



LIFE OF PAIN, or LIFE OF CRIME?

Eds NOTE: This is a brilliant, first person public testimonial published in a local Rhode Island paper, the kind that change minds...and laws.

At this juncture, medical consumers of cannabis have a greater ability to 'come out' of their closet. In time, and with more emphasis on education, culture and commerce, non-medical consumers should be as direct, frank and communicative as Mr. Dolbashian.

In our humble opinions, initiatives and 'strategic' planning will never be as effective in changing laws as when the public, the very folks affected by prohibition, speak in the first person about why they do not support the policy.

I have a confession to make: I'm currently considered a criminal under Rhode Island law. My crime? Functioning as a productive member of society.

Marijuana is the only drug that controls my chronic pain and motor tics. But using it -- and writing about it in these pages -- puts me in danger of arrest and imprisonment.

My medical history is long. At age 12, I was diagnosed with Tourette's syndrome and attention deficit hyperactivity disorder (ADHD). Tourette's causes severe, involuntary movements and vocal outbursts. <continued on pg 3 >

SUPPORT HR2087 ILL AMERICANS NEED IT

Imagine there was a nontoxic medication available that provided symptomatic relief for a litany of serious and life-threatening diseases, including cancer, AIDS and multiple sclerosis. Imagine that thousands of ill Americans were successfully using this medicine under the supervision of their physician.

Now imagine that the U.S. government was withholding this medication and threatening to incarcerate those patients who benefit from its use. We don't have to imagine such a scenario. The medicine is marijuana, and for those tens of thousands of Americans who use it therapeutically, Washington's recalcitrance on this issue is reality.

Fortunately, this attitude may be changing. Thirty-six congressmen, including Florida Democratic Reps. Alcee Hastings and Robert Wexler, have sponsored bipartisan legislation to provide for the medical use of cannabis in accordance with the laws of various states. The bill, HR 2087, -- "The States' Rights to Medical Marijuana Act" -- would reclassify marijuana under federal law to recognize its medical utility and enable physicians to legally prescribe it under controlled circumstances.

Most importantly, this legislation would afford patients legal protection under federal law by rescheduling marijuana from a Schedule I <continued on pg 4 >

Representatives Should LISTEN TO the DOCTORS AND PATIENTS on MEDICAL MARIJUANA

Legislators, Meet a Cancer Victim

I want politicians to leave their desks, come into the chemotherapy suite and participate in the real consequences of his choices. I want them to meet the bald, frail woman lying in the hospital bed next to mine in the chemotherapy suite. I want this 70-year-old woman to ask them the same medical question she asked me.

Because I was a cancer patient receiving chemotherapy at the same hospital where I worked, the women with whom I shared the suite quickly surmised that I was also a doctor. The clues were obvious: the colleagues dropping by, the "doctor" salutations from co-workers and the odd coincidence that one of my suite mates was also one of my patients.

I braced myself for this woman's question, both wanting to make myself available to her but also wishing that the world could forget that I was a doctor for the moment. After receiving my cancer diagnosis, dealing with surgery and chemotherapy and grappling with insistent reminders of my mortality, I had no desire to think about medicine or to experience myself as a physician in that oncology suite. <continued on pg 3 >



The MERCY News Report is an all-volunteer, not-for-profit project to record and broadcast news, announcements and information about medical cannabis.

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

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 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 they provide, among other things, ongoing education to clinics, individual physicians and other healthcare providers about the OMMP, cannabis as medicine and doctor rights in general.

MERCY wants to be a strong patient advocate, which can manifest itself in a variety of ways. One of these has been maintaining lines of communication with other patient advocates and the OMMP director and workers, which we are trying to do.. At the same time we attempt Doctor education and support programs, and Patient and Caregiver projects like learning to grow and different methods for consumption. These are especially important for the first time medical cannabis user as well as those unable to apply their medication.

Since forming, MERCY has assisted thousands of people in getting into the OMMP as well as helping them find access to excess medicine. Through the above actions, MERCY intends to build a volunteer base for constant recruitment & administration of the organization for the future. Through marketing and communications we hope to coordinate with business and organizations to make a lasting, positive change in the community.

