



White House Report Acknowledges Few Scientists Permitted To Assess Cannabis Use In Humans

Only 14 researchers approved to study 'smoked marijuana on human subjects'

Washington, DC, USA: Only fourteen researchers in the United States are legally permitted to conduct research assessing the effect of inhaled cannabis in human subjects, according to data included in the White

House's 2011 National Drug Control Strategy, released last week.



In a section of the report entitled 'Medical Marijuana,' the administration states, "In the United States, the Drug Enforcement Administration (DEA) has approved 109 researchers to perform bona fide research with marijuana, marijuana extracts, and marijuana derivatives such as cannabidiol and cannabinol."

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DEA Responds To Nine-Year-Old Marijuana Rescheduling Petition: Maintains That Cannabis Lacks Medical Utility

Washington, DC, USA: The United States Drug Enforcement Administration (DEA) on Friday formally [denied](#) a nine-year-old petition calling on the agency to initiate hearings to reassess the present classification of marijuana as a [schedule I](#) controlled substance without any 'accepted medical use in treatment.'

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ASA Appeals Cannabis Rescheduling Denial

Federal Action Creates Opportunity to Air Scientific Research

Americans for Safe Access (ASA) and the Coalition for Rescheduling Cannabis (CRC) has appealed the federal government's denial of the latest petition to reclassify cannabis as a drug with therapeutic uses.

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New Jersey's Medical Cannabis Program Moves Forward Governor Takes Action despite Federal Threats to Officials

New Jersey, USA: Governor Chris Christie (R) held a press conference last month to announce his plans to "begin work immediately" on a distribution plan for his state's medical cannabis program, despite threats from federal authorities. Governor Christie said he expects licensed Alternative Treatment Centers that would distribute cannabis to qualified patients could be operating by the end of the year.

"We're moving forward with the program as it was set up," said Governor Christie, a former federal prosecutor. "The need to provide compassionate pain relief to these citizens of our state outweighs the risk we are taking in moving forward

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About MERCY – The Medical Cannabis Resource Center

The MERCY News Report is an all-volunteer, not-for-profit project to record and broadcast news, announcements and information about medical cannabis in Oregon, across America and around the World.

For more information about the MERCY News, contact us.

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Check it out!

MERCY On The Tube!



in Salem, Oregon area thru Capital Community Television, Channel 23. 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/>

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 - **1469 Capital Street NE, Suite #130, 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 – **1469 Capital Street NE, Suite #100, Salem, 97301** - or, in the Salem-area, fax them to **503-581-1937**, 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!

<continued from **FEW SCIENTISTS PERMITTED TO ASSESS CANNABIS USE**, page 1 > However, it later clarifies that of these 109 scientists, only fourteen "are approved to conduct research with smoked marijuana on human subjects."

Among those scientists licensed to work with either cannabis or its constituents -- primarily in animal models -- most are involved in research to assess the drug's "abuse potential, physical/psychological effects, [and] adverse effects," the report stated.

In 2010, a spokesperson for the US National Institute on Drug Abuse (NIDA) -- the federal agency that must approve any US clinical trial involving marijuana -- told the New York Times: "[O]ur focus is primarily on the negative consequences of marijuana use. We generally do not fund research focused on the potential beneficial medical effects of marijuana."

Earlier this month, DEA Administrator Michele Leonhart denied a nine-year-old petition seeking to initiate hearings regarding the federal classification of cannabis as a schedule I substance, stating in part, "[T]here are no adequate and well-controlled studies proving efficacy."

Commenting on the report, NORML Deputy Director Paul Armentano said: "Only in an environment of absolute criminal prohibition would this or any administration purport to the public that it is acceptable to allow no more than fourteen researchers to clinically study a substance consumed by tens of millions of Americans for therapeutic or recreational purposes. This acknowledgement illustrates once again the administration's supposed commitment to 'scientific integrity' does not apply to cannabis."

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

<continued from **DEA MAINTAINS THAT CANNABIS LACKS MEDICAL UTILITY**, page 1 > A [coalition](#) of public interest organizations, including [NORML](#) and [California NORML](#), filed a comprehensive rescheduling petition with the DEA on October 9, 2002. This past May, the coalition [filed suit](#) in the US Court of Appeals for the District of Columbia to compel the Obama administration to respond to their petition to reclassify marijuana under federal law.

DEA administrator [Michele Leonhart](#) posted a [letter](#) denying the petition in the July 8, 2011 edition of the Federal Register. Leonhart stated that cannabis

has "a high potential for abuse; ... no currently accepted medical use in treatment in the United States; ... [and] lacks accepted safety for use under medical supervision."

