



Activists Prep For Legislative Session

Marijuana Super PAC Anticipates Repeat Of Last Year

Expecting another assault on the Oregon Medical Marijuana Program as well as seriously wanting some needed improvements, Activists and others dedicated to the Program are gearing up for the upcoming legislative session in the Beaver state.

In 2011 there were some 40+ bills and measures introduced after the word was no cannabis related items would be done for various reasons. If only half as bad this time thru will still be an effort equal to if not more than last time when the medical cannabis community was pressed to fill up phone message machines, e-mail boxes and hearing rooms – when we could catch up with the shell game they sometimes play.

One action item is the Marijuana Super PAC meetings where ideas, strategies and resources will be discussed and networked. The first such is happening in Eugene and more are expected to be organized around the state by various groups and individuals supporting the concept.

Agenda items for this ongoing discussion and activity – which will utilize online and offline tools

<continued on page 3 >

U. S. Federal Government Continues Crackdown On Medical Cannabis Providers

"[We] have ... advised those places where they're trying to regulate marijuana -- which is illegal under the Control Substances Act -- (that) they cannot do that," ONDCP Director Says

Washington, DC, USA: The federal government is continuing to target facilities that dispense cannabis to state-qualified patients, even in cases where such facilities are properly licensed by the state.

<continued on page 3 >

Non-Psychotropic Cannabinoid Inhibits Colon Cancer Cell Proliferation

Naples, Italy: The administration of the non-psychotropic cannabis plant constituent [cannabidiol](#) (CBD) is protective in an experimental model of colon cancer, according to preclinical trial [data](#) published online in the *Journal of Molecular Medicine*.

<continued on page 4 >

Wider Use Of Cannabis Therapy Could Reduce Prescription Pain Drug Deaths

"Physicians who treat neuropathic pain with opioids should evaluate their patients for a trial of cannabis and prescribe it when appropriate prior to using opioids"

Sacramento, CA, USA: Physicians who prescribe opioid drugs to patients with neuropathy (nerve pain) ought to consider recommending cannabis as

<continued on page 4 >

Marijuana Use Not Associated With Residual Cognitive Decline Later In Life

London, United Kingdom: Cannabis use [does not appear](#) to have residual adverse effects of cognition or memory, according to trial [data](#) published last week in the *American Journal of Epidemiology*.

<continued on page 5 >

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.

Via Snail Mail:

The MERCY News
1469 Capital St. NE,
Suite 100,
Salem, Ore., 97301
503.363-4588

E-mail:

Mercy_Salem@hotmail.com

Or our WWW page:

www.MercyCenters.org

Check it out!

MERCY On The Tube!



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

<http://mercycenters.org/tv/>

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 #100, 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**, 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 MARIJUANA SUPER PAC, page 1 > to enable folks to be involved remotely and on their own schedule – will include such things as:

- Local Bills and Candidates, both HomeGrown and Viable Mainstream.
 - Initiative 09 > Oregon Cannabis Tax Act (OCTA) >> Allows personal marijuana, hemp cultivation/use without license; establishes Commission to regulate commercial marijuana cultivation/sale.
 - Initiative 24 > Oregon Marijuana Policy Initiative (OMPI) >> amends Oregon Constitution, allowing use, possession and production of marijuana by adults (21 and older).
 - Petition to Initiative by Sensible Oregon; Removes criminal and civil penalties, for adults 21 and over, for possession, cultivation, and use of marijuana; retains penalties for minors.
 - ... and more local ideas and activities!
- Federal Bills and Candidates,
- Other States – what can we learn, how can we help.
- Other Countries – same.

... just to name a few. What's yours? Visit - <http://willamettevalleynorml.org/action/MJSP.html> - or Contact MJSP organizer Dan Koozer at (541) 517-0957 for more info and to arrange yours.

