 2000 prescribable marketed cannabis preparations (Antique Cannabis Museum, 2012), practitioners found that cannabis had an irreplaceable therapeutic role as an aid in the *remembering of old and long-forgotten memories* in psychotherapy patients (U.S. Congress, 1937).

When in office, Reagan's first drug czar, Carlton Turner, blamed cannabis use for young people's involvement in "anti-military, anti-nuclear power, anti-big business, anti-authority demonstrations" (Schlosser, 1997), all dissenting positions toward government initiatives. Such clear scapegoating rhetoric has roots in the government's racialized Reefer Madness campaign of the 1930s which linked cannabis use in Blacks, Latinos, jazz musicians, and juvenile delinquents to racial miscegenation and homicidal mania (Helmer, 1975).

With such a long tradition of distorting rhetoric emanating from leading political authorities and being broadcast widely by the mass media, it is apparent how politicized cannabis use has become and how scientific research and knowledge about its use have been selectively highlighted and skewed to support pre-determined political objectives. These persistent distortions and political evasions are the greatest contributors to the smokescreen that obscures collection and dissemination of accurate evidence on cannabis use. The smokescreen is perpetuated because, as the saying goes, in war, the first casualty is the truth. Maintaining existing controversial policies relegating cannabis to the status of contraband (such as, under US federal law: zero-tolerance for use, a death penalty for trafficking amounts greater than approximately 66 tons, and official denial of currently accepted medical use in treatment) tends to be of a greater priority to governmental bodies than collecting and collating basic evidence regarding its use to inform public policy and health.

What evidence is gathered is often rejected or simply ignored if politically inexpedient. Here are a few examples. On occasion, political leaders are actually caught attempting to make "backroom" deals to ensure that a scientific commission's findings on cannabis use will have a predetermined outcome intended to marginalize political enemies. Take, for example, what was explicitly caught on tape during Richard Nixon's presidency. As documented on declassified tape recordings from the White House Oval Office on September 9, 1971, Nixon privately told his appointed Commission chair, former Pennsylvania Governor Raymond Shafer, that it was "terribly important" the Commission, tasked by Congress with helping to determine what level of risk cannabis use should be understood to constitute for the purposes of legal regulation, not come out with a report that was "soft on marijuana." Strategizing for political expediency over factual review and nuance, Nixon called for obfuscation: "I think there's a need to come out with a report that is totally, uh, uh, oblivious to some obvious, uh, differences between marijuana and other drugs, other dangerous drugs... " Nixon further warned Shafer: "Keep your Commission in line (CSDP, 2012)."

So, despite the Commission's recommendations to the contrary, cannabis was nevertheless maintained in the most restrictive category under federal law, Schedule I, where it has remained alongside heroin for 42 years, officially deemed to be devoid of medical utility, or safety. After a 14-year-delayed evidentiary hearing on a citizen-led cannabis-rescheduling petition filed in 1972 which lasted for 2

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In 2007, another DEA ALJ ruled that it would be "in the public interest" to have more than one licensed facility to produce research-grade cannabis, and that a Plant and Soil Sciences Professor petitioner who had applied in 2001 for a production license and been denied be granted one. This DEA judge's ruling, too, was rejected by the DEA head in 2009 and is presently under appeal (MAPS, 2012). The rejection had the effect of allowing the federal government's hamstringing of scientific research to continue, with cannabis clinical studies being approved at an unacceptably slow pace, testing substandard-quality material produced under a government-backed private monopoly, and supplied only after potential investigators have waded through tremendous red tape, if supplied at all. Meanwhile, over the same timeframe, private pharmaceutical interests backed by highly-profitable international corporate pharmaceutical distributors have been granted license by the DEA to import and test in large, multicenter clinical trials in the US proprietary whole plant cannabis extracts made in company-owned cannabis production greenhouses licensed by friendlier governments (Aggarwal, 2010).

The persisting Schedule I classification of cannabis that the federal government maintains is itself a smokescreen that is directly discordant with authoritative, independent, medico-scientific evidence-based assessments. Publishing in the open-access scientific literature housed in the U.S. National Institutes of Health's National Library of Medicine, clinical investigators who oversaw seven separate, government-authorized, gold-standard design clinical trials of the safety and efficacy of smoked and vaporized inhaled cannabis for specific indications conducted at University of California medical centers over a 10 years period from 2002-2012 involving over 300 human subjects reported in an article entitled "Medical Marijuana: Clearing Away the Smoke" that all trials independently showed benefit. The authors concluded that the Schedule I classification of cannabis, based on the evidence collected and reviewed, is "not tenable," "not accurate," and one of the main "obstacles to medical progress (Grant et al., 2012)." This position is concordant with the analyses and conclusions in evidence-based positions papers and reports on cannabis medical science from leading national medical academies and specialty societies (National Research Council, 1999; American College of Physicians, 2008; American Medical Association, 2009).

