



Global Medical Cannabis Liberation

International Marches Happen Annually in Salem, Oregon and more than 200 Cities Around the World

For ultra-conservative, small-town Salem, it's always a good turn-out if anybody shows up for Jay Day. But for whoever makes it, there is Lots of networking on medical cannabis – as the folks from MERCY were organizing it – as well as other NORML goals of hemp and ending prohibition in general. An annual action item MERCYs looks forward to building up to the next years event with poster parties and such, culminating in every one of last years participants bringing at least one other to the next.

The Global Marijuana March is a worldwide event celebrating the benefits of cannabis and

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Does the Drug War Protect Our Kids? - by Dr. David Bearman

One of the most commonly heard justifications for having a war on certain drug users (but hey, not Charlie Sheen with his suitcase of cocaine, Rush Limbaugh with his Oxycontin problem or Cindy McCain with her heavy use of opiates to relieve her migraine pain) is to protect our kids. Let's examine that concern a bit.

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Help to Add PTSD to the OMMP

A bill – SB 281 - to add Post-Traumatic Stress Disorder (PTSD) - to the list of debilitating medical conditions of the Oregon Medical Marijuana Program (OMMP) is in the Oregon State House. At the time of this writing It is expected to go before committee and then to vote on the House

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Massachusetts Issues Draft Regulations

Safe access in Massachusetts is beginning to take shape. The state's Department of Public Health (DPH) last month issued draft regulations for implementing the state's medical cannabis program. The draft regulations establish a framework for the program 63% of Massachusetts voters approved last November.

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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.

Via Snail Mail:

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Or our WWW page:

www.MercyCenters.org

Check it out!

MERCY On The Tube!



in Salem, Oregon area thru Capital Community Television, Channel 23. Call In – 503.588-6444 - on Friday at 7pm, or See us on Wednesdays at 06:30pm, Thursdays at 07:00pm, Fridays at 10:30pm and Saturdays at 06:00pm. Visit – <http://mercycenters.org/tv/>

About MERCY – The Medical Cannabis Resource Center

MERCY is a non-profit, grass roots organization founded by patients, their friends and family and other compassionate and concerned citizens in the area and is dedicated to helping and advocating for those involved with the Oregon Medical Marijuana Program (OMMP). MERCY is based in the Salem, Oregon area and staffed on a volunteer basis.

The purpose is to get medicine to patients in the short-term while working with them to establish their own independent sources. To this end we provide, among other things, ongoing education to people and groups organizing clinics and other Patient Resources, individual physicians and other healthcare providers about the OMMP, cannabis as medicine and doctor rights in general.

The mission of the organization is to help people and change the laws. We advocate reasonable, fair and effective marijuana laws and policies, and strive to educate, register and empower voters to implement such policies. Our philosophy is one of teaching people to fish, rather than being dependent upon others.

Want to get your Card? Need Medicine Now?

Welcome to The Club! MERCY – the Medical Cannabis Resource Center hosts Mercy Club Meetings **every Wednesday** at - **1745 Capital Street NE, Salem, 97301** – from **7pm to 9pm** to help folks get their card, network patients to medicine, assist in finding a grower or getting to grow themselves, or ways and means to medicate along other info and resources depending on the issue. **visit – www.MercyCenters.org - or Call 503.363-4588 for more.**

The Doctor is In ... Salem! * MERCY is Educating

Doctors on signing for their Patients; Referring people to Medical Cannabis Consultations when their regular care physician won't sign for them; and listing all Clinics around the state in order to help folks Qualify for the OMMP and otherwise Get their Cards. For our Referral Doc in Salem, get your records to – **1745 Capital Street NE, Salem, 97301**, NOTE: There is a \$25 non-refundable deposit required. Transportation and Delivery Services available for those in need. For our Physician Packet to educate your Doctor, or a List of Clinics around the state, visit – www.MercyCenters.org - or Call **503.363-4588** for more.

