



# Oregon Dispensary Initiative Supporters Hit The Streets

## I-28 Proponents Make Final Push to Gather Signatures

Medical marijuana advocates are seeking to put on the November ballot a measure to create a system in which state-licensed pot growers would distribute their crops to dispensaries where people could buy the drug to treat their ailments. Currently, those people either have an approved provider grow it for them or grow it themselves – or surf the internet and hit the streets to find a source, often with unhealthy and even tragic results.

As of Friday, 6/25/2010, organizers of Initiative 28 reported they had some 74,000 validated petition signatures – out of the appx 100,000 turned in – as a result of a month-by-month process for qualifying the issue for the ballot. A total of 82,769 valid signatures are needed to qualify the measure, and backers have until July 2nd to collect up the remainder, at

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## United Kingdom Approves Marijuana Spray As Medicine -- Prescription Oral Spray, Sativex, Now Available To Patients

**London, United Kingdom:** British health regulators on Friday approved the sale and marketing of Sativex, an oral spray consisting of natural cannabis extracts (primarily the plant cannabinoids THC and cannabidiol aka CBD) as a treatment for symptoms of multiple sclerosis. (MS)

The spray, which has been legally available to patients in Canada since 2005, went on sale in Britain on Monday. The drug will be marketed in the United Kingdom by the Bayer Corporation which estimates that Sativex will cost the country's state-run National Health Service roughly £11, or about \$16, a day for each patient.

Commenting on the drug's regulatory approval, NORML Deputy Director Paul Armentano

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## Age Of Onset Of Schizophrenia Not Associated With Marijuana Use, Study Says

**Glen Oaks, NY, USA:** Cannabis use is not independently associated with the onset of psychosis in first-episode schizophrenia patients, according to clinical trial data published online in the journal *Schizophrenia Research*.

Investigators at the Zucker Hillside Hospital in Long Island, Bronx Lebanon Hospital, the Albert Einstein College of Medicine, The Feinstein Institute for Medical Research, Yale University, and the National Institutes of Mental Health assessed whether lifetime cannabis use was associated with an earlier age of onset of positive symptoms in schizophrenic patients. Researchers compared 49 first-episode schizophrenia subjects who had a history of cannabis use to 51 first-

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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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*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.

**\* Want To Get Your Card? MERCY is hosting Medical Cannabis Consultations in Salem. Please call 503-363-4588 or email – [info@mercycenters.org](mailto:info@mercycenters.org) - to begin the process of transferring records and scheduling an appointment.**

### 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](http://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](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: [mercycenters.org/orgs/Forums.html](http://mercycenters.org/orgs/Forums.html) and Post It!****

<continued from DISPENSARY INITIATIVE, page 1 > which point they hope to have turned in 120,000 to give them the most margin for error.

Of the 13 or so states that have any legalized medical marijuana laws in place, five of them - including California - make provision for dispensaries where patients can get their medicine. Colorado, Rhode Island, Maine and New Mexico are the others that currently have some system for dispensing. There have been concerns about possible federal intervention in Oregon, but that changed last October, when the Obama administration announced it would not go after people in states who use medical marijuana legally.

"It was a watershed event. It's really the thing that has made this ballot initiative viable," said John Sajo, executive director of the Voter Power Foundation, which is backing the measure and which helped draft Oregon's 1998 law.

Keith Stroup, spokesman for the National Organization for the Reform of Marijuana Laws in Washington D.C, said that the Obama administration's stance will prompt other states to also consider marijuana dispensaries.

"Within a very few years, any state that has legal medical marijuana will certainly have a legal supply. They will all allow some kind of regulated dispensary," said Stroup, who founded NORML and is the group's legal counsel.

Current Oregon law allows registered patients to grow up to six mature marijuana plants or designate a grower to do it for them. But many patients don't want to do either.

"People should have a safe place to obtain cannabis. We should treat it like any other medication," said Alice Ivany, a Newport woman who uses marijuana to alleviate pain she's suffered since losing her lower left arm in a timber mill accident years ago. Ivany is one of the co-sponsors of the proposed initiative that would require the state Health Division to license, inspect and audit growers and dispensaries. It also would create a program, administered by the state, to provide medical marijuana to indigent patients.