To begin to clear such a thick and recalcitrant smokescreen of political rhetoric and interference surrounding cannabis use requires that a massive gust of fresh air be let into the room. This will help to spur a fundamental perspectival reorientation that will allow us to breathe freely, return to first principles, and start evidence-gathering from the beginning. An expedient smokescreen clearing approach is a historical and comparative ecological one that focuses on the human-cannabis relationship on a species to species level. We will come back to the theoretical outlines of this approach; for now, consider its results. While Cannabis sativa evolved in the Central Asian-Himalayan region ~36 million years ago (McPartland and Guy, 2004), it has spread to all regions of human habitation due to the long-standing fondness Homo sapiens have had for this semi-domesticated botanical cultivar, evidenced by the undisputed prehistoric archaeological record (Russo et al., 2008) and ancient textual references (Hillig, 2005).

Cannabis's very name belies its longstanding relationship with humanity, as it was pragmatically given the species name "Sativa" in 1542 by German physician-botanist Leonhart Fuchs, meaning "cultivated" or "useful" in Latin (Russo, 2007). It grows easily in numerous climates as a wild and hardy plant whose palmate fan leaf's geometry is iconic. Uses of Cannabis sativa include production of textiles, building material, canvas, rope, paper, and biofuel using the cellulose and fiber of its stalk; nutritive food, edible oil, and lotions using its oil- and protein-rich seeds; and, most pointedly, herbal medicines, spiritual sacraments, and psychoactive inebriants using its phytocannabinoid-rich resin-producing flowers and leaves which, when ingested after heating, have robust, non-lethal, receptor-based effects via the human endogenous cannabinoid, or endocannabinoid, signaling system.

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<continued from previous page> Such effects pharmacologically are properly termed "cannabinergic." The endocannabinoid system is an essential biological signaling system that appeared 600 million years ago in life (Melamede, 2005) and plays a master-regulatory role in many physiological functions that humans may naturally wish to self-adjust, such as mood, appetite, memory, inflammation, muscle tone, pain perception, and stress management, in addition to other more subtle but equally validated functions such as neuroprotection, bone growth, immunity, tumor regulation, seizure threshold, gastrointestinal motility, and intraocular pressure, to name a few (Di Marzo, 2004; Pacher et al., 2006; Vettor et al., 2008).

When gathering evidence to address behavioral questions surrounding human consumption and production of potentially psychoactive cannabis preparations, it is absolutely essential that this long, co-evolutionary arc of human history with this cannabinergic plant be appreciated in order to understand underlying human values, and desires that motivate cannabis use and prevent smokescreen prejudices from taking root. The main question is: what sorts of relationships can humans have with cannabis, aside from aberrant, pathological, and addictive ones? And, as a corollary to this question, when cannabis is consumed in contemporary settings, does it necessarily have to be as a scarce consumerist commodity, or do other relational possibilities exist? By addressing such questions, a richer understanding of cannabis use can emerge and lessen the chance that use patterns are improperly understood as pathological or deviant, when they may fact be perfectly normal and healthful. Certainly the caveat that cultural controls and norms regarding cannabis use that play an important public health role may not translate to all social groups must be acknowledged.

A broader understanding of the human-cannabis relationship beyond the dominating twentieth century American and colonial prohibitionist sociolegal frameworks is needed. When there is not a war against cannabis being fought, a less distorted picture of its effects can emerge. The element of psychological distress that cannabis prohibition regimes produce is worth seriously accounting for as it can play a significant role in the conflation of the effect of cannabis on a user with the effect of the criminal or social stigma attached to that use (Aggarwal et al., 2012). A research approach from social science known as political ecology, taken from anthropology and geography, which is able to incorporate into its analysis the total human-plant relationship and the effects of local and global sociopolitical forces, is helpful here (Robbins, 2004).

Political ecology is framework used to study human-environment relations that joins cultural ecology with political economy. Cultural ecology studies how cultural groups adapt, adjust, and relate to their natural environments, and political economy studies how political institutions, the political environment, and economic systems influence each other (Mayer, 1996; Johnston et al., 2007). A sampling of the results of applying such an approach to demystify the smokescreen was given above.

By applying political ecology to cannabis use and production, we can begin to understand and appreciate traditional ecological knowledge regarding its use and production, extant and extinct cultural practices surrounding cannabis use, and the history of their marginalization. Western delegates first heard officially from other countries who wished not to impose absolute prohibition at United Nations meetings in the early 1960s when the first comprehensive international treaty that would call for strict controls on cannabis was being negotiated. Indeed, while a number of thriving civilizations have found a way to integrate cannabis use into their legally sanctioned cultural fabrics, such alternate sociocultural and political realities were ultimately targeted for suppression.