Other Medical Cannabis Resource NetWork Opportunities for Patients as well as CardHolders-to-be. * whether Social meeting,

Open to public –or– Cardholders Only * visit: <http://mercycenters.org/events/Meets.html> ! Also Forums - a means to communicate and network on medical cannabis in Portland across Oregon and around the world. **A list of Forums, Chat Rooms, Bulletin Boards and other Online Resources for the Medical Cannabis Patient, CareGiver, Family Member, Patient-to-Be and Other Interested Parties. * Resources > Patients (plus) > Online > Forums** * Know any? Let everybody else know! Visit: <http://mercycenters.org/orgs/Forums.html> and Post It!

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hemp that takes place, for most participants, on the first Saturday in May. On that day – referred to as Jay Day by some organizers – people in hundreds of cities around the world rally and march in unison for cannabis law reform. A peaceful party to celebrate our gains and to re-energize for the next steps. The main purpose is to raise awareness about the issues, to inform and educate thru the publicity involved.

Secondly, we want to register every person there and further empower them by providing whatever is needed to getting them to the voting booth at the right time. Also we want a good show, a nice time for every one - entertaining as well as informative. And, at the same time, we can also raise a little money and fund some projects for the cause - like sponsoring OMMA patients who can't afford a fee or a Hemp Initiative. We pick up steam every day, we gain more sponsor\$ and other support each time we talk about it.

Also, different groups with related agendas can be represented. We can use this opportunity to stand united as one voice.

Next are May 3rd, 2014, May 2nd 2015, May 7th, 2016. In Salem, we usually start at 11am - Assemble, Rally and March at High Noon as part of this action item, at the far end of the mall across from the steps of the Capital Building.



At High Noon (sharp!) we proceed down W. Summer thru the Mall to the corner of W. Summer and Court. Then west down Court Street on the north sidewalk. They most likely will not have permission (\$!) to use the street, so must stick to the sidewalks and obey pedestrian rules. They will check on being able to have bicycles and pace vehicles on the street beside them. They'll be sure to not block traffic or impede other citizens attempting to use the walkway.

They'll march, proudly, politely and peacefully, down to Liberty Street and turn right. Then go north up Liberty to Center and turn right. Going east down

Center Marchers will come to W. Summer (the Mall), returning to their original rally point. Those unable to go the distance will be holding the Assembly point and waiting for the Marchers there. Then a post-March Rally at Wilson Park. See directions at - mercycenters.org/events/MMM.html

Their purpose is to rally, register to vote, sign petitions and encourage everybody they know to do so also. The goal is to allow individuals to come out and – by doing so - make a statement in the company of like minded citizens. Share, learn and grow as we promote ending cannabis prohibition - and freedom in general. This is to raise awareness about cannabis as medicine, the value of industrial hemp and voter empowerment in general. This is about our rights and responsibilities as Americans. This is our opportunity to unite, stand together and be counted! Every city in Oregon should be represented. Talk it up, be there and help make it happen!

Mission objectives & goals: Register to vote, sign petitions, and encourage everybody we know to do so also.

- (1) the March (and thru publicity about & during the March raise awareness and followers)
- (2) Registering Voters (thru the Rally) and ...
- (3) signing any petitions available at the time ...
- (4) empowering (tools & tool building 'kits') them thru Literature and Contact info. Thru that we ...
- (5) sign up contacts and generally gain support & We do this for the cause in general and to get the most resources to best insure we ...
- (6) fundrai\$. ('cheap, good, on time' paradigm)
- (!) and, at the same time, build alliances and network to an overall activist community.**

Strategy issues:

- (1) Family Affair
- (2) Accentuate the positives, 'information stations' at all four corners
- (3) communications, volunteer training
- (4) know our rights and options - can squads of cops just stroll on thru with frothing dobermans and loiter at leisure? (not that we object, heck give them the mike!)

SOME HISTORY

The GMM is an event that has been going on for somewhere around 25+ years and has years of tradition of which many are unaware. It started as the Yippie! organized "May Day 5th Avenue Pot

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<continued from previous page> Pride Parade" in New York City and in 1996 became known as the Million Marijuana March. Even though the event still occurs on the first Saturday in May, it has now established tradition of its own, spreading beyond NYC.