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. We will help in any way we can, but you have to tell us what you need. Work with us to make this your "tool shed", or resource guide, to successful medical cannabis utilization and activism.

Monthly Meetings and Office Hours

One of the missions of MERCY is to establish regular get-togethers in each community where the are (or will be!) medical cannabis patients. The purpose is to get patients networking and self-sufficient within their neighborhoods, assist those seeking information about the OMMP and pass on (or pick up!) action items of interest to the group. **Next ones happen Thursday - June 26, July 28, August 25 - 2005 !SORRY!** We REALLY do want to help everybody as much as they feel they need it. **BUT** the expenses of maintaining the resources - just being there - has caught up with the starting poverty level of the organizers. Therefore, while the is Meeting FREE and Open to Public, a **\$20 Day Use fee** is being instituted for use of MERCY facilities at Monthly meetings and . . .

Summer Office Hours

The MERCY Center in Salem, Oregon will be staffed **Mondays, Wednesdays and Fridays - Noon to 4pm** while we can (!). Staff will be available to accept donations, answer questions, help individuals with OMMP paperwork, distribute activist information and facilitate networking for patients and caregivers. If excess medicine is available, and there is **NEVER any GUARANTEE** of the availability of excess medicine, staff will facilitate distribution for qualified OMMP cardholders. Call 503.363-4588 for details.

By age 19, the twitching was so bad I had dislocated joints all over my body. And several motorcycle accidents -- and subsequent knee replacements -- gave me chronic, debilitating pain.

My doctors have tried everything to relieve my pain and vocal outbursts -- Oxycontin, Percocet, Vicodin, Haldol, morphine, you name it. I've even tried Marinol, which contains a synthetic version of THC -- the primary active component of marijuana. Its effects were wildly inconsistent.

One day, a single 5-milligram pill would calm my physical outbursts and relieve my chronic pain; the next day, the same pill produced no effect whatsoever.

Other days, Marinol disoriented me and caused headaches. I couldn't count on how it would affect me, so I had to stop using it. All I wanted was to live comfortably and without physical pain.

When all else had failed, I decided to try marijuana. And it worked better and more predictably than Marinol. Marijuana seems to perfectly complement the many prescription medicines I take on a daily basis. Marijuana calms my pain and allows me to reduce my intake of painkillers, and it has decreased my motor tics and permitted me to reduce my dosage of Orap, a Tourette's drug that can negatively affect the heart.

Additionally, marijuana stimulates my appetite, which is depressed because of Adderall, an amphetamine-based drug that treats my ADHD but causes unwanted side effects.

Because marijuana has helped me, my doctor condones my use of it. But she can't formally recommend marijuana because of its legal status, and she knows that jail would be devastating to my health.

My doctor also knows all too well about the high cost of prescription drugs. I am on medical assistance, so my monthly prescription cost is "only" around \$300. If I were to lose my assistance, that cost would skyrocket to over \$2,500. So not only does marijuana improve my health, it also helps to reduce my dependence on expensive prescription drugs.

Marijuana has provided me with hope and inspiration that I can lead a normal life. Though I am on disability and don't have to work, I choose to work because I want to contribute to society.

For the past three years, I've cleared tables at a restaurant. As you can imagine, this work requires a lot of endurance and muscle control, so I don't drop a dish on a patron or the floor.

Since I've been using marijuana, my boss has witnessed a significant improvement in my stamina and my overall job performance. She knows marijuana is to thank.

Going public about my medical marijuana use puts me at risk. In early April, I testified in favor of medical marijuana bill S.B. 710 in the Rhode Island Senate Judiciary Committee. I'd be lying if I said I wasn't nervous about "outing" myself as a medical marijuana user. But I would not be a functioning member of society if it were not for marijuana, and it's essential that people like me make their voices heard.

Rhode Island lawmakers need to pass a medical marijuana law this year to protect people like me. Doctors and patients should be

able to select the treatment options that best suit the patients' needs. It should not be a crime to find traditional pharmaceuticals ineffective.

So for my sake, and for the countless others who are not brave enough to speak out publicly, please support the medical marijuana legislation pending in the Rhode Island legislature.

It's wrong to make me live in fear of arrest for using a doctor-approved medicine that works.

