



# Oregon Medical Cannabis Dispensary Initiative Progresses

## I-28 Petitioners Submit First 61,000 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 hit the streets. On Monday, 1/11/10, backers of Initiative 28 turned in some of their reported 76,291 petition signatures as part 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 to collect up the remainder, at which point they hope to have 120,000 to give them the most margin for error.

Oregon is one of 13 states that have legalized medical marijuana. Also on Monday, the New Jersey Legislature

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**Also SUPPORT HR3939, the Truth in Trials Act, Currently in U.S. Congress by calling - 202-224-3121 - or visiting - [www.house.gov](http://www.house.gov)**

California Democrat Sam Farr, along with a bipartisan coalition of 25 co-sponsors, is seeking to protect state-authorized medical marijuana patients and their providers from federal prosecution. House Bill 3939: the Truth in Trails Act would provide an affirmative defense in federal court for defendants whose actions were in compliance with the medical marijuana laws of their state.

Thirteen states -- Alaska, California, Colorado, Hawaii, Maine, Michigan, Montana, New Mexico, Nevada, Oregon, Rhode Island, Vermont and Washington -- have enacted laws protecting medical marijuana patients and their providers from state prosecution. Yet in all of these states, patients and providers still face the risk of federal sanction -- even if their activities are fully compliant with state law.

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**And Join The Campaign! Medical Cannabis for PTSD for Veterans, Police, Firefighters and other Oregon-American Citizens**

**We are sad to report that a new petition to add a series of mental health conditions - including PTSD - to the list of debilitating medical conditions is going to be denied.** Edward Glick, activist, petitioned the Oregon Medical Marijuana Program to add Clinical Depression, Depressive Symptoms, Post-Traumatic Stress Disorder (PTSD), Severe Anxiety, Agitation and Insomnia to Those Diseases and Conditions Which Qualify as 'Debilitating Medical Conditions' under the Oregon Medical Marijuana Act. **Written patient testimony was allowed, gathered and submitted - apparently all to no avail.** Of note, 4 members voted to oppose all conditions, including Dr. Higginson, OMMP Director. Some

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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.**

For more information about the MERCY News, contact us.

*Snail Mail:*

**The MERCY News  
P.O. Box 1111,  
Cornelius, Ore., 97113  
503.363-4588**

*E-mail:*

**Mercy\_Salem@hotmail.com**

*our WWW page:*

**www.MercyCenters.org**

*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, 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 "tool shed", or resource guide, 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 - 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**

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

<continued from DISPENSARY INITIATIVE, page 1 >  
approved a bill that would make it the 14th state to allow chronically ill patients access to marijuana for medical reasons, and Democratic Gov. Jon Corzine, who supports the legislation, could sign it before leaving office next week, making it law.

Of the 13 states that have legalized medical marijuana, 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

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<continued from previous page> 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.

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/news0805.htm](http://mercycenters.org/news/news0805.htm)

<continued from TRURH IN TRIALS ACT, page 1 > Passage of House Bill 3939 would codify legal protections for defendants caught between state and federal laws, ensuring that they can cite state law as a legal defense in federal trials. It states: "Any person facing prosecution or a proceeding for any marijuana-related offense under any Federal law shall have the right to introduce evidence demonstrating that the marijuana-related activities for which the person stands accused were performed in compliance with State law regarding the medical use of marijuana."

HB 3939 is now before the House Committee on the Judiciary. Please contact your members of Congress today and tell them to protect state-authorized medical marijuana patients and their providers. Call - 202-224-3121 - or visit - [www.house.gov](http://www.house.gov) - and say things like -

*I'm writing to urge your support for HB 3939, The Truth In Trials Act.*

*This legislation seeks to amend the discrepancy between federal law and the laws of over a dozen states that have enacted regulations governing the therapeutic use of cannabis. At the same time, passage of The Truth In Trials Act will not alter or interfere with already existing federal laws discouraging the non-medical, recreational use of marijuana, nor would it legalize the physician-supervised use of medical cannabis in states that have not already approved it.*

*The use of marijuana as medicine is a public*

*health issue; it should not be part of the war on drugs. Nearly half of all doctors with opinions support legalizing cannabis as a medicine, and over 80 state and national health care organizations -- including the American Nurses Association, American Public Health Association, the American College of Physician, and The New England Journal of Medicine -- support granting qualified patients immediate legal access to medical cannabis.*