Substantial evidence has been gathered regarding the efficacious use of cannabis as a medicine to treat specific conditions. Additionally, convincing evidence regarding the use of cannabis as a non-problematic "recreational" psychoactive substance with a low potential for addiction has been collected and become increasingly accepted in the US and abroad. Public policy regimes recognizing such use patterns-medical marijuana and adult marijuana use-have taken root in several US states and internationally. However, two human-cannabis use relationships, oft-neglected in medical and public health literature, but for which substantial evidence exists are cannabis use as a *spiritual or religious activity* and as *an herbal or dietary supplement*. These use patterns were presented by international delegates from countries such as India and Pakistan for respectful consideration at the UN but simply ignored and censured (United Nations, 1961; Times of India, 2012). I call for more research and documentation on these use patterns globally using the research framework described to fully eradicate the smokescreen and see clearly what exists. * References: Aggarwal, S. (2010). Cannabis: a commonwealth medicinal plant, long suppressed,

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<continued from previous page> now at risk of monopolization. 87 *Denver University Law Review*. Accessed December 29, 2012. Available online at: http://www.denverlawreview.org/medical-marijuana/ * **SOURCE = American Alliance for Medical Cannabis *(AAMC).* June 2013 Newsletter * *Contact them at* 44500 Tide Ave · Arch Cape, OR 97102 *or by visiting* - http://www.letfreedomgrow.com**

<continued from IT'S DIFFICULT FOR THE GOVERNMENT TO LIVE WITH THE TRUTH, page 1 > demonstrate the inaccuracy of Mr. Bonner's remarks. Dr. Donald Abrams of UCSF tried six or seven times to get a study approved that would demonstrate cannabis was helpful in treating AIDS Wasting Syndrome and was denied. Finally Alan Lesher, head of NIDA, took Abrams aside and said something like, "NIDA is the National institute of Drug Abuse, not the National Institute of Marijuana Use." He urged Abrams to submit a study to look at possible harms of cannabis. Dr. Abrams designed such a study and the study was approved. What did the study show? Cannabis was not harmful to those with AIDS and it helped treat AIDS Wasting Syndrome.

Another example of the government blocking legitimate research was with Dr. Ethan Russo, a neurologist, and possibly the most knowledgeable scientist in the U.S. when it comes to the medicinal use of cannabis. He tried for over four years to get approval for a study on the benefits of cannabis to treat migraines.

There was a strong medical basis for doing this study. Not only do we have ample contemporary cases of migraine symptoms successfully treated with cannabis but Sir William Osler, considered by many to be the founder of modern medicine, wrote in the first textbook of internal medicine that cannabis was the best treatment for migraine headaches. That position was reiterated by Dr. Morris Fishbein, long-time editor of the JAMA. Russo, co-editor of "Cannabis and Cannabinoids" wrote a sixty-page article in "The Journal of Cannabis Therapeutics" on the history of cannabis use for treating migraines. His study was blocked by NIDA.

Lastly you have the DEA itself blocking the proposed study of U Mass botany professor Dr. Lyle Craker. He wants to study cannabis as a botanist would any other medicinal plant. After a DEA grow license was denied by the head of the DEA, Cracker appealed and DEA Administrative Law Judge, Judy Bittner, agreed that the DEA should grant Dr. Craker the grow license. But by law that was only a recommendation and DEA head Michelle Leonhardt once again denied the grow license.

This blocking of research by the NIDA/DEA tag team is why in 2009 the AMA said reschedule cannabis so it can be appropriately studied. What is the DEA afraid of? We have 5,000 years of medicinal use of cannabis. We know cannabis helps many of our returning military deal with PTSD and just recently GW Pharmaceuticals and Otsaka Pharmaceuticals made an effort to take advantage of cannabis' cancer-killing effects. They filed a patent to use phytocannabinoids (e.g., cannabinoids like THC and CBD found in cannabis) to treat cancer.