The emphasis of the following years events are turning from that street party into a productive political venue that the NAACP and the ACLU would be proud to co-sponsor. We folks in Salem are doing this successfully, we believe. Let's honor our counter-cultural elements, history, heroes and activists, but at the same time be aware that we need to better coordinate our efforts for the maximum politically-positive media spin and potential resulting benefits for our on-going political efforts.

Ours are not the minds we need to be concerned with. Its success depends on our ability, each and every one of us, to become a teacher.

Spread The Word! Wherever two or more of the faith are gathered or likely to. Tell your friends and families. Tell all the MMJ and MJ forums that you are on. Post it on ANY web site that will allow you to.

If you can't make it to one of the cities listed, stand in front of your local city hall, LEO, court house, parks and show your support for this. Register Voters and Collect signatures in your home town as you educate locally on this event and the issue. If there is a street fair, try to get a Booth that will be up for that weekend. utilize the media to the maximum. Most small town newspapers and even Time magazine do not cover this issue enough. Few are expressing OUR ideals and success stories. Fill the Letters to the EDITORS on all venues that this is happening and your opinions and positive testaments on it.

Be the BEST that we can to bring common sense to the public eye. Work to change the LIES that perpetuate the Drug War Propaganda. Change the TERRORISM the government inflicts on citizens and families because of a plant with the beneficial properties that MJ has had for a millennium or more.

Urge everyone who participates not to publicly do anything to disrespect the movement. Certainly no violence and any pot-smoking, especially by "kids", will be EXTREMELY detrimental and counter-productive.

Bring out those who will sign petitions and vote and those that are riding the top of the fences. The purpose is to encourage individuals to come out and make a statement in the company of like minded individuals. Share, learn and grow as we promote

ending cannabis prohibition - and freedom in general. Talk it up, be there and help make it happen!

<continued from HELP TO ADD PTSD TO THE OMMP, page 1 > floor, if it passes the committee. But there's more. **So what we're asking everyone to do is:**

-1- first, Contact your Oregon State Senator and (a) urge a YES vote on [SB 794](#) plus, (b) prep them for the Cannabis Law Reform bills expected to come from the House.

SB794 will add Reciprocity and delete Requirement to designate a Grower/Grow Site if you don't have one. For list of bills, talking points, and all the details, Visit - mercycenters.org/legis/2013/

-2- then, Contact your Oregon State Representative and get them to sign on as co-sponsors to the PTSD bill ([S.B.281](#)), Visit our [PTSD action center](#) Today!, And tell everybody you know about it. Then tell everybody you don't know. Yet. At the same time, urge a YES vote for the other Cannabis Law Reform Bills in the House -

[SB 40](#) -- Reduces Penalty. Reduces possession to Class C felony. Reduces unlawful manufacture of marijuana to Class B felony. Visit -

[SB82](#) -- Reduces Penalty. Removes 6-months Drivers License Suspension for less than an ounce.

[HB3460](#) -- Directs Oregon Health Authority to establish registration system for medical marijuana facilities for transferring usable marijuana from registry identification cardholders, designated primary caregivers of registry identification cardholders or marijuana grow sites to medical marijuana facilities and from medical marijuana facilities to registry identification cardholders or designated primary caregivers of registry identification cardholders.

[HB3371](#) -- Relating to the Control, Regulation and Taxation of Cannabis; Provides for regulation of production, processing and sale of marijuana and marijuana-infused products.

Get back to us with names so we can get the bill and supporting documentation to them to

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<continued from previous page> enable them to sign on as co-sponsors and otherwise co-ordiante with our "Lobbyist" resources.

If you want to work in Salem and are interested in helping please give us a call, we will network you with the "Things To Do" work group(s). Or, If you have ideas also call us and we can discuss and direct you to the appropriate people or group. Visit - <http://mercycenters.org/legis/2013/> - for more.