<continued from U. S. FEDERAL GOVERNMENT CONTINUES CRACKDOWN ON MEDICAL CANNABIS PROVIDERS, page 1 > On Thursday, federal authorities [sent letters](#) to multiple Colorado dispensaries stating that "action will be taken to seize and forfeit their property" if they do not cease operations within 45 days. The [letters](#), sent by US Attorney John Walsh, state: "This ... constitutes formal notice that action will be taken to seize and forfeit (your) property if you do not cause the sale and/or distribution of marijuana and marijuana-infused substances at (this) location to be discontinued. ... [T]he Department of Justice

has the authority to enforce federal law even when such activities may be permitted under state law.



"The Justice Department alleges that all of the facilities cited in their complaint are in violation of [21 USC Code Sec. 860](#), which prohibits the distribution of a federally controlled substance within one thousand feet of "a public or private elementary, vocational, or secondary school or a public or private college, junior college, or university, or a playground, or housing facility owned by a public housing authority." Colorado state law imposes similar zoning restrictions; however, many if not all of the facilities in question are believed to have been [grandfathered](#) in under the law and were operating with a valid state license.

While the federal government in recent months has utilized [similar tactics to close down cannabis providers in California](#) and has also coordinated DEA-led raids of dispensaries in other states, most notably in [Washington](#) and Montana, last week's efforts in Colorado mark the first time that the federal authorities have targeted facilities that are operating explicitly under a state license.

[Speaking](#) on Tuesday with KQED News in San Francisco, Tommy LaNier -- Director of the White House Office of National Drug Control Policy's National Marijuana Initiative -- warned that Justice Department officials are also intending to target city and county officials who oversee local regulations permitting the production or dispensing of medical cannabis. "[We] have ... advised those places where they're trying to regulate marijuana -- which is illegal under the Control Substances Act -- (that) they cannot do that," LaNier said.

He added that the Justice Department's crackdown intends to eventually target every state that allows for some form of limited legalization of marijuana for medical purposes. In December, US Attorney General Eric Holder [told](#) members of Congress that the Justice Department would only target medical

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<continued from previous page> cannabis operators that "use marijuana in a way that's not consistent with the state statute." [Members](#) of the NORML Legal Committee [filed suit](#) in November against the federal government arguing that its actions were in violation of the Ninth, Tenth, and Fourteenth Amendments of the US Constitution. That lawsuit remains pending. *For more information, please contact Keith Stroup, NORML Legal Counsel, or Allen St. Pierre, NORML Executive Director, at (202) 483-5500.*

<continued from WIDER USE OF CANNABIS THERAPY COULD REDUCE PRESCRIPTION PAIN DRUG DEATHS, page 1 > an alternative therapy, according to a peer-reviewed [paper](#) published online this week in the *Harm Reduction Journal*.



"There is sufficient evidence of safety and efficacy for the use of (cannabis/cannabinoids) in the treatment of nerve pain relative to opioids," the commentary states. "In states where medicinal cannabis is legal, physicians who treat neuropathic pain with opioids should evaluate their patients for a trial of cannabis and prescribe it when appropriate prior to using opioids. ... Prescribing cannabis in place of opioids for neuropathic pain may reduce the morbidity and mortality rates associated with prescription pain medications and may be an effective harm reduction strategy."

The author notes that between the years 1999 and 2006, "approximately 65,000 people died from opioid analgesic overdose." By contrast, he writes "[N]o one has ever died from an overdose of cannabis." In [clinical trials](#), inhaled cannabis has consistently been shown to [reduce](#) neuropathic pain of diverse causes in subjects unresponsive to standard pain therapies.

In November, clinical investigators at the University of California, San Francisco reported that vaporized cannabis [augments](#) the analgesic effects of opiates in subjects prescribed morphine or oxycodone. Authors of the study surmised that cannabis-specific interventions

"may allow for opioid treatment at lower doses with fewer [patient] side effects."

Neuropathy affects between five percent and 10 percent of the US population. The condition is often unresponsive to conventional analgesic medications such as opiates and non-steroidal anti-inflammatory drugs. *For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the paper, "Prescribing cannabis for harm reduction" is available online at: <http://www.harmreductionjournal.com/content/pdf/1477-7517-9-1.pdf>.*

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Investigators at the University of Naples assessed the effect of CBD on colon carcinogenesis in mice. Researchers reported that CBD administration was associated with cancerous tumor reduction and reduced cell proliferation.