She added: "[T]here are no adequate and well-controlled studies proving (marijuana's) efficacy; the drug is not accepted by qualified experts. ... At this time, the known risks of marijuana use have not been shown to be outweighed by specific benefits in well-controlled clinical trials that scientifically evaluate safety and efficacy."

Responding to the DEA's rejection, NORML Deputy Director Paul Armentano said: "The DEA is predictably maintaining its decades-old 'flat Earth' position in regards to the otherwise well-acknowledged therapeutic properties of cannabis. It is a shame to see an administration that [pledged to be guided by 'scientific integrity'](#) engage in such blatant politicization." Coalition advocates will be [appealing](#) the decision in federal court.

NORML had previously filed a similar rescheduling petition with the DEA in 1972, but was not granted a federal hearing on the issue until 1986. In 1988, DEA Administrative Law Judge Francis Young [ruled](#) that marijuana did not meet the legal criteria of a Schedule I prohibited drug and should be reclassified. Then-DEA Administrator John Lawn rejected Young's determination, a decision the D.C. Court of Appeals eventually affirmed in 1994.

A subsequent petition was filed by former NORML Director Jon Gettman in 1995, but was rejected by the DEA in 2001. *For more information, please contact Allen St. Pierre, NORML Executive Director, or Keith Stroup, NORML Legal Counsel, at (202) 483-5500.*



Long-Term Marijuana Use Not Associated With Deficits In Cognitive Performance, Study Says

Melbourne, Australia: The consumption of cannabis, even long-term, [poses few](#) adverse effects on cognitive performance, according to clinical trial [data](#) to be published in the

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Investigators at the University of Melbourne and the Australian National University, Center for Mental Health Research assessed the impact of cannabis use on various measures of memory and intelligence in over 2,000 self-identified marijuana consumers and non-users over an eight-year period. Among cannabis consumers, subjects were grouped into the following categories: 'heavy' (once a week or more) users, 'light' users, 'former heavy' users, 'former light' users, and 'always former' – a category that consisted of respondents who had ceased using marijuana prior to their entry into the study.



Researchers reported: "Only with respect to the immediate recall measure was there evidence of an improved performance associated with sustained abstinence from cannabis, with outcomes similar to those who had never used cannabis at the end point. On the remaining cognitive measures, **after controlling for education and other characteristics, there were no significant differences associated with cannabis consumption.**"

They concluded, "Therefore, the adverse impacts of cannabis use on cognitive functions either appear to be related to pre-existing factors or are reversible in this community cohort even after potentially extended periods of use."

Separate studies have previously reported that long-term marijuana use is [not associated with residual deficits](#) in neurocognitive function. Specifically, a 2001 [study](#) published in the journal *Archives of General Psychiatry* found that chronic cannabis consumers who abstained from the drug for one week "showed virtually no significant differences from control subjects (those who had smoked marijuana less than 50 times in their lives) on a battery of 10 neuropsychological tests. ... Former heavy users, who had consumed little or no cannabis in the three months before testing, [also] showed no significant differences from control subjects on any of these tests on any of the testing days."

Additionally, studies have also implied that cannabis [may be neuroprotective](#) against alcohol-induced cognitive deficits. A 2009 [study](#) by investigators at the University of California at San Diego reported that binge drinkers who also used cannabis

experienced significantly less white matter damage to the brain as compared to subjects who consumed alcohol alone. *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabis use and cognitive function: eight year trajectory in a young adult cohort," is available online from the journal *Addiction*.*

Stimulation Of Marijuana Receptor Reduces Cocaine Consumption, Study Says

Baltimore, MD, USA: The stimulation of a specific endocannabinoid receptor by a synthetic cannabinoid agonist significantly [reduces the desire for cocaine](#), according to preclinical [data](#) published online in the scientific journal *Nature Neuroscience*.

Investigators at the National Institute on Drug Abuse (NIDA), Intramural Research Program reported that activation of the CB2 receptor via the administration of a selective cannabinoid agonist reduced intravenous cocaine administration in mice by up to 60 percent.

Researchers concluded, "These findings suggest that brain CB2 receptors modulate cocaine's rewarding and locomotor-stimulating effects, likely by a dopamine-dependent mechanism."

