



Federal Agency In Charge Of Marijuana Research Admits Stifling Studies On Medicinal Cannabis

NIDA does "not fund research focused on the potential medical benefits of marijuana"

Rockville, MD, USA: A spokesperson for the U.S. National Institute on Drug Abuse (NIDA) told the *New York Times* last week that the agency does "not fund research focused on the potential medical benefits of marijuana."

Under federal law, the agency must approve all clinical and preclinical research involving marijuana. NIDA strictly controls which investigators are allowed access to the federal government's lone research supply of pot – which is produced and stored at the University of Mississippi.

NIDA spokeswoman Shirley fully compliant with state law.

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New Jersey Becomes Fourteenth State To Legalize Medical Marijuana Use

Trenton, NJ, USA: Outgoing governor Jon Corzine signed legislation earlier this year (1/18/10) making New Jersey the fourteenth state in the nation to allow for the state-authorized use of medical cannabis by qualified patients. The new law takes effect in six months.

The measure, known as the New Jersey Compassionate Use Medical Marijuana Act, authorizes patients with a physician's recommendation to possess and obtain medical cannabis from state-authorized "alternative treatment centers."

Unlike the medical marijuana laws that have been enacted in thirteen other states, authorized patients in New Jersey will not be eligible to legally grow their own cannabis.

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Marijuana Compounds Possess Synergistic Anti-Cancer Effects, Study Says

San Francisco, CA, USA: Marijuana's active compounds act synergistically to inhibit the growth of cancer cells and induce malignant cell death, according to preclinical trial data published online by the journal *Molecular Cancer Therapeutics*.

Investigators at the University of California, Pacific Medical Center Research Institute assessed whether the administration of the non-psychoactive cannabidiol would enhance the anti-cancer effects of THC on glioblastoma (brain cancer) cells.

Researchers reported that a combination of cannabinoids showed greater anti-cancer activity than the

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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.

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Check it out!

The MERCY News Report is produced by virtue of the expense and energy of the members and staff of MERCY, the



About MERCY – The Medical Cannabis Resource Center

MERCY is a not-for-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. Lasting change will require that each citizen be active enough to register and effectively vote. You, and only you, the people, can make it happen. Work with us to make this your resource guide and all-around "tool shed" to successful medical cannabis utilization and activism.

*** Need Resources? The MERCY Office is open to Help Network You to viable resources on Your Issues in Salem and across the state. Please stop by 1469 Capital St. NE, Suite 100, Salem, 97301 - from Noon to 5pm, Mon. – Fri., call 503-363-4588 or email – info@mercycenters.org - to learn more.**

Meetings and Meet-Ups

*** Every Wednesday (except Holidays), 7:00pm to 9:00pm**
*** CardHolders MeetUp hosted by MERCY at The Gathering Place in Keizer. Located at 7845 River Road NE, Keizer, Oregon, 97301, This one will happen every Wednesday. * for more info, call MERCY at: 503.363-4588 –or- visit:**

mercycenters.org/events/Meet_Gathering.htm

Other Medical Cannabis Resource NetWork Opportunities for Patients as well as CardHolders-to-be. * whether Social meeting, Open to public –or- Cardholders Only * visit: 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: mercycenters.org/orgs/Forums.html and Post It!**

<continued from NIDA STIFLES STUDIES, page 1 > Simson told the *Times*: "As the National Institute on Drug Abuse, our focus is primarily on the negative consequences of marijuana use. We generally do not fund research focused on the potential beneficial medical effects of marijuana." NIDA presently oversees an estimated 85 percent of the world's research on controlled substances.

Commenting on NIDA's admission NORML Deputy Director Paul Armentano said, "NIDA has finally admitted to the world the 'Catch-22' that has been plaguing medical marijuana advocates and patients. Lawmakers demand clinical research regarding the safety and efficacy of medical cannabis, but the agency in charge of such research denies these studies from ever taking place. It's tragic that these public officials have let political ideology, not science, determine American's health decisions."

In 2007, U.S. Drug Enforcement Administration (DEA) Administrative Law Judge Mary Ellen Bittner ruled that NIDA's monopolization of marijuana research is not "in the public interest," and ordered the federal government to allow private manufacturers to produce the drug for research purposes. In January of last year, DEA Deputy Administrator Michele Leonhart set aside Judge Bittner's ruling.