Note: Warren Dolbashian, 33, is a resident of Cranston, RI.
Website: <http://www.woonsocketcall.com/>, Details:
<http://www.mapinc.org/media/2394> * Bookmarks:
<http://www.mapinc.org/mmj.htm> (Cannabis - Medicinal),
<http://www.mapinc.org/opinion.htm> (Opinion)

<continued from REPs SHOULD LISTEN, pg 1 > And besides, the chemotherapy, anti-nauseants, sleep medications and prednisone were hampering my ability to think clearly.

So, after a gentle disclaimer about my clinical capabilities, I said I'd do my best to answer her question. She shoved her IV line out of the way and, with great effort and discomfort, rolled on her side to face me. Her belly was a pendulous sack bloated with ovarian cancer cells, and her eyes were vacant of any light. She became short of breath from the task of turning toward me.

"Tell me," she managed, "Do you think marijuana could help me? I feel so sick."

I winced. I knew about her wretched pain, her constant nausea and all the prescription drugs that had failed her - some of which also made her more constipated, less alert and even more nauseous. I knew about the internal derangements of chemotherapy, the terrible feeling that a toxic swill is invading your bones, destroying your gut and softening your brain. I knew this woman was dying a prolonged and miserable death.

And, from years of clinical experience, I - like many other doctors - also knew that marijuana could actually help her. From working with AIDS and cancer patients, I repeatedly saw how marijuana could ameliorate a patient's debilitating fatigue, restore appetite, diminish pain, remedy nausea, cure vomiting and curtail down-to-the-bone weight loss. I could firmly attest to its benefits and wager the likelihood that it would decrease her suffering.

Still, federal law has forbidden doctors to recommend or prescribe marijuana to patients. In fact, in 1988 the Drug Enforcement Agency even rejected one of its own administrative law judge's conclusions supporting medicinal marijuana, after two full years of hearings on the issue. Judge Francis Young recommended the change on grounds that "marijuana, in its natural form, is one of the safest therapeutically active substances known to man," and that it offered a "currently accepted medical use in treatment."

Doctors see all sorts of social injustices that are written on the human body, one person at a time. We see poverty manifest as a young father who suffered a stroke because he could not afford cholesterol-lowering medications.

We see racism and sexism evident in the dearth of research that could specify whether our hypertensive patient might respond differently to standard treatments based on white male norms. We see the desperate and damaged homeless arrive in emergency rooms to receive health care on a crisis-to-crisis basis that rarely ever offers cure.

These social injustices are gargantuan problems that cannot be fixed in the clinic, and their remedies can only come from broad public reform. But this one - the rote denial of a palliative care drug like marijuana to people with serious illness - smacks of pure cruelty precisely because it is so easily remediable, precisely because it prioritizes service to a cold political agenda over the distressed lives and deaths of real human beings.

The federal obsession with a political agenda that keeps marijuana out of the hands of sick and dying people is appalling and irrational. Washington bureaucrats - far removed from the troubled bedsides of sick and dying patients - are ignoring what patients and doctors and health care workers are telling them about real world suffering. The federal refusal to honor public referendums like California's voter-approved Medical Marijuana Initiative is as bewildering as it is ominous. Its refusal to listen to doctors groups like the California Medical Association that support compassionate use of medical marijuana is chilling.

In a society that has witnessed extensive positive experiences with medicinal marijuana, as long as it is safe and not proven to be ineffective, why -shouldn't seriously ill patients have access to it? Why should an old woman be made to die a horrible death for a hollow political symbol?

I want all the legislators involved to wipe the vomit off this woman's chest, help lift her belly - so she doesn't hurt as much when she rolls onto her back - and explain straight to her grimacing face why she can't try marijuana. I want them to tell me why it does not matter to them that almost every sick and dying patient I've ever known who's tried medical marijuana experienced a kinder death. Face to face, I want them to explain all these things to her and to me and to the heartbroken family who is standing by.

About the author: at the time of this writing Kate Scannell was an Oakland-area doctor and co-director of the Northern California Ethics Department of Kaiser-Permanente. ***Eds note:*** This article was paraphrased from a previous story. Original article and more like it can be found at:

www.SafeAccess.org

<continued from SUPPORT HR2087, pg 1 > (criminally prohibited drug) to a Schedule II (prescription-only substance) and permit those states that wish to establish medical marijuana distribution systems the legal authority to do so. Congressional passage of this legislation is long overdue.