The program would be funded by license fees and taxes on growers and dispensaries. The expected physical impact is to be one of, put simply, raise a bunch of money. 10 to 40 million is estimated to be the benefit in the first year with as much as a billion dollars over the first ten.

Oregon's current medical marijuana program was enacted by voters in 1998, who approved an initiative measure setting it up by a 55-45 percent margin. As of Jan. 1, 26,274 patients were registered with the state to use marijuana for medicinal purposes, with 5,836 more applications pending final approval. People with pending applications are allowed under state law to use medical marijuana. It's been estimated that there are about 15,000 medical marijuana grow sites in Oregon, operated either by the user or an approved grower.

Any proposed expansion of Oregon's program is being opposed by some law enforcement officials. They cite a spike in the number of pot busts involving growers who have received state permission to cultivate a small amount of marijuana for medical use but who grow more than the law allows and sell it illegally on the street. Umatilla County Sheriff John Trumbo said the proposed law would only make matters worse and that he thinks the best move would be to repeal the medical marijuana program altogether.

He said that with the expansion of the medical pot program, "you're taking a step closer to legalizing marijuana use by anybody who wants to use it."

But Klamath County Sheriff Tim Evinger said the proposed expansion would be a step in the right direction.

"If, in fact, it is a needed drug, and it is providing a benefit to somebody who is ill, I frankly think it should be purchased by prescription at a pharmacy and produced by a commercial operation that is monitored, that is secured, and the quality, content and safety issues are addressed, just like any controlled substance that is prescribed," he said.

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<continued from previous page> Sajo argues that Oregon's law needs to be updated so that all qualifying patients have convenient access to quality marijuana.

"Medical marijuana is here to stay," he said. "It's time for policy makers to figure out how to make it work effectively."

For more info, visit -

[mercycenters.org/news/news1006.htm](http://mercycenters.org/news/news1006.htm)

<continued from UK APPROVES MARIJUANA SPRAY, page 1 > said: "The approval of Sativex in the UK is newsworthy though hardly surprising, as the scientific evidence in support of marijuana's medical safety and utility has been available for decades. However, the bigger question still remains. That is: 'How can the US government continue to promote a policy that calls for the arrest and prosecution of patients who use a substance that fourteen states and much of the rest of the western world now acknowledges as a safe and legitimate medicine?'"

In clinical trials, Sativex has been demonstrated to reduce MS-associated spasticity, pain, and incontinence. Long-term investigational trials indicate that consistent use of the cannabis-based medicine may also slow the progression of the disease.

Surveys from the UK and elsewhere indicate that MS patients often report using cannabis therapeutically, with one study reporting that some four out of ten patients with the disease find relief from marijuana.

GW Pharmaceuticals, makers of the Sativex, is expected later this year to seek separate regulatory approval for the spray in Spain, France, Germany, and Italy.

In 2006, the US Food and Drug Administration authorized recruitment for the first-ever North American clinical trial of Sativex for cancer pain treatment. A Phase III trial is anticipated to begin in the US later this year.

*For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or Paul Armentano, NORML Deputy Director, at: paul@norml.org.*

<continued from SCHIZOPHRENIA, page 1 > episode subjects with no history of illicit substance use.

Authors reported, "Although cannabis use precedes the onset of illness in most patients, there was no significant association between onset of illness and (cannabis use) that was not accounted for by demographic and clinical variables. ... Previous studies implicating cannabis use disorders in schizophrenia may need to more comprehensively assess the relationship between cannabis use disorders and schizophrenia."

Overall, subjects with a lifetime history of cannabis use were more likely to be male, possess more severe positive symptoms at study entry, and were of lower socio-economic status than nonusers.