Mr. Bonner must live in an alternate universe to deny that NIDA and the DEA present a one-two punch blocking reasonable research on medicinal cannabis and making it almost impossible to study the medicinal value of cannabis in the United States. That is probably why tincture of cannabis (Sativex) is manufactured in the UK and distributed by several of the largest pharmaceutical companies in the world, Bayer (Germany), Almirol (Spain), Novartis (Switzerland), Otsaka (Japan), none of which is an American company. **SOURCE = American Alliance for Medical Cannabis *(AAMC).* June 2013 Newsletter * *Contact them at* 44500 Tide Ave · Arch Cape, OR 97102 *or by visiting* - http://www.letfreedomgrow.com**

<continued from MARIJUANA DISPENSARIES BECOMING EXCLUSIVE DOMAIN OF THE 1 PERCENT, page 1 > before even applying for a license, tipping the scales in favor of businesspeople with money to burn. Drawn-out licensing processes being devised in those states mean permits to run dispensaries will likely only go to those able to afford a cadre of consultants and lawyers.

Five years ago, Ean Seeb helped open Colorado dispensary Denver Relief with "four thousand dollars and half a pound of cannabis."

"I don't think that would ever happen again," said Seeb, who now works as a dispensary consultant. "Somebody who just has a good idea but little capital would find it difficult to impossible to go into the business today."

Seeb said he is counseling clients in Massachusetts, where only 35 dispensary licenses will be granted starting later this year, to set aside at least $2 million before even considering going into the medical marijuana industry. Not only are state fees

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In Connecticut, where rules are yet to be finalized and the state has only committed to allowing one dispensary, fees are expected to be higher and competition to secure a cannabis producer's license even fiercer. Among other requirements, Connecticut will ask dispensary owners to post a $2 million bond that the state will be able to access if operations falter. Seeb is telling clients there to make sure they have at least $6 million in the bank before moving forward.

When it awarded 98 licenses to open medical marijuana dispensaries 10 months ago, the state of Arizona required applicants to show $150,000 in capital. The vast majority of those getting into the business appeared to be well-heeled entrepreneurs, according to interviews with license-holders and consultants in the state. Owners of real estate firms, cellphone shops and motorcycle dealerships, along with at least one college student with a trust fund are now in line to become medical marijuana store owners, the consultants said. None of the new licensees interviewed by The Huffington Post had any experience running a health care venture, and at least one was openly disdainful of marijuana as a business.

That reality is in stark contrast to the situation in California and Colorado a few years back, when dispensaries first became legal. The free-wheeling business, devoid of regulation or store count limits, was immediately dominated by marijuana insiders: former legalization activists and growers with connections to the underground market. Now, industry sources told HuffPost, the average ganjapreneur is likely to have deep capital pools and a view on the bottom line, if little love for cannabis as a plant.

"It's just like anything else, it's a business opportunity for me," said Thai Nguyen, who owns a real estate firm in Phoenix and is partnering with his wife and one of his employees to open a store called Herbal Wellness Center in central Phoenix. While those who set up dispensaries in California and Colorado after the drug was first legalized in those states were often activists with an open pride for their product, Nguyen expressed concern about how being publicly associated with the marijuana industry could affect his other businesses.

Just a few miles away from Nguyen, a businessman whose previous interests include a cellphone retail store and a cigar shop said he is trying to open a dispensary in Chandler, Ariz., mainly as a profit proposition.

"I'm a business owner," Ramey Sweis, the businessman, said. "Between me and my partners, we have maybe 20 to 30 businesses. We saw this as a good avenue to expand as a business plan. Nothing more."

State public records show the owner, salesperson and service technician at Phoenix motorcycle dealership Apache Motorcycles are among those who received a license to set up a marijuana dispensary in the state. Randall and Rex Webb, two Arizona businessmen with multiple ventures throughout the state, are also listed as principals of a non-profit corporation attempting to secure a dispensary permit, public records show. Repeated calls for comment to those parties were not returned.

Industry sources described a sort of gold rush mentality for the newly legal industry.

"It's just like seven years ago when everyone who could became a real estate agent, and they owned a hair salon but they were also a loan broker or whatever," said Adam Bierman, whose firm The MedMen has helped advise dozens of would-be dispensary owners in California, Colorado, Arizona and Nevada. "It's the same thing. People are piling in because it's the hottest industry right now."

"It's like the Super Bowl is coming to town," he added.

Kris Krane, who said his firm 4Front Advisors has advised 32 clients in six states on how to set up and operate medical marijuana dispensaries, said there is a benefit to having people with plenty of capital come into the industry.

"Professional-looking retailers have the ability to change public perception," Krane said. "The stereotype gets changed from the stoner burnout selling weed from his parent's basement when a beautiful, high-end retailer that the community can be proud of opens up."

A former activist with Students For Responsible Drug Policy and the National Organization For The Reform Of Marijuana Laws, Krane said he sees his current position as an extension of his previous work fighting the so-called war on drugs.

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<continued from previous page> "We move the movement forward by making sure the industry thrives," Krane said. But there are drawbacks, according to Bierman, the MedMen advisor.