This week President Barack Obama announced his selection of Leonhart to be the DEA's Director.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org.

<continued from NEW JERSEY, page 1 > Lawmakers in the House and Senate overwhelmingly approved legislation earlier (1/14/10) as part of the process to make New Jersey the fourteenth state in the nation to allow for the state-authorized use of medical cannabis by qualified patients.

The Act authorizes patients with a physician's recommendation to possess and obtain medical cannabis from state-authorized "alternative treatment centers." Patients diagnosed with the

following conditions are eligible to use medical cannabis under the Act: cancer, glaucoma, seizure and/or spasticity disorders (including epilepsy), Lou Gehrig's disease, multiple sclerosis, muscular dystrophy, HIV/AIDS, inflammatory bowel disease (including Crohn's disease), any terminal illness if a doctor has determined the patient will die within a year, and/or any other medical condition or treatment that is approved by the state health department.

Unlike the medical marijuana laws that have been enacted in thirteen other states, authorized patients in New Jersey will not be eligible to legally grow their own cannabis.

Said NORML New Jersey Executive Director Chris Goldstein: "Patients have been waiting since 2005 for medical marijuana legislation. Yes it passed with some major compromises, such as the removal of home cultivation. But this bill also looks forward to the future of medical cannabis by regulating the most comprehensive single-site marijuana production facilities outside the federal government's marijuana greenhouse at the University of Mississippi."

He concluded: "While much more restrictive than other states, this measure also strengthens the legal legitimacy of marijuana as a medicine. We are confident that registered patients in New Jersey will have safe and affordable access to locally produced, medical grade cannabis by the end of 2010."

The New Jersey Compassionate Use Medical Marijuana Act will take effect six-months after the Governor signs the bill into law.

According to a nationwide ABC News/*Washington Post* poll released this week, 81 percent of Americans support legalizing marijuana for medicinal purposes, and 56 percent contend that a physician should be able to authorize the drug's use to "anyone they think it can help." Over 1,000 adults participated in the telephone poll, which was conducted between January 12 and January 15, 2010. *For more, visit: http://norml.org/index.cfm?Group_ID=3391*

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administration of either compound individually. "We discovered that cannabidiol enhanced the ability of THC to inhibit cell proliferation and induce cell cycle arrest and apoptosis (programmed cell death)," authors reported.

Investigators concluded: "Individually, THC and cannabidiol can activate distinct pathways in glioblastoma cells that ultimately culminate in inhibition of cancer cell growth and invasion as well as induction of cell death. We hypothesized that, if the individual agents were combined, a convergence on shared pathways may ensue, leading to an enhanced ability of the combination treatment to inhibit certain cancer cell phenotypes. We found this to be true in this investigation."

A 2008 scientific review published in the journal *Cancer Research* reported that the cannabinioids inhibit cell proliferation in a wide range of cancers, including brain cancer, prostate cancer, breast cancer, lung cancer, skin cancer, pancreatic cancer, and lymphoma.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabidiol enhances the inhibitory effects of Delta-9-tetrahydrocannabinol on human glioblastoma cell proliferation and survival," appears online in the journal Molecular Cancer Therapeutics.

California: Supreme Court Affirms State's Pot Possession Limits Are A Floor, Not A Ceiling

San Francisco, CA, USA: The California Supreme Court unanimously ruled on Thursday that the state's medical marijuana possession and cultivation guidelines, enacted by the legislature in 2004, do not supersede the broader patient protections provided by California's Compassionate Use Act of 1996.

In a 53-page decision (*The People v Patrick K. Kelly*), the Court found that patients who possess quantities of medical cannabis above those recommended under the state's 2004

law (six mature or twelve immature plants and/or eight ounces) may still be afforded legal protections if this amount is "related to meet (the patient's) current medical needs."

The Court determined: "Whether or not a person entitled to register under the [2004 state law] elects to do so, that individual, so long as he or she meets the definition of a patient or primary caregiver under the CUA (Compassionate Use Act of 1996), retains all the rights afforded by the CUA. Thus, such a person may assert, as a defense in court, that he or she possessed or cultivated an amount of marijuana reasonably related to meet his or her current medical needs ... without reference to the specific quantitative limitations specified by the [2004 state law.]"