[Separate studies](#) have previously documented that THC is associated with [reduced sensitivity](#) to opiate dependence and that moderate cannabis use may [improve retention](#) to naltrexone treatment among opiate-dependent subjects. *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Brain cannabinoid CB2 receptors modulate cocaine's actions in mice," appears online in the journal *Nature Neuroscience*.*

Cannabis Compounds Offer 'Promising' Treatment Option For Neurodegenerative Disorders

Madrid, Spain: Cannabis' active components show promise in halting the progression of certain neurodegenerative disorders and should be evaluated in clinical trials, according to [a review](#) published online in the *British Journal of Pharmacology*. An international team of researchers from Spain and Israel assessed the potential of cannabinoids to moderate Huntington's disease

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<continued from previous page> (HD) and Parkinson's disease (PD), two degenerative brain disorders that are mostly unresponsive to conventional treatment therapies.

"Cannabinoids are promising medicines to slow down disease progression in neurodegenerative disorders including Parkinson's disease (PD) and Huntington's disease (HD), two of the most important disorders affecting the basal ganglia," authors reported.

Researchers noted that both THC and cannabidiol (CBD) have been demonstrated to "protect nigral or striatal neurons in experimental models of both disorders." Investigators added that the separate "activation of CB(2) [cannabinoid] receptors leads to a slower progression of neurodegeneration in both disorders."

Authors concluded, "[T]he evidence reported so far supports that those cannabinoids having antioxidant properties and/or capability to activate CB(2) receptors may represent promising therapeutic agents in HD and PD, thus deserving a prompt clinical evaluation."

In June, a team of investigators from Spain, Italy, and the United Kingdom reported in the *Journal of Neuroscience Research* that the administration of THC and CBD-rich botanical extracts [delays the progress of Huntington's disease](#) in laboratory animals.

Separate studies have also indicated the potential of cannabinoids to moderate additional neurodegenerative diseases, including [Lou Gehrig's disease](#) and [Alzheimer's](#).

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Prospects for cannabinoid therapies in basal ganglia disorders," appears in the British Journal of Pharmacology.

<continued from NEW JERSEY, page 1 > with the program."

New Jersey is one of many states considering distribution regulations who received formal letters from the US Attorney in their area, threatening state officials and employees with criminal prosecution if they implement any program to assist patients whose doctors have recommended cannabis. Officials in Arizona, Rhode Island and Washington have all delayed implementation of key provisions in their state laws as a result.

"Governor Christie has shown that the federal government cannot intimidate compassionate public

officials working on behalf of their citizens," said Steph Sherer, ASA Executive Director. "Elected leaders in Arizona, Rhode Island and Washington should show the same resolve and implement the laws they've enacted."

Delaware and Vermont have also implemented distribution plans, despite the federal threats.

New Jersey's law establishes a patient registry for the thousands of its citizens who use medical cannabis. They will be able to access their medicine from six distribution centers scattered around the state, once the state licenses them.



The announcement by Governor Christie came two days after the New York Times criticized the state's failure to implement a program after nearly two years.

Local and state medical cannabis production and distribution laws in particular have come under scrutiny by the federal government in the past few months, culminating with the Cole memo.

In April, Washington Governor Christine Gregoire gutted the distribution licensing provisions in a bill passed by the state legislature, allegedly because of a letter she received from U.S. Attorney Michael Ormsby.

Arizona Governor Jan Brewer has filed suit against the federal government seeking clarity on whether she can implement her state's medical cannabis initiative passed by voters last November.

"We welcome Governor Christie's new commitment to getting the medical marijuana program up and running," said [New Jersey NORML](#) spokesperson Chris Goldstein. "This wait has been long and painful for patients. If he is sincere, then the next step is for the Christie administration to finalize some workable regulations."

Medical marijuana advocates have been arguing for the need to revise the medical marijuana regulations previously issued by the administration. "The physician registry is unnecessary and will disqualify numerous patients. Plus the cap on THC level is arbitrary and home delivery is not being permitted. These are all roadblocks to patient access that we hope the Christie Administration will reconsider," according to Ken Wolski, a registered nurse and executive director of

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For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500 or New Jersey NORML's Chris Goldstein at: chris@norml.org

For Even More information:

Video of Governor Christie's press conference

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<http://www.livestream.com/governorchristie>

New York Times article on New Jersey's law DOJ -

http://www.nytimes.com/2011/07/18/nyregion/despite-legalization-in-new-jersey-medical-marijuana-remains-out-of-reach.html?_r=1

Threat Letters -

http://americansforsafeaccess.org/downloads/DOJ_Threat_Letters.pdf

June 29 DOJ Memo from Deputy AG Cole -

http://americansforsafeaccess.org/downloads/James_Cole_memo_06_29_2011.pdf

<continued from ASA, page 1 > ASA's July appeal to the D.C. Circuit comes just two weeks after another ASA legal action forced action from the government, which had been stalling on a decision since the rescheduling petition was filed back in 2002 by a coalition of patients and advocacy groups.