"Some of the people that were getting in, these real estate entrepreneurs who want to be pot tycoons, they don't know what they're doing," he said. "People in Arizona got a license and then called and were like 'What do I do?' And I told them to buy a 25,000-square-foot warehouse and fill it with marijuana. And they freaked out. They were like 'Oh my god, that's illegal. I can't do that. I can't go to jail.'"

"People coming into the industry now are scaring too easily," Bierman added. * SOURCE: http://www.huffingtonpost.com/2013/06/25/marijuana-dispensaries_n_3496588.html?utm_hp_ref=business

STORY RESPONSE: Here in Montana, we may appear to be behind the curve; but, if stories like these are any indication, we are sadly still ahead of the curve. We had federal raids all over the state only after medical access was provided to those not in the "upper class". It got too popular among the masses, so the government 'reformed' the voter-passed initiative and all of the successful businesses were taken apart in the name of asset forfeiture (with many upstanding entrepreneurs going to federal prison...) Now, the U.S. Attorney here is claiming to have produced a replicable model that others should follow; and, it appears some in CA and other states are doing just that. We are not giving up though, we are adapting and overcoming their brutal insanity! Here in Missoula, on July 25th, we are very proud to help bring a screening of American Drug War 2: Cannabis Destiny to the historic Wilma Theater, complete with a panel discussion including a member of LEAP who's going to spend three days in the state educating our government officials on the urgent need for drug policy reform.

We'd absolutely love to have a representative from National NORML join us for this discussion, as it promises to bring new and much-needed perspective to this brutal war's impending end. Some may be content to focus on "legalizing marijuana" over the next decade; but, I am personally focused on gaining my fundamental human rights in the far more immediate future and will be helping to educate my fellow citizens (along with lawmakers) on the constitutional basis of these rights...

If NORML wants to be leaders in this fight, here is a perfect chance: the father of young Cash Hyde, who died from a brain tumor after his access to medical cannabis was interrupted repeatedly by misguided law enforcement, is looking to file a lawsuit and has what appears to be a very strong case for doing so. His family's struggle is a main focus of American Drug War 2: Cannabis Destiny. The story is heart-wrenching and very pertinent to our struggle against the interests of big pharma.

Changing laws state-by-state is unquestionably better than nothing; however, the landscape has changed so much that continuing to make this NORML's focus is becoming self-defeating: now, everybody seems to think we must "legalize" before it is our right to use this herb medicinally, spiritually or for "recreation" -- and, sadly, this organization has become rightfully criticized for perpetuating the insanity!

If NORML wants to continue being relevant in the future, we need to at least be educating people of the truth AND embrace the larger truths which have become more than self-evident: drugs are not criminal, but a health concern; and, our government has become terribly corrupt on practically every level (this is, of course, related to the corruption our drug war encourages; but, it has now infected practically everything else...) Maybe, someday, it will become the National Organization for the Reform of Many Laws? Take care, Justin Michels, Montana NORML, Director Emeritus * visit - http://blog.montananorml.org/

<continued from NEVADA LEGISLATORS APPROVE MEASURE TO ALLOW FOR MEDICAL CANNABIS DISPENSING OPERATIONS, page 1 > who has acknowledged that he is open to the idea of regulating medical cannabis dispensaries.

If signed into law, SB 374 would establish rules and regulations for the establishment of up to 66 not-for-profit medical marijuana dispensaries. Arizona, Colorado, New Jersey, Maine, and New Mexico have operational state-licensed medical cannabis dispensaries. Similar dispensary outlets are in the process of opening in Connecticut, Massachusetts, Rhode Island, Vermont, and Washington, DC.

Nevada voters enacted legislation in 2000 to allow for physician authorized patients to consume and grow cannabis. However, the law does not provide for facilities where authorized patients may obtain medicinal cannabis.

Approximately 3,800 Nevadans are presently

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<continued from previous page> authorized to grow and/or consume cannabis under state law. *For more information, please contact Erik Altieri, NORML Communications Director, at (202) 483-5500, or Paul Armentano, NORML Deputy Director, at: paul@norml.org.*

Study: Hemp Seed Oil Associated With Improved Clinical And Immunological Parameters In MS Patients

Tabriz, Iran: The consumption of hemp seed nutritional oil, in conjunction with the intake of evening primrose oils and a restricted diet high in hot-natured foods (such as pepper) and low in saturated fats and sugars, is associated with "significant improvement" in symptom management and immunological characteristics in subjects with multiple sclerosis (MS), according to clinical trial data published in the current issue of the scientific journal *BioImpacts*.

Researchers at the Tabriz University of Medical Sciences in Iran assessed the impact of hemp seed oil, evening primrose oils, and a restricted diet in23 patients diagnosed with relapsing remitting MS.