Authors wrote: "Although cannabidiol has been shown to [kill glioma cells](#), to inhibit cancer cell invasion and to [reduce the growth of breast carcinoma](#) and lung metastases in rodents, its effect on colon carcinogenesis has not been evaluated to date. This is an important omission, since colon cancer affects millions of individuals in Western countries. In the present study, we have shown that cannabidiol exerts (1) protective effects in an experimental model of colon cancer and (2) antiproliferative actions in colorectal carcinoma cells."

Authors also acknowledged that CBD possesses "an extremely safe profile in humans." They concluded, "[O]ur findings suggest that cannabidiol might be worthy of clinical consideration in colon cancer prevention."

[Clinical review data](#) published in the scientific journal *Current Drug Safety* in December concluded that CBD is "non-toxic" to healthy cells and is "well tolerated" in humans. Nevertheless, cannabidiol is presently classified under federal law as a [schedule I](#) prohibited substance. Such substances are required by law to possess "a high potential for abuse," "a

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[Separate preclinical trials](#) evaluating the anti-cancer activities of cannabinoids and endocannabinoids show that their administration can inhibit the proliferation of a variety of cancerous cell lines, including breast carcinoma, prostate carcinoma, gastric adenocarcinoma, skin carcinoma, leukemia cells, neuroblastoma, lung carcinoma, uterus carcinoma, thyroid epithelioma, pancreatic adenocarcinoma, cervical carcinoma, oral cancer, biliary tract cancer (cholangiocarcinoma), and lymphoma.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Chemopreventive effect of the non-psychoactive phytocannabinoid cannabidiol on experimental colon cancer," appears in the *Journal of Molecular Medicine*. A separate summary of the anti-cancer properties of cannabinoids is available from NORML here: <http://norml.org/library/item/gliomasancer>.

<continued from MARIJUANA USE NOT ASSOCIATED WITH RESIDUAL COGNITIVE DECLINE LATER IN LIFE, page 1 > Researchers at the Kings College, School of Medicine in London investigated the prospective association between self-reported illicit drug use and cognitive functioning during the mid-adult years. A total of 8,992 participants who were surveyed at 42 years of age in the National Child Development Study (1999-2000) were included in the study.

Authors analyzed data on three cognitive functioning measures (memory index, executive functioning index, and overall cognitive index) when the participants were 50 years of age (2008-2009). Multivariable regression analyses were performed to estimate the association between different illicit drug use measures at 42 years of age and cognitive functioning at 50 years of age.

Investigators reported that those subjects who had used illegal drugs, primarily cannabis, as recently as in their 40s performed as well or

slightly better on the tests than did their peers who had never used illicit substances.

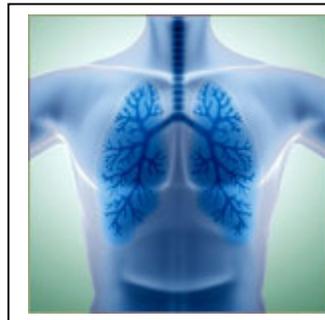
The scientists concluded, "At the population level, it does not appear that current illicit drug use is associated with impaired cognitive functioning in early middle age. ... The lack of association between current illegal drug use and cognitive functioning also appears to be congruent with previous evidence showing the absence of a long-term residual effect of illicit drug use on cognition."

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Is illicit drug use harmful to cognitive functioning in the mid-adult years? A cohort-based investigation," appears in the *American Journal of Epidemiology*. Additional information regarding cannabis use and cognitive function is available online from NORML at: <http://norml.org/component/zoo/category/cannabis-and-the-brain-a-user-s-guide>

JAMA: Long-Term Exposure To Cannabis Smoke Not Associated With Adverse Effects On Pulmonary Function

"Our findings suggest that occasional use of marijuana ... may not be associated with adverse consequences on pulmonary function."