*To deny an effective medication to the sick and dying in order to "send a strong message to kids" against drug abuse is cruel and unconscionable, and improperly interferes with the relationship between a patient and his or her physician. State and federal laws already allow the medical use of many drugs, such as cocaine and morphine, which can be abused in a non-medical setting. Basic compassion and common sense demand that we allow the seriously ill to use whatever medication provides safe and effective relief. That is why 8 out of 10 American voters now say they support the legalization of cannabis for medical purposes.*

*Thirteen states -- Alaska, California, Colorado, Hawaii, Maine, Maryland, Michigan, Montana, Nevada, New Mexico, Oregon, Vermont and Washington -- have enacted laws protecting medical marijuana patients from state prosecution. The citizens and representatives from these states, as well as from additional states that seek to regulate the controlled use of medicinal marijuana, should be allowed to act in a manner that is free from federal interference.*

*Once again, I urge you to support HB 3939, The Truth In Trials Act.*

More information on this and other legislative items is available at NORML's Take Action Center at:

<http://capwiz.com/norml2/issues/>

<continued from CAMPAIGN FOR PTSD, page 1 > wonder if it was even looked at before rejection. Writes Attorney Lee Berger -

"I wasn't at the ACMM meeting, but write to clarify that DHS has taken no action, as of

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<continued from previous page> yet, on Ed's petition. Jana submitted the panel report and Ed's rebuttal on November 24. The protocol, as I understand it, is for Dr. Mel Kohn, the state health officer, to review the report and rebuttal and to make a recommendation to Dr. Bruce Goldberg, the head of DHS for his decision.

**The panel report was** the anticipated mixed bag.

**Stormy Ray, who served as patient advocate, recommended approving all proposed conditions, as did Nurse Teresa Keane. Dr. Cohn recommended approving all except for depressive symptoms. Drs. Fireman and Dodson; the two psychiatrist prohibitionists, rejected adding any condition without comment as did Addictions specialist and prohibitionist Lia.**

Dr. Higginson, who drafted the administrative rule so there would always be this sort of a split, with his vote being the deciding vote, recommended against adding any conditions, but in true bureaucratic fashion, suggested a legislative concept for further study on PTSD.

**For these reasons, Ed and I are concerned that DHS will likely not add any condition.** But, again, no final decision has yet been made."

You too can Help the Efforts underway to add PTSD to the List of Qualifying Conditions to Register with the Oregon Medical Marijuana Program (OMMP). **Contact DHS department officials with your Testimony / Discussion Points** as to How The Process was Biased and How Cannabis (Marijuana) is, indeed, safe and effective medicine.

### What To Do?

**At this point we are writing to the State Health Officer and DHS Director in an effort to get them to over-ride the OMMP Directors recommendation to deny.** Below is contact info and sample letter by Petitioner Ed Glick.

**Get your testimony / talking-points to DHS officials. See below for Contact info and sample letter.**

**Tell everybody you know.** Visit our web

page on the issue, print off related info and hand it out.

**If you're not able to contact DHS officials yourself, PLEASE feel free to contact us and we'll help get it down and to them.**

**Act Now!**

### Your voice is important!

**Oregon DHS decision is pending on inclusion of mood symptoms and diseases onto OMMP's list of qualifying conditions.**

The Director of the Oregon Dept. of Human Services, Bruce Goldberg MD, and the State Health Officer, Mel Kohn, MD will be deciding soon about whether or not to include Depression, Depressive symptoms, agitation, insomnia anxiety and PTSD onto the list of qualifying conditions covered under the Oregon Medical Marijuana Act. The "expert" panel convened by the DHS voted 4 to 3 against allowing any of the conditions onto the list.

**The opposing members were: Chemical Dependency counselor Diane Lia, Dr. Tom Dodson of the Oregon Medical Association, Marian Fireman of the Oregon Psychiatric Association and Dr. Grant Higginson, OMMP Director.**

The process of evaluation and the panel member selection was marred by significant issues which have virtually guaranteed rejection of conditions, in spite of a hundred patient comments, numerous expert testimonies and a thousand pages of supporting documentation submitted by the petitioner. (Please see Petitioner's rebuttal for a description of the panel process.)