NORML Deputy Director Paul Armentano praised the court's decision. "This ruling upholds the will of California's voters," he said. "In short, this decision affirms that California patients have a legal right to possess and use marijuana as a medicine in the way that is in best accordance with their therapeutic treatment, as decided by the court, consulting all of the evidence - not by state or local legislators." *For more information, please contact Keith Stroup, Esq., NORML Legal Counsel, at (202) 483-5500, or Paul Armentano, NORML Deputy Director, at: paul@norml.org.*

Los Angeles City Council Enacts Medical Marijuana Oversight Regulations

Los Angeles, CA, USA: Members of the Los Angeles City Council voted 9 to 3 on Tuesday in favor of regulations capping the total number of medical marijuana dispensaries that may legally operate within the county, and restricting where such facilities may be located.

The new ordinance, which won't take effect until at least 45 days after the mayor's signature, seeks to limit the number of legally zoned dispensaries to no more than 70

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Under the new rules, city officials would require dispensaries to be at least 1,000 feet from certain "sensitive" public locations, such as schools, parks and other gathering sites – restrictions that would cause many existing outlets to either close their doors or change locations.

According to a 2009 review by the *Los Angeles Weekly*, approximately 545 medical marijuana outlets are presently operating in L.A. County.

Commenting on the ordinance, NORML Deputy Director Paul Armentano said: "There is nothing wrong with the nation's second largest city seeking to enact sensible regulations governing the distribution of medical cannabis. Ideally, however, these regulations ought to acknowledge that a majority of voters support these operations, and that they dispense a product that is objectively safer than commonly prescribed pharmaceuticals. Unfortunately, this ordinance fails to acknowledge this reality." *For more information, please contact Dale Gieringer, California NORML Coordinator, at (415) 563-5858 or Paul Armentano, NORML Deputy Director, at: paul@norml.org.*

'Gold Standard' Studies Show That Inhaled Marijuana Is Medically Safe And Effective; State-Funded Clinical Trials Show Cannabis Eases Neuropathic Pain And Spasticity, Landmark Report Says

Sacramento, CA, USA: The results of a series of randomized, placebo-controlled clinical trials assessing the efficacy of inhaled marijuana consistently show that cannabis holds therapeutic value comparable to conventional medications, according to the findings of a 24-page report issued Wednesday to the California state legislature

by the California Center for Medicinal Cannabis Research (CMCR). Four of the five placebo-controlled trials demonstrated that marijuana significantly alleviated neuropathy, a difficult to treat type of pain resulting from nerve damage.

"There is good evidence now that cannabinoids (the active compounds in the marijuana plant) may be either an adjunct or a first-line treatment for ... neuropathy," said Dr. Igor Grant, Director of the CMCR, at a news conference at the state Capitol. He added that the efficacy of smoked marijuana was "very consistent," and that its pain-relieving effects were "comparable to the better existing treatments" presently available by prescription.

A fifth study showed that smoked cannabis reduced the spasticity associated with multiple sclerosis. A separate study conducted by the CMCR established that the vaporization of cannabis – a process that heats the substance to a temperature where active cannabinoid vapors form, but below the point of combustion – is a "safe and effective" delivery mode for patients who desire the rapid onset of action associated with inhalation while avoiding the respiratory risks of smoking.

Two additional clinical trials remain ongoing.

The CMCR program was founded in 2000 following an \$8.7 million appropriation from the California state legislature. The studies are some of the first placebo-controlled clinical trials to assess the safety and efficacy of inhaled cannabis as a medicine to take place in over two decades.

Placebo-controlled clinical crossover trials are considered to be the 'gold standard' method for assessing the efficacy of drugs under the US FDA-approval process.

"These scientists created an unparalleled program of systematic research, focused on science-based answers rather than political or social beliefs," said former California

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Vasconcellos called the studies' design "state of art," and suggested that the CMCR's findings "ought to settle the issue" of whether or not medical marijuana is a safe and effective medical treatment for patients.

"This (report) confirms all of the anecdotal evidence – how lives have been saved and pain has been eased," said California Democrat Sen. Mark Leno at the press conference. "Now we have the science to prove it."