San Francisco, CA, USA: Exposure to moderate levels of cannabis smoke, even over the long-term, is [not associated](#) with adverse effects on pulmonary function, according to clinical trial [data](#) published Tuesday in the *Journal of the American Medical Association* (JAMA).



Investigators at the University of California, San Francisco analyzed the association between marijuana exposure and pulmonary

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Predictably, researchers "confirmed the expected reductions in FEV1 (forced expiratory volume in the first second of expiration) and FVC (forced vital capacity)" in tobacco smokers. By contrast, "Marijuana use was associated with higher FEV1 and FVC at the low levels of exposure typical for most marijuana users. With up to 7 joint-years of lifetime exposure (e.g., 1 joint/d for 7 years or 1 joint/wk for 49 years), we found no evidence that increasing exposure to marijuana adversely affects pulmonary function."

They conclude, "Our findings suggest that occasional use of marijuana ... may not be associated with adverse consequences on pulmonary function."

The study's results are consistent with previous findings reporting no significant decrease in pulmonary function associated with moderate cannabis smoke exposure. According to a 2007 literature [review](#) conducted by researchers at the Yale University School of Medicine and published in the *Archives of Internal Medicine*, cannabis smoke exposure is not associated with airflow obstruction (emphysema), as measured by airway hyperreactivity, forced expiratory volume, or other measures.

In 2006, the [results](#) of the largest case-controlled study ever to investigate the respiratory effects of marijuana smoking reported that cannabis use was not associated with lung-related cancers, even among subjects who reported smoking more than 22,000 joints over their lifetime.

"We hypothesized that there would be a positive association between marijuana use and lung cancer, and that the association would be more positive with heavier use," the study's lead researcher, [Dr. Donald Tashkin](#) of the University of California at Los Angeles [stated](#). What we found instead was no association at all, and even a suggestion of some protective effect" among marijuana smokers who had lower incidences of cancer compared to non-users.

Separate studies of cannabis smoke and pulmonary function have indicated that chronic exposure may be associated with an [increased risk](#) of certain respiratory complications, including cough, bronchitis, phlegm. However, the ingestion of cannabis via alternative methods such as edibles, liquid tinctures, or via [vaporization](#) -- a process whereby the plant's cannabinoids are heated to the

point of vaporization but below the point of combustion -- virtually [eliminates](#) consumers' exposure to such unwanted risk factors and has been determined to be a [safe and effective](#) method of ingestion in clinical trial settings. *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. Full text of the study, "Association between marijuana exposure and pulmonary function over 20 years," appears in the Journal of the American Medical Association.*

California: Attorney General Asks State's Lawmakers To Clarify Issues Concerning Dispensing Of Medical Cannabis

Sacramento, CA, USA: California Attorney General Kamala Harris is [requesting](#) lawmakers to "clarify" the state's guidelines regarding the production and distribution of marijuana for medical purposes. In a December 21, 2011 [letter](#) from Harris to Assembly Speaker John A. Perez and Senate President Pro-Tempore Darrell Steinberg, the Attorney General states, "[S]tate law ... needs to be reformed, simplified, and improved to better explain to patients and law enforcement alike how, when, and where individuals may cultivate and obtain physician-recommended marijuana."

Specifically, Harris is asking lawmakers to "articulate the scope" of patients' rights to cultivate cannabis in a "collective" manner. Harris further requests that legislators provide regulations regarding the operation of cannabis dispensaries, stating, "Here the legislature could weigh in with rules about hours, locations, audits, security, employee background checks, zoning, compensation (and) what it means for a collective or a cooperative to operate as a 'non-profit.'" The Attorney General also requests that lawmakers address issues regarding the production and distribution of cannabis-infused food products, which she states are not specifically regulated under existing state law.

Harris' letter follows a statewide [crackdown](#) of California medical cannabis producers and providers by the United States Justice Department.