Since 1996, voters and legislatures in 11 states -- Alaska, California, Colorado, Hawaii, Maine, Montana, Nevada, Oregon, Vermont and Washington -- have passed laws exempting patients who use cannabis under a physician's supervision from state criminal penalties. These laws do not legalize the recreational use of marijuana; they merely provide a narrow exemption from state prosecution for defined patients who possess and use medical cannabis under their doctor's supervision. So far, available evidence indicates that these laws are functioning as voters intended and abuses are minimal.

As the success of these statewide campaigns suggests, the American public clearly distinguishes between the medical use and the recreational use of cannabis and a large majority support legalizing medical use for seriously ill patients. A CNN/Time Magazine poll found that 80 percent of Americans support making marijuana legally available for doctors to prescribe. Similar support has been demonstrated among both Democrat and Republican voters in every state and nationwide poll that has been conducted on the issue since 1996.

According to a recent national survey of U.S. physicians conducted for the American Society of Addiction Medicine, nearly half of all doctors with an opinion on the subject support legalizing marijuana as a medicine. Moreover, more than 80 state and national health-care organizations, including the American Nurses Association, American Public Health Association and The New England Journal of Medicine, support immediate, legal patient access to medical cannabis.

Inexplicably, the federal government has responded by threatening doctors with arrest, prosecuting seriously ill patients and stonewalling research of cannabis' medicinal value. This federal obfuscation must come to an end.

House Bill 2087 is not a mandate from Washington and does not require any state to amend its current laws. It is a states' rights bill that reflects the will of the American people as well as the scientific and medical communities and would allow states to determine for themselves whether cannabis should be legal for medicinal use.

It is a common-sense solution to a complex issue and deserves congressional hearings and support. For those thousands of seriously ill patients who rely on the medicinal use of cannabis, it is unconscionable for Congress to do otherwise.

URL: <http://www.mapinc.org/drugnews/v05/n881/a08.html>

Bookmark: <http://www.mapinc.org/mmj.htm> (*Cannabis - Medicinal*) * *Note:* Paul Armentano is senior policy analyst for the NORML Foundation in Washington, D.C.

The Con OPEd 'Pot Plan Is for Dopes' is at:

<http://www.mapinc.org/drugnews/v05.n881.a07.html>

Take Action! Ask Your Member of Congress to Support The States Rights To Medical Marijuana Act. Visit:

http://capwiz.com/norml2/mail/oneclick_compose/?alertid=7531001

ADVICE FROM A LAWYER

The U.S. Supreme Court's ruling in *Ashcroft v. Raich* is due this month. The level of tension within the medical-cannabis industry can be inferred from the following, which was written by an attorney who knows what s/he's talking about:

"I recommend to anyone who is currently considering starting, investing money in, or renting to a medical marijuana dispensary or garden -- that they wait to see what happens in *Ashcroft v. Raich* before taking another step. I think municipalities and other public entities should be just as concerned as private citizens. The feds certainly didn't spare West Hollywood."

I, personally feel right now that Raich might just go the right way -- but I might be crazy. Because nobody knows what will happen, existing MMJ facilities should be setting up contingency plans in case Raich goes the wrong way. Given the behavior of the people in control of this country, I wouldn't put it past the Drug Warriors to go ape shit tearing down the medical marijuana community -- especially in the blue states, and especially in California -- if the Raich decision gives them the power. If they have the option of prosecuting everybody, they will have more than their fill, and will concentrate on some and leave others and their assets untouched.

To decrease their chances of being targeted for forfeiture and criminal prosecution, any entity engaged in the legitimate cultivation or dispensing of medical marijuana should make sure their corporate formalities and books are in order, annual reports are filed, taxes are filed and paid, etc. Patients and caregivers should make sure the doctor's recommendations are all current. They should back up the computer and files and storing the backups off site in a safe place.

The same recommendations I made above would also be crucial if Raich goes the right way.