*For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Are cannabis use disorders associated with an earlier age of onset of psychosis? A study in first-episode schizophrenia," will appear in Schizophrenia Research.*

### **Marijuana Use Associated With Higher Functioning In Schizophrenics, Study Says**

**Manhasset, NY, USA:** Schizophrenic patients with a history of cannabis use demonstrate higher levels of cognitive performance compared to patients who have never used the drug, according to clinical trial data published online in the journal *Schizophrenia Research*.

Investigators at the Feinstein Institute for Medical Research, the Zucker Hillside Hospital in New York, the Albert Einstein College of Medicine, and Princeton University compared the neurocognitive skills of 175 schizophrenics with a history of cannabis use with 280 subjects with no history of illegal drug use.

Researchers reported that cannabis users demonstrated "significantly better performance" compared to nonusers on

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<continued from previous page> measures of processing speed, verbal fluency, verbal learning, and memory. Marijuana use was also associated with better over all GAF (Global Assessment of Functioning) scores. Authors wrote: "The results of the present analysis suggest that [cannabis use] in patients with SZ (schizophrenia) is associated with better performance on measures of processing speed and verbal skills. These data are consistent with prior reports indicating that SZ patients with a history of CUD (cannabis use disorders) have less severe cognitive deficits than SZ patients without comorbid CUD. ... The present findings also suggest that CUD in patients with SZ may not differentially affect the severity of illness as measured by clinical symptomatology."

Researchers speculated that the observed differences in patients' cognitive functioning may be because subjects who use cannabis are more likely to "competently engage in social interaction" than nonusers.

"[T]he present findings suggest that SZ patients with comorbid CUD may represent a higher functioning subgroup of SZ," investigators concluded. "Future large-scale, prospective studies are needed to elucidate the nature of this relationship."

*For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabis use disorders in schizophrenia: Effects on cognition and symptoms," will appear in Schizophrenia Research.*

## **New Jersey: Governor Calls For Delay In Implementing Medical Marijuana Law**

**Trenton, NJ, USA:** Republican Gov. Chris Christie has called on lawmakers to delay the enactment of The New Jersey Compassionate Use Medical Act, which was signed in to law in January by former governor Jon Corzine. The law, which authorizes patients with a physician's recommendation to possess and obtain medical cannabis from state-licensed "alternative treatment centers" (aka dispensaries) was scheduled to take effect in July.

At Christie's behest, lawmakers have introduced legislation to postpone the implementation of the new law by 90 days. Christie has also called for amending the law by limiting the production of medical cannabis to a single supply source, Rutgers University, and by restricting the drug's distribution to authorized hospitals.

Legislators are expected to decide imminently on whether to approve or reject the proposed delay. NORML Executive Director Allen St. Pierre said: "Gov. Christie's proposed amendments are unduly burdensome and unnecessary. Seriously ill patients in New Jersey have waited long enough for legislative relief. It is time to implement the will of the people and protect New Jersey patients – without any more delays."

*For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or NORML New Jersey at: <http://www.normlnj.org>.*

## **Colorado: Medical Marijuana Dispensary Regulations Take Effect**

**Denver, CO, USA:** Democrat Gov. William Ritter signed legislation into law last week amending the state's nearly ten-year-old medical marijuana law.

House Bill 1284 establishes state provisions regulating the distribution of medical cannabis to authorized patients. The law requires medical marijuana dispensing facilities to obtain state and local licensing approval and to be in compliance with all local zoning codes. Dispensaries must pay a state licensing fee, shall be located no closer than 1,000 feet from a school or daycare, and operators must oversee the cultivation at least 70 percent of the marijuana dispensed at the center. Licensed dispensary owners will be required to undergo criminal background checks by the state.

The measure also imposes a statewide moratorium on the establishment of new dispensaries, beginning next month. House Bill

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<continued from previous page> 1284 grants local municipalities the authority to prohibit the establishment of dispensaries in their community. Individual caregivers are legally permitted to provide medical cannabis for up to five patients in localities that have formally banned dispensaries.