ASA's appeal will argue that the federal government's decision contradicts the scientific consensus on the medical value of cannabis and harms the millions of patients throughout the United States who might benefit from this uniquely safe and effective medication.

"By ignoring the wealth of scientific evidence that clearly shows the therapeutic value of cannabis, the Obama Administration is playing politics at the expense of sick and dying Americans," said ASA Chief Counsel Joe Elford, who filed the notice of appeal. "For the first time in more than 15 years, we will be able to present evidence in court to challenge the government's flawed position on medical cannabis."

For more than 40 years the federal government has classified cannabis as a dangerous drug with no medical value, despite documented use in medicine dating back thousands of years, and thousands of modern scientific articles and studies showing its

broad medical applications.

Although two other rescheduling petitions have been filed since the establishment of the Controlled Substances Act in 1970, the merits of medical efficacy was reviewed only once by the courts in 1994. But in 1988, the DEA was told to reschedule cannabis by its own Administrative Law Judge, Francis Young, who concluded after extensive hearings that, "Marijuana, in its natural form, is one of the safest therapeutically active substances known to man." The government ignored his ruling.

"Federal agencies have been using every trick in the book to block research and keep this medicine from patients," said ASA Executive Director Steph Sherer. "But the research that's been done tells us it has the potential to treat cancer, MS, Alzheimer's and a host of other conditions conventional medications cannot."

Since the CRC petition was filed almost a decade ago, even more scientific studies have been published that show the medical benefits of cannabis for a wide variety of conditions, including recent research that shows it is effective for fighting many types of cancer tumors. Earlier this year, the National Cancer Institute, a division of the federal Department of Health and Human Services, added cannabis to its list of Complementary Alternative Medicines for cancer treatment.

"We're holding the Obama Administration accountable for its promise to preserve and promote scientific integrity," said Elford. "The time has come to put the politics aside and do what doctors tell us is right for their patients."

Currently, pharmaceutical companies are seeking permission to extract THC from cannabis plants to make a generic form of Marinol®, a costly Schedule III drug made synthetically.

More information:

ASA notice of appeal - http://americansforsafeaccess.org/downloads/CRC_Appeal_Notice.pdf

DEA answer to CRC petition - http://americansforsafeaccess.org/downloads/CRC_Petition_DEA_Answer.pdf

Lawsuit compelling government to answer CRC petition - http://americansforsafeaccess.org/downloads/CRC_Writ.pdf

ASA backgrounder on rescheduling - http://americansforsafeaccess.org/downloads/Rescheduling_Backgrounder.pdf

CRC rescheduling petition - http://www.drugscience.org/PDF/Petition_Final_2002.pdf

Maine Adds Patient Privacy Protections

State officials in Maine have defied federal threats to their state medical cannabis program and expanded it. As the result of the increased federal interference, Maine lawmakers changed the provisions of their medical cannabis law to better protect the privacy of patients who participate in the program.

At the end of June, Maine Governor Paul LePage signed a new law that not only makes the state patient registry voluntary, but also broadens the number of patients it covers. A list of qualifying conditions has now been eliminated, physicians may now recommend cannabis for any ailment that may be helped by it, and Maine will no longer collect information on those conditions. Legal protections for patients were also expanded. Qualifying patients are now protected from arrest, and the new law also prevents local governments from imposing any restrictions more stringent than those in state law.

"I am proud to sign a bill that protects patient privacy and respects the will of the voters," Gov. LePage said in a statement.

Medical cannabis is legal under local law in 17 states and the District of Columbia. For more on Medical Cannabis in ME, visit - <http://mercycenters.org/links/Maine.html>

Suit, Countersuit Filed Over Arizona Law

In a move that has delayed implementation of Arizona's voter initiative, state officials in May asked a federal court to clarify whether its medical-cannabis law conflicts with federal prohibition. The legal process promises to be lengthy and has already spawned at least one counter-suit last month from a group representing medical cannabis dispensaries who are now prevented from operating.

Currently, qualified patients and their caregivers may grow up to 12 plants per patient. Arizona has so far licensed nearly 2,700 people to cultivate. Once the distribution centers mandated by the initiative are established, only patients who live more than 25 miles from a dispensary will be permitted to grow their own medicine. The licensing process

for distribution centers under Proposition 203 was halted by an executive order from the governor.

Brewer and state Attorney General Tom Horne say they filed suit in response to a threatening letter from the local US Attorney to the state health director. As with the other threats sent to state officials around the country, the letter warns that those involved with distribution or programs that facilitate it may be criminally prosecuted in federal court.