If we prevail on our Commerce Clause argument, I believe the conduct would have to be legal under state law in order for the exemption from federal jurisdiction to apply. Any clubs that open up without licenses, and without complying with the record-keeping formalities of state law -- are no more protected from prosecution than a drug dealer on the street corner.

PS: People shouldn't start moving money out of bank accounts or hiding assets to try to keep them from being seized. That only makes things worse -- and could result in money laundering charges. There are no magic bullets -- such as trusts, offshore accounts, etc. -- that will prevent forfeiture of assets. Those devices actually make it harder to defend the case, and may be construed as money laundering, resulting in criminal charges. It's best to conduct your affairs as any other legitimate business would do."

The Star Witness

It was an unusual sight: members of the Medical Board of California leaning forward, eagerly attentive, not wanting to miss a word as a member of the public addressed them. The man, Jim Lohse, was tall, 30-something, dressed for casual Friday. He introduced himself as a "medical marijuana provider" from an

organization called Area 420 based in Santa Clara. "I hear a lot of reports... I get first calls from medical marijuana patients who just got their cards from Oakland..." He then made some garbled analogy about going to Midas instead of K-Mart for a brake job, the point being:

"Consumers have to watch out for themselves. But I wish the Medical Board would do more to try to eliminate some of the practices. You know this cross referring between dispensaries and doctors. It's hard to identify, but there's a Green Medicine Group, that apparently, when you go to Norcal Healthcare in Oakland, and ...everybody gets a card there, it's just known that anyone 18 and with a hundred dollars gets a card. They claim that Dr. Assad reviews the patient files even though the patient's only seen a Physician's Assistant, but it must be instantaneously, because the patient still walks out the door with a note. So when you get to the top of the steps the Green Medicine Group is right there handing out a flyer and that takes you to a place where they sell you an ID card and I don't know if they directly refer you to a dispensary, but it's just a big mess out there.

"If you're truly concerned about the patient, something needs to be done to eliminate these practices. You know, the patients need to be better informed. Just to give you one quick example... I'll give my phone number and website, if anyone wants to contact me... I got a call from a patient the other day, who says he met Dr. Assad in Oakland. Now we will not work with a patient if they didn't meet their doctor directly. All those people trying to do the Physician's Assistant thing - they can't put a lawyer out who says it's a good idea, so I don't believe in it.

"This patient called up and says, 'Yeah, I met Dr. Assad in Oakland.' 'So what did you think of him?' It's kind of a leading question that I asked, basically. He says: 'Oh, no, Dr. Assad is a woman!' 'No, Dr. Assad is 6 foot, 2, male.'

"So, what happened was, this patient saw a Physician's Assistant and was under a false impression... I'm going to finish up by saying: If it happened once, it would be one thing. When I get eight calls from eight patients in three days, and they all think they saw a doctor when they really saw a P.A... I don't know what to tell you, you're the experts, and I think from our standpoint [the purveyors], we're at risk of arrest. We're the ones really taking the risk if the doctor doesn't detect it... What if I have the card from somebody who doesn't have a sufficient doctor's note? I can't imagine what it would be like to be on the stand and have that person say 'No, I never actually saw a doctor, but I think I have a legal right to smoke pot.'"

Lohse was queried by Ron Morton, MD: "You implied in your statement that there may be arrangements between the cannabis dispensaries and the physicians that are referring. Are you aware of any financial arrangements between the two?"

Lohse replied: "Financial arrangements is a different question. I wouldn't be aware of that... I think a close look should be taken at Norcal Healthcare, Green Medicine Group and Compassionate Caregivers dispensaries. A quick point, when I was just in that dispensary a couple of weeks ago, they put out a flyer with their locations around the state, and the same style, exact same style of flyer was for the Green Medicine Group. Up til now I thought

the Green Medicine Group only gave out referrals but now I hear they opened an office in Oakland to give out ID cards."

Morton requested that the Enforcement Division look into "the unlicensed practice of medicine" and "financial arrangements among the groups." Lohse was immediately approached by Investigator James Ball and Enforcement Chief Joan Jerzak, for some friendly follow-up chit-chat. How's this for irony? Ball informed Lohse that physicians assistants working under a doctor's supervision could indeed see patients seeking approval to medicate with cannabis! Which just goes to show, some cops are willing to cut you more slack than some activists.