<continued from DOES THE DRUG WAR PROTECT OUR KIDS?, page 1 > It suggests that laws are an effective strategy at limiting teenage use of drugs. As the late William R. Buckley, conservative pundit and host of Firing Line for 33 years said, "Because alcohol is regulated and marijuana is not, it is easier for most junior high students to get marijuana than alcohol."

The U.S. has some of the harshest drug laws in the world and Holland some of the most liberal, yet 19% of U.S. high school age students use marijuana, while only 13% of Dutch high school age students use cannabis.

There was a big lie that surfaced around 1913. This was the invention of so-called "soldiers disease." The allegation was that many Civil War veterans were addicted to morphine.

The Civil War did not herald in large numbers of wounded veterans as opiate "addicts." This is just one more myth perpetuated by prohibition. Mandell and other drug policy historians have documented, there was little written contemporaneously in the post Civil War period regarding the soldiers disease." No it wasn't until 50 years after the Civil War in 1913 that we began to see articles written about this so-called phenomenon. It begs credibility that if this condition were a real and significant problem amongst Civil War veterans that almost nothing was written about this contemporaneously.

Now it is true that opium was readily available in patent medicine nostrums like Lydia Pinkham's Vegetable Compound, for the treatment of women's unmentionable ills. This was a euphemism for PMS, menstrual cramps and menopause. Who was using this? Studies show that far and away the typical opium user was not a young adult, not a Chinese worker, but a white woman in her 30s or 40s. At the turn of the 19th to the 20th century we had a high rate of opiate habituation. 75% were middle-age women. There was little or no crime associated with this use as opiates were readily available in many patent medicines and use amongst teenagers was not one of the reasons given for the Harrison

Narcotics Tax Act.

Reasons for Drug War

- Avoiding the harm that may occur to some people who are voluntarily using drugs
- Protect our Kids

Costs of Drug War

- Eroding of Constitutional Protection
- Tens of billions of dollars to enforce
- Huge numbers incarcerated
- Booming black market economy
- Profitable criminal industry
- Impure, unsafe drugs
- Hobbling of doctors & medical treatment
- Death
- Government corruption
- Reduction of citizen support for law enforcement
- Targeting of children by criminal
- Increased violence
- Destruction of families & communities
- Loss of billions in potential taxes

And – of course – the Drug War not only doesn't work, it's counterproductive. How many kids killed in raids on the wrong house –vs- kids who've died from consuming cannabis?

OK. But, who cares and what does this have to do with today?

Well, plenty if we're serious about assessing the effectiveness of todays drug policies. A review of adolescent drug use in countries with harsh drug laws vs. liberal drug laws demonstrates that harsh laws don't discourage use nor do liberal laws promote it. Portugal, Spain and Holland are cases in point.

Making Drugs Illegal, Threatens Our Freedom and Doesn't Work

More and more Americans are beginning to question whether having a drug be illegal really protects our children. First, most high school kids find it easier to buy marijuana than alcohol. Why? Alcohol is regulated. A store owner doesn't want to lose his or her license. Sellers of illicit substances have no such license or concern. This gives them license to sell to whoever has the money for their product. Further, our children are very bright. They recognize that alcohol and tobacco are dangerous

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<continued from previous page> and legal and THC, according to numerous articles, and such authorities as the FDA and the Canadian Government is not as dangerous. The current drug laws, especially those affecting marijuana, foster disrespect for education, government and law.

"While it is not possible with existing data to determine conclusively that state medical marijuana laws caused the documented declines in adolescent marijuana use, the overwhelming downward trend strongly suggests that the effect of state medical marijuana laws on teen marijuana use has been either neutral or positive, discouraging youthful experimentation with the drug."

Mitch Earleywine, Ph.D. & Karen O'Keefe, Esq., ("Marijuana Use by Young People: The Impact of State Medical Marijuana Laws," 9/05.)