The message from federal authorities has been mixed at best. President Obama promised during his campaign to end federal interference in state medical cannabis programs, a promise reiterated by US Attorney General Eric Holder. A Department of Justice memo to federal prosecutors in 2009 suggested they not expend resources targeting medical cannabis patients or providers, but that was contradicted by a new DOJ memo released last month that urged prosecution even for individuals in full compliance with state medical cannabis laws.

That confusion was compounded by a statement from the US Attorney, who said, "We have no intention of targeting or going after people who are implementing or who are in compliance with state law. But at the same time, they can't be under the impression that they have immunity, amnesty or safe haven."

The suit by prospective dispensary operators asks that Governor Brewer's suit be dismissed and state law be implemented. With a June deadline of applications looming, many potential operators, who are required by state rules to show at least \$150,000 in startup funds, had already arranged leases, began local zoning processes, and hired employees.

"We'd like to believe Governor Brewer has the best interest of Arizonans at heart," said ASA Executive Director Steph Sherer. "But her opposition to medical cannabis is well known, and this is a way to stall implementation."

In addition to the dispensary group, the legal action to dismiss the governor's lawsuit was joined by the ACLU, Marijuana Policy Project and the Rose Law Group. For more on Medical Cannabis in AZ, visit - <http://mercycenters.org/links/Arizona.html>



San Diego DA Opposed by Patients in Mayoral Race

Opposition to implementing California's medical cannabis law may cost the San Diego District Attorney a shot at the Mayor's office. San Diego DA Bonnie Dumanis was greeted at her first fundraiser dinner by protestors kicking off their own campaign.

A Facebook page for the opposition group "Not Dumanis" has gained more than 400 fans, more than twice as many as Dumanis had for her mayoral campaign, before her campaign page was taken down.

"Anyone would be better than Dumanis," said Eugene Davidovich, who helped organize the "Not Dumanis" campaign and is a local community liaison with Americans for Safe Access. "She has ignored the will of the people and wasted taxpayer money on overzealous prosecutions of medical cannabis providers and patients."

Davidovich was acquitted by a jury last year on several medical cannabis-related charges.

The latest of a series of medical cannabis prosecutions brought by Dumanis is targeting Dexter Padilla, who is alleged to have used a warehouse to cultivate for a small patient collective. The prosecution has continued despite extensive documentation and testimony by their attorney, a former federal law clerk and law school professor who advised them on how to ensure they complied with state law.

A local news station reported that a political consultant thinks Dumanis may be hurt by the campaign. A similar campaign targeting LA District Attorney Steve Cooley may have swung the closest statewide election in modern memory to now-Attorney General Kamala Harris, who trailed in all pre-election polls but emerged the victor. For more on Medical Cannabis in CA, visit - <http://mercycenters.org/links/California.html>

Montana: Judge Halts Imposition Of New Restrictions On Medical Marijuana Doctors And Providers

Helena, MT, USA: A District Judge on Thursday [issued a temporary injunction](#) barring the enforcement of several new, restrictive provisions in the state's medical marijuana law. In May, Democrat Gov. Brian Schweitzer [allowed](#) Senate Bill 423 to become law without his signature. The new law, which legislators enacted with the [intent](#) of significantly reducing the existing number of state authorized patients, took effect on July 1.

However, several of the more restrictive provisions in the law will not go into effect. Specifically, Helena District Judge James Reynolds [enjoined](#) the requirement that advising physicians be reported to the state Board of Examiners if they recommend cannabis to more than 25 patients per year. Other restrictions limited marijuana providers to distributing to a maximum of three patients, allowing for unannounced searches of providers, and barring them from receiving anything of value for their product were also struck down.

John Masterson of [Montana NORML](#) said of the ruling, "This is a victory for all Montanans, regardless of your position on marijuana policy. It means that ideologue legislators should think twice before overturning the will of the people with unconstitutional and capricious new legislation."

State medical marijuana advocates are also [moving forward](#) with a referendum to allow voters to decide in 2012 whether *any* provisions of SB 423 should remain law. In June, the Secretary of State's office approved the language of the proposed petition. Advocates have until September to gather the necessary number of signatures from registered voters. Doing so will block the entirety of the law from taking effect pending a vote of the people in 2012.

Montana NORML will be hosting a fundraising concert, Marijuana Aid 2011, to help offset legal and campaign costs on July 23, 2011. More information about this event is available online at: <http://www.marijuanaaid.org/>.

For more information, please visit Montana NORML online at: <http://www.montananorml.org>.