Relay for Censorship

A booth staffed by the Bakersfield College NORML chapter was shut down April 30 by promoters of the "Relay for Life," an American Cancer Society fundraiser. "It's not that it's NORML but that it's a political group," an American Cancer Society "field advocate" told Nada Behziz of the Bakersfield Californian. "They can have a team here, but they can't promote their political beliefs."

Relay for Life events are held at some 3800 sites and raise almost \$300 million annually for the American Cancer Society. "Teams" solicit pledges and walk laps over a 24-hour period.

According to Morgan Collier of NORML, " We had been raising money for the American Cancer Society for months, and even though they gladly took our money, they would not allow us the same rights as they were allowing to the other teams. They said that we were handing out political propaganda which is entirely untrue. We were ONLY handing out literature that pertained to the positive benefits cannabis can provide for cancer patients, not political literature, AND, we did not one time solicit someone. The only instances in which we handed someone a pamphlet is when they came up to our booth and specifically asked for info on how to become a patient, etc.. We WERE NOT promoting political beliefs, we were merely trying to provide pertinent information to those who requested it.

"About 20 minutes after the American Cancer Society rep first approached me with their absurd requests, they were holding an open panel discussion with several physicians, including oncologists and other cancer specialists, and I went up and asked how they felt about using cannabis to help cancer patients with their various discomforts, and every single doctor, including Dr. Patel, Dr Git Patel's brother (both are physicians here and Git is the man who put on the whole event) said they believe marijuana is very safe and effective for cancer patients.

"Also, there were teams and groups there that were promoting political beliefs, especially religious groups. We collected literature from several other teams who were political in their message there. While all this was going down, literally dozens of cancer patients and survivors, especially those who appeared to be over the age of 65, continued to come up to ask for info and tell their story about how cannabis was the only thing that helped them make it through their fight against cancer. So many people were denied the info we were trying to provide to them, all thanks to the American Cancer Society." <continued on next page>

The American Cancer Society "field advocate" called the campus police to enforce the shut-down of the booth. He implied that NORML had hoodwinked the Relay for Life on its application by using its initials, instead of its full name -National Organization for the Reform of Marijuana Laws. BC's Dean of Students Don Turney defended the NORML crew. "I don't think it was a misrepresentation," he told Bezhiz of the Californian. "I think they did what they should have done. It's on the organizers to know who they are accepting." Even then, he added, the application should not have been denied.

I should have asked Morgan why the Bakersfield College NORML chapter was raising money for the American Cancer Society in the first place.

Reminder From The Doctor

"Vaporizing is an important technique for avoiding the breakdown products of burning. Follow-up interviews of patients who have made the switch report that they experience significantly less irritation to the throat and lungs. Besides being relieved of chronic bronchitis, improved pulmonary functioning appears to increase physical mobility and exercise. For those patients who medicate before exercise the experience is changed in a positive way.

Prohibitionists conspicuously avoid mentioning vaporization because it detracts from their argument that anything smoked is not medicine. This censorship is prejudicial to public health and well-being. It represents a lapse of ethics and disrespect for medical fact." – Dr. Tod Mikuriya.

*Author: Fred Gardner * Bookmark:*

<http://www.mapinc.org/mmj.htm> (*Cannabis - Medicinal*) *
URL: <http://www.mapinc.org/drugnews/v05/n877/a02.html>

MEDICAL MARIJUANA PROVIDES OREGON WITH BADLY NEEDED CASH

SALEM, Ore. -- Oregon lawmakers have discovered an unexpected source of revenue -- medical marijuana.

When Oregon began its medical marijuana program six years ago, officials didn't expect it to grow so fast. Now, there are more than 10,400 registered patients who have produced a surplus of \$1.1 million.

Hungry to balance Oregon's lopsided budget, House legislators voted 49-10 last week to siphon \$900,000 of that money to pay for other Human Services' needs. The bill now moves to the Senate.

Barry Kast, the agency's assistant director for health services, said the department was left with no choice after "three years of cuts, cuts, cuts."

But backers of medical marijuana say that the surplus should be poured back into the program, not Human Services.