**Without patient feedback it is virtually certain that all conditions will be rejected. This will mean that thousands of Oregonians who use cannabis to combat mood symptoms, diseases or the intolerable effects of pharmaceuticals, will remain in danger of arrest, prosecution, civil asset forfeiture, child protective service investigations, employment discrimination, medical discrimination, jail and forced drug treatment.** PLEASE call, write or e-mail the

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<continued from previous page> State Health Officer and the Director of DHS today! It is urgent that patients speak up, and tell Drs. Goldberg and Kohn that you use cannabis to safely and effectively treat these conditions, and/or know someone who does, and that all patients deserve to use any medication that benefits them free of fear of prosecution. The DHS should not reject patients. Ask them to approve all conditions!

**DHS Officials Contact Info**

**Mel Kohn, MD, State Health Officer:**

800 NE Oregon St, Ste 930  
Portland OR 97232  
Phone: 971-673-1300  
[Melvin.a.kohn@state.or.us](mailto:Melvin.a.kohn@state.or.us)

**Dr. Bruce Goldberg, MD Director**

Oregon Department of Human Services  
500 Summer St. NE 4th floor  
Salem, OR 97301  
Voice: 503-947-5110  
TTY: 503-947-5080  
Fax: 503-378-2897  
[Bruce.goldberg@dhs.state.or.us](mailto:Bruce.goldberg@dhs.state.or.us)

Visit our PTSD action center today at - [mercycenters.org/action/camp\\_PTSD.html](http://mercycenters.org/action/camp_PTSD.html) -  
And tell everybody you know. Then tell everybody you don't know. Yet.

**What is PTSD? How does cannabis help?**

Post-traumatic stress disorder (PTSD) is a psychiatric illness that can occur following a traumatic event in which there was threat of injury or death to you or someone else.

**(PTSD) may occur soon after a major trauma, or can be delayed for more than six months after the event. When it occurs soon after the trauma it usually resolves after three months, but some people experience a longer-term form of the condition, which can last for many years.**

PTSD can occur at any age and can follow a natural disaster such as flood or fire, or events such as war or imprisonment, assault, domestic abuse, or rape. The terrorist attacks of Sept. 11, 2001, in the U.S. may have caused PTSD in

some people who were involved, in people who witnessed the disaster, and in people who lost relatives and friends. These kinds of events produce stress in anyone, but not everyone develops PTSD.

**"One often intractable problem for which cannabis provides relief is post-traumatic stress disorder (PTSD). I have more than 100 patients with PTSD. Among those reporting that cannabis alleviates their PTSD symptoms are veterans of the war in Vietnam, the first Gulf War, and the current occupation of Iraq.** Similar benefit is reported by victims of family violence, rape and other traumatic events, and children raised in dysfunctional families." -- David Bearman, MD; from PTSD and Cannabis: A Clinician Ponders Mechanism of Action.

**--- Sample letter to DHS Officials ---**

Ed Glick  
Corvallis, OR

Dr. Kohn,  
State health Officer

Dear Dr. Kohn,

Thank you for your words of openmindedness and consideration of this matter. In my 25 years as a nurse and patient advocate I have nearly always seen cannabis patients lose whenever governmental or medical agencies attempt to evaluate their unique medical or legal issues.

The OMMA was passed by voters, not legislators, because of the unwillingness of legislators to protect vulnerable Oregonians. Oregonians expressed the desire that anyone who suffers from a debilitating condition deserves the protections of lawful use. I believe I demonstrated in my submissions that patients are using cannabis as an effective and relatively safe remedy for the conditions I proposed adding.

With no disrespect to you, the likelihood is that DHS is heading towards a complete rejection of all proposed conditions. Nearly the same justifications in 2000 will be used this time as

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<continued from previous page> well in spite of a vast increase in patient experience and clinical research.

Thus, I have little faith that your decision will reflect the needs of patients, rather, I suspect that you are pressured by physician groups, legislators and law enforcement officials who have consistently remained hostile to the needs of cannabis patients. Outright rejection of mental health conditions will cause direct harm to patients and push them further out of a medical system that has been distant and judgemental towards them. I wish my perception was misplaced, and I truly hope to be proven wrong.

Thank you,  
ED Glick,  
Petitioner

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*In a republic like ours, people often think that the proper response to an unjust law is to try to use the political process to change the law, to obey and respect the law until it is changed. But if the law is itself clearly unjust, and the lawmaking process is not designed to quickly obliterate such unjust laws, then the law deserves no respect — break the law.*  
--- Henry David Thoreau

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## Israel: Health Ministry To Expand Medical Marijuana Regulations

**Tel Aviv, Israel:** Israel's Ministry of Health has been instructed by lawmakers to expand regulations governing the production and use of medicinal cannabis by authorized patients, according to a news story published last week in *The Jerusalem Post*.