Robert J. Barrow, Harvard University economist, wrote of damage caused by our drug policies in his paper 'Getting It Right: Markets and Choices in a Free Society'. He says, "The experience with drug enforcement shows that prohibitions of recreational drugs drive up prices, stimulate illegal activity, have only a moderate negative effect on consumption, and impose unacceptable costs in terms of high crime, expansion of prison populations, and deterioration of relations with the foreign countries that supply the outlawed products."

Kurt Schmoke, citing former New York Governor Mario Cuomo, makes the distinction between an idea that sounds good and a good idea. He takes the liberal view that giving government the power to make drugs illegal sounds like a good idea. Schmoke's position is that "The current war on drugs is an idea that sounds good, but it is not a good idea that is sound. After hundreds of billions of dollars spent trying to stop the supply and demand of drugs, after the break-up of thousands of families because of the arrest of a non-violent drug offender, after eight decades of failure, how much longer will the war on drugs continue?" (Source: "The War on Drugs is Lost," National Review Editorial, 2/12/96).

We are spending a ton of money and sending lots of Blacks and Hispanics to jail

The enormous expenditure of funds to continue our proven dysfunctional drug policy is only getting worse. As we get harsher and harsher sentencing guidelines, such as 'three strikes, you're out,' "a disproportionate number of young Black and Hispanic men are likely to be imprisoned for life

under scenarios in which they are guilty of little more than a history of untreated addiction and several prior drug-related offenses ... States will absorb the staggering cost of not only constructing additional prisons to accommodate increasing numbers of prisoners who will never be released but also warehousing them into old age." (Source: Craig Haney, Ph.D., and Philip Zimbardo, Ph.D., "The Past and Future of U.S. Prison Policy: Twenty-five Years After the Stanford Prison Experiment," American Psychologist, Vol. 53, No. 7 [July 1998], p. 718.)

It is our judgment that the war on drugs has failed, that it is diverting intelligent energy away from how to deal with the problem of addiction, that it is wasting our resources, and that it is encouraging civil, judicial, and penal procedures associated with police states. We all agree on movement toward legalization, even though we may differ on just how far. (The War on Drugs is Lost, National Review Editorial, Feb. 12, 1996)

Source: April 2013 AAMC newsletter; **American Alliance for Medical Cannabis (AAMC). * Contact them at 44500 Tide Ave · Arch Cape, OR 97102 or by visiting - <http://www.letfreedomgrow.com>**

<continued from MASSACHUSETTS ISSUES DRAFT REGULATIONS, page 1 > The law allows qualifying patients to use and possess medical cannabis on the recommendation of their physician and establishes Medical Marijuana Treatment Centers (MMTCs) for obtaining it. Local governments would be barred from banning MMTCs in their community.

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

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

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<continued from previous page> a debilitating, terminal medical condition. The draft regulations also require physicians to register with DPH and undergo training before being authorized to recommend cannabis to their patients.

ASA Board Member Dr. Karen Munkacy, an anesthesiologist and delegate to the Massachusetts Medical Society, agreed that educating doctors about medical marijuana would be helpful, but said, "I have concerns about any regulation that would create additional obstacles for physicians who want to incorporate this medicine into their practice."

DPH will present the regulations to the department's Public Health Council on April 10 and hold public hearings on April 19. The opportunity for written public comment closes on April 20. Final draft regulations will be presented to the PHC on May 8 and, if adopted, go into effect on May 24. By law, DPH has until May 1 to enact regulations, but some state lawmakers have proposed an extension. The proposed regulations call for the state to license at least 14 dispensaries the first year. Until then, qualified patients may cultivate a limited amount of cannabis for their own use.

The proposed rule against banning MMTCs follows a decision by the state Attorney General that such bans would be illegal. Four cities have sought to ban MMTCs, and at least one is appealing the AG's decision. More information: Mass. Dept. of Public Health Draft Regulations for Medical Cannabis, here >>

<http://www.mass.gov/eohhs/docs/dph/legal/med-marijuana/med-marijuana-propose-reg.pdf>

New Hampshire Medical Cannabis Bill Advances

After two previous attempts were vetoed, the Granite State appears to be on track to become the 19th to legalize medical cannabis.