A second measure signed by Gov. Ritter, Senate Bill 109, limits the authority of physicians so that they may only recommend cannabis therapy to patients with whom they have had a prior counseling relationship. The law also requires doctors to conduct a physical exam of any patient before they recommend marijuana, and prohibits physicians from having a financial relationship with a cannabis dispensary.

Both laws went into effect immediately upon passage.

It is anticipated that hundreds of the state's dispensaries will likely be forced to close under the new regulations.

According to a National Public Radio report, over 65,000 Coloradoans are now registered with the state to use marijuana legally under state law.

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

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### **Washington, DC: Proposed Medical Marijuana Sales Tax Plan Could Yield \$400,000 For City**

**Washington, DC, USA:** Members of the DC City Council are anticipated to vote on a proposal to impose a six percent sales tax on cannabis sold at city-licensed medical marijuana dispensaries.

The District of Columbia's top financial officer estimates that the new tax could raise over \$400,000 in funding over five years. Total tax revenue could be much higher depending on how many District patients register with the city to use cannabis medicinally.

In May, District lawmakers unanimously passed legislation calling on DC Health Department

officials to oversee the creation of up to five facilities to dispense medical cannabis to authorized patients. Under the plan, patients with qualified illnesses and a recommendation from their physician will be able to possess and purchase medical cannabis from authorized dispensaries.

Patients are not allowed to engage in the home cultivation of marijuana under the DC plan.

City council members are scheduled to vote on the proposed sales tax measure on Tuesday, June 15. *For more information, please contact Allen St. Pierre, NORML Executive Director, or Keith Stroup, NORML Legal Counsel, at (202) 483-5500.*

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### **Los Angeles Medical Marijuana Oversight Regulations Officially Take Effect**

**Los Angeles, CA, USA:** A municipal ordinance capping the total number of medical marijuana dispensaries that may legally operate within the city, how they must conduct their business, and restricting where they may be located went into effect on Monday.

Los Angeles ordinance No. 181069 seeks to limit the number of legally zoned dispensaries to fewer than 100 in total. The ordinance will allow for some additional facilities to maintain operations if they opened prior to the passage of city's 2007 moratorium prohibiting new dispensaries, and if they comply with the newly enacted guidelines.

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 compel many existing outlets to either close their doors or change locations.

It is estimated that some 400 facilities will likely be forced to close if the measure is stringently enforced.

Commenting on the law, NORML Deputy Director Paul Armentano said: "Medical cannabis dispensaries can be safely and

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<continued from previous page> positively integrated into the community in a way that addresses the legitimate concerns of law enforcement while at the same time maintaining the spirit of the law and properly meeting the needs of the patient population. Unfortunately, L.A.'s arbitrary and overly restrictive ordinance will do neither."

He continued: "Ideally, oversight regulations must acknowledge that a majority of the public support these operations, that these facilities serve an unmet community need, that they create jobs and spur economic growth, and that they dispense a product that is objectively safer than commonly prescribed pharmaceuticals. It is unfortunate that Los Angeles ordinance No. 181069 fails in large part to reflect these realities."

To date, over 20 lawsuits have been filed against the city arguing that the ordinance is unconstitutional because it prohibits patients' access and infringes upon state law.

Under the ordinance, unlicensed facilities determined to be dispensing medical marijuana could face daily fines, a \$1,000 penalty and six months in jail.

Local law enforcement authorities told the *Associated Press* on Monday that they "won't take any action against medical marijuana collectives in Los Angeles until they tally how many of the shops have defied a new ordinance," which could take months.

*For more information, please contact Allen St. Pierre, NORML Deputy Director, at (202) 483-5500 or Dale Gieringer, Coordinator of California NORML at: (415) 563-5858.*

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## **Maine: One-Day Symposium On State's New Medical Marijuana Law To Take Place**

**Portland, ME, USA:** Public health officials will gather at the University of Southern Maine on Saturday, June 5, to attend the first-ever Maine Medical Cannabis Conference. The one-day symposium seeks to educate physicians, patients, law enforcement, and government officials about the state's newly amended medical cannabis law – which establishes a

confidential registry for authorized patients and mandates the Department of Health to license facilities to produce and distribute medicinal cannabis.