Full text of the CMCR's report to the California legislature is available at online at: http://www.cmcrc.ucsd.edu/CMCR_REPORT_FB17.pdf.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org, or Dale Gieringer, California NORML Coordinator, at: <http://www.canorml.org> or (415) 563-5858.

Over 2,500 Subjects Since 2005 Have Used Marijuana-Based Medicines In Controlled Clinical Trials

Hurth, Germany: Researchers worldwide have performed 37 separate clinical trials assessing the therapeutic safety and efficacy of inhaled cannabis and marijuana-based medicines since 2005, according to a review published online last week in the journal *Cannabinoids: The Journal of the International Association for Cannabinoid Medicines* (IACM).

Investigators from Leiden University in the Netherlands and the nova-Institut in Germany conducted a systematic review of recent clinical trial data pertaining to the medical use of whole smoked marijuana and cannabinoids.

Authors identified 37 controlled studies since

2005 evaluating the therapeutic effects of cannabinoids. The trials involved a total of 2,563 subjects. Of the 37 clinical trials that have been recently conducted, eleven assessed the drug's impact on chronic neuropathic pain – a difficult to treat type of pain resulting from nerve damage. Other studies assessed the efficacy of cannabinoids to treat multiple sclerosis-associated spasticity (nine separate studies); HIV/AIDS (four); experimental pain (four); intestinal dysfunction (two); nausea/vomiting/appetite (two); schizophrenia (two); glaucoma (one); and 'other indications' (two).

Authors concluded, "Based on the clinical results, cannabinoids present an interesting therapeutic potential mainly as analgesics in chronic neuropathic pain, appetite stimulants in debilitating diseases (cancer and AIDS), as well as in the treatment of multiple sclerosis."

Last Wednesday investigators from the California Center for Medicinal Cannabis Research released the results of a series of double blind, placebo-controlled trials that determined that cannabinoids could be "a first-line treatment" for patients suffering from neuropathy.

Commenting on the review, NORML Deputy Director Paul Armentano said: "The safety and efficacy of marijuana as a medicine has now been established by the 'gold standard' of clinical study. Further, over 2,500 patients have used cannabinoids in controlled clinical trials over the past five years alone. This is a far greater total than the number of subjects that would likely be administered any other new drug pending United States FDA approval, and is a large enough population to once and for all establish marijuana's objective value as a medicine." *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Review of clinical studies with cannabis and cannabinoids 2005-2009," is available online from the International Association of Cannabinoid Medicines at: <http://www.cannabis-med.org>.*

Vermont Lawmakers Debate Medical Marijuana Distribution Plan

Montpelier, VT, USA: State lawmakers heard testimony last week in support for establishing state authorized medical marijuana dispensaries.

Members of the Senate Committee on Government Operations heard arguments in favor of Senate Bill 226, which allows for not-for-profit 'compassion centers,' to "acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply, sell, and dispense marijuana related supplies, and educational materials" to state-qualified patients.

Passage of this measure would not amend existing state law permitting qualified patients to cultivate marijuana for their own medical use, or to designate a caregiver to cultivate marijuana for them.

In 2004, state lawmakers approved legislation allowing qualified patients to possess and cultivate marijuana for medicinal purposes.

State-licensed medical marijuana dispensaries are operating in New Mexico, and have recently been approved in Maine, New Jersey, and Rhode Island.

For more information, please visit NORML's 'Take Action Center' at: <http://capwiz.com/norml2/issues/>.

Marijuana Use Growing In Popularity Among Older Americans, U.S. Government Study Says Nearly 10 Percent Of Men Age 50 To 54 Now Using Pot

Rockville, MD, USA: Americans over age 50 are using marijuana in greater numbers, according to survey data compiled by the United States Substance Abuse & Mental Health Services Association (SAMHSA).

Among men age 50 to 54, nearly 9 percent admitted to having used marijuana within the

past year. Among males age 50 to 60, over four percent said that they had used cannabis.

Commenting on the study's findings, NORML Deputy Director Paul Armentano said, "While the federal government refuses to acknowledge that marijuana has a legitimate role as a medicine, in particular one that can offset many of the symptoms and conditions associated with aging, it is nevertheless apparent that a growing percentage of the public – and older Americans especially – are becoming increasingly aware of this plant's safety and efficacy."