Late last month, the New Hampshire House voted 286-64 to approve a bill that would permit qualifying patients to use medical cannabis when their doctors recommended it. The state Senate is now considering the bill. Passage is expected, as the Republican-controlled legislature approved similar legislation in both 2009 and 2012.

If enacted, the new law would establish state-licensed dispensaries and allow qualified patients or their designated caregivers to cultivate up to three plants. The two previous bills were vetoed by then-Gov. John Lynch (D), who voiced concerns over

potential for abuse. A spokesperson for New Hampshire's new governor, Maggie Hassan (D), has said the governor supports access to medical cannabis under tight restrictions.

Maryland Moves to Protect Caregivers, Add Distribution

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

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

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

The House of Delegates last month approved the HB 1101 over a competing bill, HB 302, that would have established a nonprofit dispensary network and allowed patient cultivation. Gov. O'Malley is likely to sign HB 1101 if passed by the Senate, as the state secretary of health and mental hygiene withdrew opposition to the measure in March and said the administration would support it.

New York Considers Medical Cannabis Again

New York state legislators are again considering measures that would establish a medical cannabis

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<continued from previous page> program. The bipartisan seed-to-sale bills, Bill 6357 in the Assembly and Bill 4406 in the Senate, were introduced simultaneously late last month. If enacted, New York would have a regulated system of cultivation and distribution to qualified patients. The New York Assembly has passed similar bills in the past only to see them blocked by lawmakers in the Senate. The bills' supporters also face opposition from Gov. Andrew Cuomo (D), who has said in the past that he believes the dangers of abuse outweigh therapeutic benefits.

West Virginia Holds Hearing on Medical Cannabis

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

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

Introduced by Del. Mike Manypenny (D-Taylor), who offered a similar bill last year, the bipartisan measure has nine cosponsors.

A January poll by Public Policy Polling found a majority of West Virginia voters support safe access by a 13-point margin, with 53% in favor and 40% opposed. West Virginia has the nation's highest disability rate.

Illinois Proposes 4-Year Pilot Program

Several attempts in previous legislative sessions came to naught, but proponents of a medical cannabis bill in Illinois say a new bill is close to passage. House Bill 1 would create a four-year pilot program for qualified patients through which they could obtain up to 2.5 ounces every 14 days. After four years, lawmakers could make the program permanent or end it.

Bill sponsor Rep. Lou Lang (D-Skokie), who touts his bill as the most restrictive medical cannabis law ever written, says the measure is just a few votes short of passage. HB 1 was approved by the House Human Services Committee last month. Source: Monthly Activist Newsletter - **Americans for Safe Access (ASA) - Monthly Activist Newsletter** - APRIL 2013 Volume 8, Issue 4 * * 1322 Webster Street, Ste. 402 * Oakland, CA 94612 * info@AmericansForSafeAccess.org * 510-251-1856 * AmericansForSafeAccess.org

Study: Low Doses Of THC Provide Cardioprotection

Tel Aviv, Israel: Low doses of THC are cardioprotective in mice, according to preclinical [data](#) to be published online in the journal *Biochemical Pharmacology*.

Israeli scientists assessed in impact of a single 'ultra-low' injection of THC in mice prior to ischemia (the restriction of blood supply to tissues). Investigators reported that THC "is a safe and effective treatment that reduces myocardial ischemic (heart attack) damage."



They concluded: "[O]ur study provides novel evidence for the beneficial use of extremely low doses of THC, doses that do not elicit any psychoactive side effects, in order to protect the heart from ischemic insults. THC can be used as a pre-conditioning drug in cases in which ischemic insult to the heart is anticipated, such as during cardiac surgery or percutaneous coronary intervention. If post-conditioning with THC will be found effective, it could also be used following myocardial infarction."

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "An ultra-low dose of tetrahydrocannabinol provides cardioprotection," appears in *Biochemical Pharmacology*.