They reported that participants at the study's completion "were healthier in comparison to baseline" and that "clinical and immunological parameters showed improvement in the patients after the intervention." Authors acknowledged that hemp seed oil possesses potent antioxidative properties and also likely acts on specific signaling pathways that regulate inflammatory responses - two characteristics that would presumably make it beneficial in the treatment of MS.

Authors concluded: "After six months, significant improvements in extended disability status score were found. ... Our data demonstrated that co-supplemented hemp seed and evening primrose oils with hot-natured diet intervention may decrease the risk of developing MS."

Previously published clinical trials assessing the impact of inhaled cannabis and extracted organic cannabinoids in patients with MS have demonstrated that plant cannabinoids can alleviate disease symptoms - such as involuntary spasticity, neuropathy, and bladder dysfunction - and, in some subjects, may actually moderate disease progression. Nonetheless, the National MS Society shares little enthusiasm for the therapeutic use ofeither cannabis or cannabis-derived products as a treatment option for MS patients, stating on its website: "[B]ased on the studies to date - and the fact that long-term use of marijuana may be associated with significant, serious side effects - it is the opinion of the National Multiple Sclerosis Society's Medical Advisory Board that there are currently insufficient data to recommend marijuana or its derivatives as a treatment for MS symptoms."

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Association of expanded disability status scale and cytokines after intervention with co-supplemented hemp seed, evening primrose oils and Hot-natured diet in Multiple Sclerosis patients," appears in BioImpacts.

New Hampshire: Lawmakers Sign Off On Revised Medical Marijuana Measure

Concord, NH: Members of the House and Senate on Wednesday gave final approval to a revised version of House Bill 573, which establishes a regulated system of medical cannabis distribution in New Hampshire.

The amended bill, which lawmakers passed by a 284 to 66 vote, creates four state-sanctioned marijuana dispensing facilities to produce and distribute cannabis to state-qualified patients who possess a physician's recommendation. Patients diagnosed with one of approximately twenty qualifying conditions - including cancer, hepatitis C, muscular dystrophy, Crohn's disease, or multiple sclerosis - would be permitted to legally possess up to two-ounces of cannabis. Under the proposed law, patients must obtain cannabis only from a state-licensed facility.

Qualified patients will not be provided with any legal protections to possess or use cannabis prior to the establishment of such facilities As originally passed by the House, the measure allowed qualified patients the option to grow their own cannabis. The measure also allowed physicians to recommend cannabis for the treatment of post-traumatic stress. Both provisions were stripped from the bill by the

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<continued from previous page> Senate at the request of Democrat Gov. Maggie Hassan. Governor Hassan has publicly stated that she will sign the reconciled version of HB 573 into law. New Hampshire will become the 19th state to allow for the limited, legal use of medical cannabis. *For more information, please contact NORML Communications Director Erik Altieri at (202) 483-5500 or visit: http://www.mpp.org.*

Hawaii: Governor Signs Measures Amending State's Medical Cannabis Program

Honolulu, HI: Democrat Gov. Neil Abercrombie this week signed two separate measures into law to amend the state's 13-year-old medical marijuana program.

House Bill 668 transfers the administration of the state's medicinal cannabis program from the Department of Public Safety to the Department of Public Health. Senate Bill 642 increases the quantity of medical cannabis that may be possessed by patients from three ounces to four ounces. The measure also increases the total number of mature plants that may be legally grown by qualified patients at any one time from three to seven.

Some 11,000 Hawaiians are registered in the state's medical marijuana program. The changes in law become effective in January 2015. *For more information, please contact NORML Communications Director Erik Altieri at (202) 483-5500 or visit the ACLU of Hawaii at: http://acluhi.org/.*

Two Dispensaries Open in Vermont Last Month

Medical cannabis patients in Vermont now have access to their medicine in Burlington and Montpelier, after dispensaries opened there last month. A third dispensary is slated for Brandon. Vermont lawmakers established a medical cannabis program two years ago. The program requires dispensaries to grow their own cannabis in a secure environment. Qualifying Vermont patients can make an appointment to acquire their medicine.

The Burlington dispensary currently provides two strains of cannabis in three different potencies and offers a sliding scale to patients in need.