Among females age 50 to 54, four percent admitted to having used pot in the previous year.

"This new data has profound implications for the health and well-being of older adults who continue to abuse substances," a SAMHSA representative stated in a press release. "These findings highlight the need for prevention programs for all ages as well as to establish improved screening and appropriate referral to treatment as part of routine health care services."

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org, or Keith Stroup, NORML Legal Counsel, at: (202) 483-5500. Full text of the study, "Illicit Drug Use Among Older Adults," is available online from SAMHSA at: <http://www.oas.samhsa.gov/2k9/168/168OlderAdults.cfm>.

DC Lawmakers Debate Authorizing Medical Marijuana Dispensaries

Washington, DC, USA: District of Columbia City Council members held their first hearing on Thursday regarding legislation to authorize the legal use and distribution of medical marijuana. Members of the DC City Council Committees on Health and Public Safety jointly heard public testimony regarding B 18-622,

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<continued from previous page> the Legalization of Marijuana for Medical Treatment Initiative Amendment Act Of 2010, which seeks to allow for the licensed production and distribution of cannabis to authorized patients.

The measure would implement components of Initiative 59 – a 1998 DC ballot measure that garnered 69 percent of the vote. However, until this year DC city lawmakers have been barred from instituting the measure because of a Congressional ban on the issue. Congress lifted its ban late last year.

Testifying before the Committee, NORML Executive Director Allen St. Pierre said: "The goals of Initiative 59 were threefold: To provide physicians with the legal authority to recommend marijuana as a therapy to those patients for whom they believed would benefit from its medical use; to legally protect patients who use marijuana under a doctor's supervision from criminal arrest or prosecution; and to provide patients with legal, safe, affordable above ground access to medical marijuana. While NORML commends the efforts of the DC City Council to implement safe and reasonable medical marijuana regulations, these efforts must not run contrary to the intentions of I-59, as unambiguously expressed by 69 percent of DC's voters."

Council members stated that the measure would likely be passed by May of this year. If approved by the Council, Congress has 30 days to either approve or reject the measure. *For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500. For additional information regarding B 18-622, please visit NORML's 'Take Action Center' at: <http://capwiz.com/norml2/issues/alert/?alertid=14635551>.*

Review: Supposed Marijuana And Schizophrenia Link "Overstated"

Bristol, United Kingdom: Clinical evidence indicating that marijuana use may be casually linked to incidences of schizophrenia or other

Psychological harms is not compelling, according to a scientific review published online by the journal *Addiction*. Investigators at the University of Bristol, Department of Social Medicine assessed the potential health risks of cannabis, particularly whether use of the drug may be causally linked with mental illness.

Authors wrote: "We continue to take the view that the evidence that cannabis use causes schizophrenia is neither very new, nor by normal criteria, particularly compelling. ... For example, our recent modeling suggests that we would need to prevent between 3000 and 5000 cases of heavy cannabis use among young men and women to prevent one case of schizophrenia, and that four or five times more young people would need to avoid light cannabis use to prevent a single schizophrenia case. ... We conclude that the strongest evidence of a possible causal relation between cannabis use and schizophrenia emerged more than 20 years ago and that the strength of more recent evidence may have been overstated."

In 2007, an analysis in the British medical journal *The Lancet* estimated that experimenting with marijuana could increase one's risk of developing a psychotic illness later in life by some 40 percent. Following this report, Parliament in 2008 voted to reclassify marijuana as a Class B substance, making its possession punishable by up to five years in prison.

University of Bristol researchers also criticized Parliament's reclassification of the drug, which took effect earlier this year. They concluded: "The only important possible benefit of prohibition is prevention of cannabis use. There is little or no evidence that it effectively achieves this benefit. Patterns of cannabis use in the population appear to be independent of the policy surrounding use, and criminalizing individual cannabis users does not appear to modify their use in a healthy way."

Overall, investigators determined that marijuana's most significant health risk was its association and reinforcement with tobacco smoking. *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the review, "How ideology shapes the evidence and the policy: what do we know about cannabis use and what should we do," appears online in the journal *Addiction*.*