NORML Deputy Director Paul Armentano will deliver closing remarks at the conference. Former television talk-show host Montel Williams will also appear at the forum to discuss his use of cannabis to combat symptoms of multiple sclerosis.

In April, Democrat Gov. John Baldacci signed legislation into law (LD 1811) authorizing the creation of up to eight nonprofit facilities – one for each of the state's public health districts – to dispense medical marijuana to authorized patients. The Maine Department of Health and Human Services is overseeing the licensing of these facilities, which voters approved in 2009.

The use, cultivation, and possession of cannabis for medical purposes have been legal under state law since 1999.

*Conference agenda and registration information is available online at: <http://www.mainemedicalcannabisconference.com/>.*

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## **Pot Compounds Inhibit Oral Cancers, Study Says**

**Syracuse, NY, USA:** The administration of the plant cannabinoids delta-8-THC and delta-9-THC inhibit cellular respiration and tumor growth in human oral cancer cells, according to preclinical trial data published in the June issue of the journal *Pharmacology*.

Investigators at the State University of New York (SUNY), Upstate Medical University in Syracuse assessed the anticancer properties of delta-8-THC and delta-9-THC in the human oral cancer cell line Tu183, which is highly resistant to conventional anticancer drugs.

Researchers reported that the administration of THC resulted in a "rapid decline" in cellular respiration in malignant cells. By contrast, investigators found that the administration of the endogenous cannabinoid anandamide was

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<continued from POT COMPOUNDS INHIBIT ORAL CANCERS, previous page> "ineffective" as an anticancer agent.

"These results show the cannabinoids are potent inhibitors of Tu183 cellular respiration and are toxic to this highly malignant tumor," researchers concluded.

Last year, investigators from Brown University in Providence, Rhode Island reported that the moderate long-term use of marijuana in humans "was associated with a significantly reduced risk of head and neck squamous cell carcinoma."

A 2008 scientific review published in the journal *Cancer Research* previously reported that cannabinoids inhibit the proliferation of 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, "Cannabinoids inhibit cellular respiration of human oral cancer cells," appears in the journal Pharmacology.*

## San Francisco: High Times Holds Medical Cannabis Cup And Expo

**San Francisco, CA, USA:** Medical cannabis advocates, patients, growers, and dispensary operators gathered in San Francisco on Saturday and Sunday (June 19 - 20) to attend the first-ever American *High Times* Medical Cannabis Cup.

The two-day event features seminars from industry leaders, cultivation experts, attorneys, and marijuana law reform advocates – including NORML Founder Keith Stroup, Harborside Health Center Executive Director Steve DeAngelo, *High Times*

*Magazine* Senior Cultivation Editor Danny Danko, NORML Outreach Coordinator Russ Belville, expert witness and author Chris Conrad, Berkeley Patients Group co-director Debbie Goldsberry, and NORML Deputy Director Paul Armentano.

The event will also include prizes for the best medicinal cannabis, hashish and edibles from California's legal medical marijuana dispensaries, along with a Saturday night party and surprise musical guests.

*Event information and tickets are available online from High Times at:*

<http://hightimes.com/public/medcancup/>

## Arizona: Medical Marijuana Legalization Measure Certified For November Ballot

**Phoenix, AZ, USA:** Election officials on Tuesday affirmed that proponents of a statewide ballot measure to allow for authorized patients to possess and purchase medical cannabis from state-licensed facilities has qualified for the 2010 November ballot.

Under the proposed measure, state-registered patients would be permitted to obtain cannabis legally from licensed dispensaries. Authorized patients who do not have a facility in their local area (defined as within 25 miles of their residence) would be permitted under the law to cultivate their own cannabis for medicinal purposes. Other patients would not be allowed to grow their own marijuana.

The ballot measure is sponsored by the Arizona Medical Marijuana Policy Project, an affiliate of the Marijuana Policy Project.

*Full text of the initiative is available at:*

<http://stoparrestingpatients.org>