The Montpelier dispensary is growing more than a half-dozen different varieties. * **SOURCE = Americans for Safe Access (ASA) - Monthly Activist Newsletter -** JULY 2013**;** Volume 8, Issue 7 * ***contact ASA at:*** *1322 Webster Street, Ste. 402 * Oakland, CA 94612 * 510-251-1856 * or visit -* ***AmericansForSafeAccess.org***

New Jersey Legislature Sends Bill on Minors to Governor

The New Jersey state legislature late last month approved legislation to make it easier for minors to access and use medical cannabis. The bill is before Gov. Chris Christie (R), who has expressed concern about it. If enacted, the bill would make the medical approval process for minors similar to adults. Instead of requiring three physicians, one of whom must be a psychiatrist, minors would only need one doctor's approval. The Assembly also approved edible forms of medical cannabis, which are easier to use in treating children. A restriction on the number of strains that can be cultivated by licensed facilities in New Jersey would also be lifted. The bill has already passed in the state Senate.

The bill was inspired by two-year-old Vivian Wilson, who suffers from a rare form of epilepsy. Wilson's family has had difficulty obtaining approval of a psychiatrist and says the strain of cannabis most likely to help her is not grown in New Jersey.

If the measure is vetoed, an override is unlikely. The legislation received one vote more than needed to override in the Assembly but was three short in the Senate. **More Information**:
New Jersey A4241 / S2842

* **SOURCE = Americans for Safe Access (ASA) - Monthly Activist Newsletter -** JULY 2013**;** Volume 8, Issue 7 * ***contact ASA at:*** *1322 Webster Street, Ste. 402 * Oakland, CA 94612 * 510-251-1856 * or visit -* ***AmericansForSafeAccess.org***

Federal Interference with State Medical Cannabis Programs Costs Millions

Since states began adopting medical cannabis laws in 1996, the federal government has spent hundreds of millions of dollars interfering with the implementation of patient programs, according to report released by ASA last month. The report, What's the Cost? The Federal War on Patients, details how the Department of Justice (DOJ) over three presidential administrations has expended

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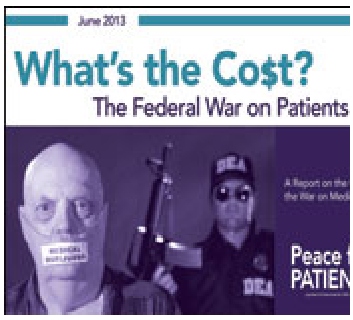
<continued from previous page> nearly half a billion dollars to investigate, raid, arrest, prosecute, and imprison hundreds of medical marijuana patients and their providers. The report reveals that President Obama, despite his repeated pledges to not use DOJ funds to interfere with state programs, has dedicated nearly $300 million to an extensive crackdown on medical cannabis, including at least 270 SWAT-style raids at a cost to taxpayers of more than $8 million. In 2011 and 2012, the DEA spent 4% of its budget on enforcement activities targeting medical cannabis patients or providers.



The ASA report is part of the Peace for Patients campaign recently launched by ASA that shows Congress the cost, in both monetary and human terms, of continuing current policy. The report highlights the stories of some of those who have been singled out by the federal government, such as Michigan organ-transplant recipient Jerry Duval, who surrendered to federal authorities last month. His 10-year prison sentence will cost taxpayers more than $1 million due to his serious medical conditions. His son Jeremy has also been sentenced to federal prison for helping patients under Michigan law, and the government is seizing the farm that has been theirs for generations, devastating the family. There were no allegations that the Duvals violated Michigan's medical marijuana law.

The seizure of the Duval family farm is not an isolated incident. The Obama Administration has aggressively targeted the property of patients, their providers, and the landlords who lease to licensed medical cannabis businesses. Hundreds of letters from U.S. Attorneys threatening asset forfeiture and criminal prosecution have shut more than 500 dispensaries in California, Colorado and Washington state. At least another 100 letters were sent to landlords in California during the preparation of the report. The Obama Administration has brought as many as 30 asset forfeiture lawsuits involving medical cannabis, three times as many as the two previous administrations combined, at a cost of more than $10 million. Federal law allows the government to seize property without charging or convicting anyone of a crime.

ASA's report includes recommendations for Congress, such as amending an appropriations bill to prevent DOJ funds from being spent on enforcing federal marijuana laws against anyone in compliance with state medical cannabis programs. The report also calls for the compassionate release of medical marijuana patients currently serving prison sentences, as well as the passage of HR 689, federal legislation that would reclassify marijuana for medical use.

California NORML contributed to ASA's "What's the Cost?" report and produced a related report showing the number of people prosecuted and imprisoned as a result of the Justice Department's enforcement efforts. Their report shows the war on medical cannabis has resulted in 332 people being charged with federal crimes, with 158 of them receiving prison sentences totaling more than 490 years. **More information:**

ASA report on the costs of federal interference
Source material behind the numbers
ASA's Peace for Patients campaign
California NORML report on DOJ enforcement

* **SOURCE = Americans for Safe Access (ASA) - Monthly Activist Newsletter -** JULY 2013**;** Volume 8, Issue 7 * ***contact ASA at:*** *1322 Webster Street, Ste. 402 * Oakland, CA 94612 * 510-251-1856 * or visit -* ***AmericansForSafeAccess.org***

Feds, Anaheim Try to Seize $1.5M Building . . . With No Charges Against the Owner

A controversy in California that began with the state's medical marijuana law has evolved into a battle over civil forfeiture between a property owner and the state of California on one side, and the city of Anaheim and the federal government on the other.