Under present Israeli policy, "Patients suffering from severe pain from cancer, multiple sclerosis or certain other conditions can apply for a license (from the Ministry of Health) to obtain free a supply of pure marijuana strains for smoking to relieve their pain," the *Post* reported.

An estimated 700 patients in Israel are licensed to use medical cannabis, which is supplied by a single private company "on a non-profit

charitable basis." The government's pending regulations are expected to expand the number of authorized marijuana producers to five or six.

Earlier this year, the Sheba Medical Center in Tel Hashomer became the first Israeli hospital to allow authorized patients to medicate with cannabis on their premises.

The Israeli government initially approved the limited legalization of medicinal cannabis in 1999.

Federal authorities in Canada and the Netherlands have also enacted regulations authorizing for the production and distribution of marijuana for medical purposes. *For more information, please contact Allen St. Pierre, NORML Deputy Director, at (202) 483-5500.*

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## American Medical Association Calls For Scientific Review Of Marijuana's Prohibitive Status

**Houston, TX, USA:** The American Medical Association (AMA) this week called for a scientific review of cannabis' federal status as a Schedule I prohibited substance.

On Tuesday, the AMA's House of Delegates resolved, "[The] AMA urges that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines."

The AMA's resolution amends the organization's previously held position that "marijuana be retained in Schedule I of the Controlled Substances Act" of the United States.

Under federal law, all Schedule I classified substances are defined as possessing "no currently accepted use in treatment in the United States." Congress classified marijuana, and all of the plants naturally occurring compounds (known as cannabinoids) as a Schedule I substance upon passage of the Controlled Substances Act in 1970.

In a 1988 administrative ruling, US Drug  
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<continued from previous page> Enforcement Administrative Law Judge Francis Young determined, "By any measure of rational analysis, marijuana can be safely used within a supervised routine of medical care," and recommended that the drug be rescheduled under federal law. Young's decision was eventually rejected by the DEA in 1990.

Presently the DEA website, "Exposing the Myths of Smoked Medical Marijuana," still states, "The American Medical Association recommends that marijuana remain a Schedule I controlled substance."

In 2008 the American College of Physicians also called for a reclassification of cannabis' Schedule I status. In recent years, numerous prominent health organizations, including the American Nurses Association and the American Public Health Association, have called for the immediate legalization of marijuana for medical purposes.

In a separate action, the AMA also adopted a report drafted by its Council on Science and Public Health stating, "Results of short term controlled trials indicate that smoked cannabis reduces neuropathic pain, improves appetite and caloric intake especially in patients with reduced muscle mass, and may relieve spasticity and pain in patients with multiple sclerosis."

This conclusion contradicts a recent White House fact-sheet, entitled "Medical Marijuana Reality Check," which alleges, "no sound scientific studies have supported medical use of smoked marijuana for treatment in the United States, and no animal or human data support the safety or efficacy of smoked marijuana for general medical use."

Commenting on the AMA's policy reversal NORML Deputy Director Paul Armentano said: "This week the American Medical Association abandoned its long-standing 'flat-Earth' policy regarding the safety and efficacy of cannabis as a therapeutic agent. The AMA's resolution calls

on science, not ideological rhetoric, to guide our nation's marijuana policies – a position that NORML has advocated since our inception."

*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.*

## Oregon: State NORML Affiliate Opens First 'Cannabis Café'

**Portland, OR, USA:** Oregon NORML, a state affiliate of the National Organization for the Reform of Marijuana Laws (NORML), in December 2009, opened the state's first café catering to state-authorized medical marijuana patients. Over 250 people attended the café's grand opening, which received international media coverage from the Associated Press, Reuters News Wire, and the New York Times.

Patrons of the café, who must be in good standing with the state's medical marijuana program as well as a member of Oregon NORML, may consume cannabis on the premises.

Unlike conventional marijuana dispensaries that operate in states like California and Colorado, medical cannabis is not sold on the premises, nor is the primary function of the café to dispense marijuana. "This is not a medical marijuana dispensary with a café; this is a café for medical marijuana patients," said Madeline Martinez, Oregon NORML Executive Director and a member of NORML's Board of Directors.

Presently, over 24,000 Oregonians are authorized by the state Department of Health to use cannabis medicinally.

*For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or Madeline Martinez, Oregon NORML Executive Director, at (503) 239-6110, or visit – www.ornorml.org*