"If any of this money came from the general fund, I'd agree that some of it should be transferred back. But the medical marijuana program never cost the taxpayer a dime," said Dr. Rick Bayer, a physician who was the chief petitioner of the Oregon Medical Marijuana Act, which passed in 1998.

'CANNABIS' MAY HELP MENTALLY ILL

Chemicals found in cannabis could be used to relieve symptoms of severe mental illnesses such as bipolar disorder, researchers have claimed.

The drug itself has previously been linked to an increased risk of developing such conditions. But a University of Newcastle team, writing in the *Journal of Psychopharmacology* said cannabinoids might help.

Mental health campaigners called for further work to confirm this.

The Newcastle researchers said anecdotal reports from people with mental illnesses suggested cannabis could alleviate symptoms.

But they warned smoking the drug had been shown to cause long-term damage to mental health, and to increase the risk of mental illness in those who were already genetically susceptible.

Highs and Lows

Scientists have been trying to find ways of harnessing the beneficial aspects of the drug without exposing people to the harmful ones.

The Newcastle team reviewed research carried out into the properties of cannabis. They found evidence that two chemicals in cannabis could aid people with mental illness; THC (tetrahydrocannabinol) and CBD (cannabidiol).

THC helps give the 'high' associated with cannabis use, while CBD has been found to have calming properties. Combined, they could help people with bi-polar disorder avoid the manic highs and depressed lows of their condition.

The Newcastle team say trials should now be carried out to see if the combination of chemicals does help people. They are hoping to use a mouth spray created by GW Pharmaceuticals containing THC and CBD, which has been licensed for use for pain relief in Canada, once it is licensed in the UK.

The company is already involved in research looking at whether cannabinoids can relieve pain symptoms for people with disease such as multiple sclerosis.

Medicinal Use

Heather Ashton, professor of clinical psychopharmacology, who led the study, told the BBC News website: "If you use this mixture in the right dose and the right proportions, you might very well be able to help people with bipolar disorder, whatever way they are veering.

"We think it might be useful to patients to try, as an add-on not as a single drug, a known mixture of certain cannabinoids."

She added: "People who take cannabis for relief of these symptoms do not need the heavy doses that recreational users take."

But Professor Ashton stressed: "We all agree that smoking cannabis, especially when young, in large quantities is associated with mental illness.

"That is quite different from using it medicinally."

Jane Harris, campaigns officer at the mental health charity Rethink said: "Cannabinoids are an exciting new area for medical research, but it is important to recognise that there are over 60 active ingredients in cannabis - the two mentioned in this study may help in the treatment of bipolar disorder when taken in controlled doses.

"But for most people with severe mental illness, raw cannabis remains a risky substance. All medical research needs to be checked before it would make a difference to the hundreds of thousands of people living with severe mental illness in the UK."

In January this year, the government announced a review of all academic and clinical studies linking cannabis use to mental health problems.

Source: *BBC News (UK Web) – Website:*

<http://news.bbc.co.uk/>, Bookmarks:

<http://www.mapinc.org/mmj.htm> (*Cannabis - Medicinal*),

<http://www.mapinc.org/find?323> (*GW Pharmaceuticals*)

CUT THE RED TAPE AROUND MEDICAL POT

Despite Nevada's permitting medicinal cannabis use, the few heroic people actually willing to provide medicinal cannabis face more bureaucratic red tape than brothel operators ["High and Dry," May 19].

A similar problem exists here in California, where terrified city councils are rampantly passing bans and moratoriums blocking new dispensaries.

As a glaucoma patient and cannabis user since 1968, I can personally attest to the therapeutic benefits of both the herb AND its legalization. But despite decisive margins of public support, somehow the actual dispensing of medical cannabis is too often seen as a major public risk or as "sending the wrong message to the children."

Children most assuredly need to stay away from substances, including alcohol, cigarettes, unprescribed pharmaceuticals and pot. Parents need to be diligent, knowledgeable, honest and communicate generously with their children.

It would be ludicrous to suggest that diabetics, or even OxyContin-or morphine-using patients travel to distant and scattered drug stores to fill their legitimate prescriptions. And who would suggest we should "protect the children" by sending adult drinkers 70 miles round-trip to get a case of beer?