Anaheim small business owner Tony Jalali faces the loss of his office building, which is worth $1.5 million, even though he has committed no crime. The city of Anaheim is colluding with federal prosecutors to do an end-run around state laws to take away Jalali's building because he rented space to medical marijuana dispensaries, even though they operated legally under California law.

Jalali is fighting back. Represented by the Institute for Justice, he is challenging the constitutionality of the taking of his land to put an end to the civil forfeiture in the U.S. District Court for the Central District of California in Santa Ana, Calif. IJ is joined in the case by Lake Forest, Calif., attorney Matthew S. Pappas, as local counsel.

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THE MERCY NEWS REPORT

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'Policing for Profit'

"Allowing the police to keep the proceeds of forfeited property gives them a direct financial incentive to use civil forfeiture," said Scott Bullock, lead attorney on the case for the Institute for Justice. "No one in the United States should lose their property without being convicted of, or even charged with, any crime. But as this case shows, fair and impartial law enforcement cannot exist as long as we allow this policing for profit."

Civil forfeiture allows government to take and sell property without ever charging the owner with a crime, let alone convicting the person of one. Such forfeitures fund law enforcement officials' budgets, giving them a direct financial incentive to abuse this power. Civil forfeiture is now being employed as the key strategy in the federal government's battle against states that have legalized medical marijuana, threatening the property of small landlords who have been convicted of no crime.Jalali immigrated to the United States from Iran in 1978. He now owns a modest, two-story office building mortgage-free, but because two of his tenants were medical marijuana dispensaries, the federal government demands the property be forfeited for "facilitating" drug crimes. The federal government makes this demand even though medical marijuana dispensaries are legal under state law, and even though Jalali evicted the dispensary located in the building immediately upon receiving the federal complaint. Indeed, the federal complaint threatening to take away his life savings in the form of the building was the first notice Jalali received from the federal government that there was a legal concern about the relatively common practice in California of renting out retail space to such dispensaries.

The profits from the property that law enforcement agents take by civil forfeiture are kept by those same agencies. When local law enforcement agencies team up with federal agencies, the federal government takes the property and pays out up to 80 percent of the money to local or state law enforcement agencies—something it calls "equitable sharing" of forfeiture proceeds.

End-Run on Two Fronts

Anaheim is colluding with the federal government to do an end-run around state law on two fronts. Not only did California voters legalize the sale of medical marijuana, but state law also bars local or state officials from taking private property by civil forfeiture unless the property owner has been convicted of a crime. Simply put, by using equitable sharing, Anaheim and federal officials are looking to cash in on a $1.5 million bounty by subverting state law.

"The law must be predictable if it is going to be followed and enforced, yet the law was anything but predictable in this case," said IJ Attorney Larry Salzman. "It is legal to rent property to a medical marijuana dispensary under California law. The city of Anaheim, while now hoping to cash in on Jalali's property in this case, has hosted the world's largest marijuana trade show in its city-owned convention center each year since 2010, attracting tens of thousands of visitors. And since 2009, the federal government has said that it would not pursue federal cases against medical marijuana users or dispensaries in states that have made the activity legal. Anaheim and the federal government have snared Tony Jalali in a trap that could cost him his property."More than $450 million was paid by the federal government to local law enforcement agencies nationwide under the equitable sharing program in 2012.

More Than 1,000 Warnings

The forfeiture case against Jalali is part of a campaign by U.S. Attorneys to enforce a federal prohibition on marijuana—letters have been sent to more than 1,000 property owners in California, Washington, Colorado and other states where marijuana has been made legal under state law threatening them with civil forfeiture.

"I am fighting for my rights, because it is wrong for the federal government and city of Anaheim to bypass state law, and try to take my property when I have done nothing wrong," said property owner Tony Jalali. "I left Iran to escape government brutality which has no respect for human rights. This nation has given me a home and has a great history of respecting human rights. I have every hope it will ultimately respect those rights, including my property rights." * *John Kramer* **(jkramer@ij.org)** *is vice president for communications at the Institute for Justice.* * SOURCE = http://news.heartland.org/newspaper-article/2013/06/25/feds-anaheim-try-seize-15m-building-no-charges-against-owner