It benefits no one for bona fide cannabis patients to be forced to either attempt to grow their own medicine, travel long distances or have to buy potentially tainted herb from random black-market street dealers.

It is time for the various city councils and other authorities involved to streamline the Byzantine regulatory hurdles, and help rather than hinder providers in their attempts to serve the legitimate needs of suffering patients.

RICK STEEB

SAN JOSE

URL: <http://www.mapinc.org/drugnews/v05/n851/a05.html>

basic OMMP facts

The role of the Oregon Department of Human Services, Health Services is simply to administer the Oregon Medical Marijuana Act as approved by the voters of this State. The Department did not write the law and does not have any authority to change it or to disregard its provisions. The principal goal of the OMMP is to make the registration process work smoothly and efficiently for qualified patients.

- You must be an Oregon resident to be a registered patient in the Oregon Medical Marijuana Program (OMMP).
- You must have a qualifying debilitating medical condition as listed on the Attending Physician's Statement.
- Your physician must be a Medical Doctor (MD) or Doctor of Osteopathy (DO) licensed to practice medicine in Oregon. You must have an established patient/physician relationship with your "attending physician." Naturopaths, chiropractors, and nurse practitioners cannot sign the documentation.
- The OMMP cannot refer you to a physician. The OMMP does not have a physician referral list.
- You must list a grow site address on your application. You, or your designated primary caregiver, may grow your own medication. There is no place in the State of Oregon to legally purchase medical marijuana.
- The OMMP cannot find a designated primary caregiver for you. The OMMP does not keep a referral list of persons who want to be caregivers for patients. (You are not required to list a caregiver, unless you are less than 18 years old.) Your caregiver cannot be your physician.
- The OMMP cannot supply you with seeds or starter plants, or give you advice on how to grow medical marijuana.
- The application fee cannot be waived. Partial payments cannot be accepted.

Web sites to visit:

* A guide to OMMA and medical cannabis in general. The OMMA Web Page by Rick Bayer, MD, FACP. Visit:

www.omma1998.org

* 1999 Institute of Medicine/National Academy of Sciences Report "Marijuana And Medicine: Assessing The Science Base" By Janet E. Joy, Stanley J. Watson, Jr. And John Benson Jr., Editors. Visit:

www.nap.edu/catalog/6376.html

GW Pharmaceuticals Inc. * a pharmaceutical company developing a portfolio of prescription medicines derived from cannabis to meet patient needs in a wide range of therapeutic indications. Contact: Porton Down Science Park, Salisbury, Wilts, SP4 0JQ, United Kingdom * Tel: 01980 557000 * Fax: 01980 557111 * <http://www.gwpharm.com/>

Cannabis Medicine Internationale (IACM) * a scientific society advocating the improvement of the legal situation for the use of the hemp plant and its pharmacologically most important active compounds, through promotion of research and dissemination of information. Contact: IACM - Cannabis Medicine Intl * Arnimstrasse 1A, 50825 Cologne, Germany * Phone: +49-221-9543 9229 * Fax: +49-221-1300591 * <http://www.acmed.org/>

Oregon State Activists & Orgs:

Alternative Medicine Outreach Program (AMOP) * ROSEBURG * 541.459-0542

Eugene Compassion Center 2055 W. 12th Ave., Eugene, OR 97402 * PH# (541) 484-6558 FAX (541) 484-0891 * Office Hours: Tuesday and Friday - Noon to 6pm * visit: <http://www.compassioncenter.net>

Mothers Against Misuse and Abuse (MAMA) * Local Patient advocacy as well as national Drug Policy Reform. * 5217 SE 28th (Steele & 28th) * Now holding clinics, contact them at mama@mamas.org - or- call: **503-233-4202**.

Oregon Green Free (OGF) * 11918 SE Division St., #122. * Portland, OR 97266 * 503.760-2671 * web: <http://www.oregongreenfree.com/>

Southern Oregon Voter Power (SOVP) * P.O. Box 1395 * Jacksonville, OR 97530 * 541.890-0100

The Hemp & Cannabis Foundation (THCf) * 4259 NE Broadway St. * PORTLAND (Hollywood dist) - call for an appointment: 503.235-4606 * <http://www.thc-foundation.org>