Neither the language of Proposition 215, enacted by voters in 1996, nor the Medical Marijuana Program Act, enacted by the legislature in 2003, explicitly addresses the act of cannabis distribution by third-party dispensaries. In 2008, then-Attorney General (now California Governor) Jerry Brown issued

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Harris' letter references the 2008 guidelines, but states "[T]he facts today are far more complicated" than they were then and acknowledges that "non-binding guidelines will not solve (California's) problems." *For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500 or visit California NORML at: <http://www.canorml.org>*

Maryland Considering Comprehensive Medical Cannabis Bill; House Bill Would Replace Last Year's Temporary Measure

 A comprehensive medical cannabis bill was introduced in Maryland's House of Delegates this month. House Bill 15, introduced by Delegate Cheryl Glenn (D-Baltimore) would replace a bill passed last year as a stop-gap measure while a state-appointed workgroup studied the issue.

The Maryland Medical Marijuana Act would establish a strictly regulated production and distribution system with clear rules for qualified patients and law enforcement. HB 15, developed with input from ASA, would also shield patients from housing and workplace discrimination.



Del. Cheryl Glenn

Maryland's existing law, passed by the legislature last year, has limited protections for patients but does not address how patients could legally obtain medical cannabis, nor does it protect patients from arrest and prosecution. The 18-member "workgroup" the legislature created when it passed the law has issued two legislative proposals, supported by an almost equal number of workgroup members.

One proposal, backed by workgroup chair Maryland Health & Mental Hygiene Secretary Dr. Joshua Sharfstein, would create a unique distribution system through "Academic Medical Centers." Similar state-run arrangements, such as New Mexico's attempt to create a distribution program staffed by

state employees, have faced aggressive federal legal challenge. The other proposal, backed by Maryland Del. Dr. Dan Morhaim (D-Baltimore County), mirrors a bill that failed to pass out of committee last year because of objections from Secretary Sharfstein and a fiscal note that alleged exorbitant costs to Maryland taxpayers

"As a legislator dedicated to addressing the needs of medical marijuana patients in Maryland, I am very disappointed in both legislative proposals being offered by the commissioned workgroup," said Del. Glenn. "I am offering a different bill -- what I believe is a common-sense approach to this issue, taking into account not only the needs of medical marijuana patients, but also the needs of the larger communities in which they live. One of the key differences between Del. Glenn's bill and the workgroup proposals is that HB15 would allow patients to produce their own medicine, while the other proposals would not.

"In places that have ignored the need for patients to cultivate their own medical marijuana -- such as Delaware, New Jersey, and the District of Columbia -- thousands of patients have been forced to go without," said Del. Glenn. "This is unacceptable and should be a lesson we learn from, not one we repeat in Maryland.

HB 15 will first be heard by the Health and Government Operations & Judiciary Committees. If passed, HB 15 will take effect on June 1st and require the Department of Health and Mental Hygiene to adopt regulations on or before September 1st of this year. **Further information:** [HB 308](#) [Workgroup proposals](#) [ASA one-pager on importance of patient cultivation](#)

ASA Files Federal Appeal in Bid to Reclassify Medical Cannabis



Americans for Safe Access is appealing the federal government's refusal to reclassify cannabis for medical use. ASA is asking a federal appeals court to compel the federal government to make cannabis available for medical use.

The legal action comes in response to the federal Drug Enforcement Administration (DEA) denial of a petition by the Coalition for Rescheduling Cannabis (CRC), of which ASA is a member. That petition was originally filed in 2002 and only acted on by the DEA when the CRC sued the government for unreasonable delay.

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<continued from ASA FILES FEDERAL APPEAL IN BID TO RECLASSIFY MEDICAL CANNABIS, previous page> "The Obama Administration, like those before it, is playing politics with medical cannabis at the expense of sick and dying Americans," said ASA Chief Counsel Joe Elford, who filed the appeal today. "But now the government will have to answer in court why it continues to ignore the overwhelming weight of scientific evidence."

Since 1970, two other rescheduling petitions have sought to restore cannabis to the list of recognized medicines, but the medical record was reviewed only once by the courts in 1994. Since then thousands of peer reviewed articles have been published on research exploring the medical applications and potential of cannabis and the cannabinoids that are its constituent chemicals.

ASA argues that the federal government acted arbitrarily and capriciously in ignoring medical research and practice, with the result that legal access to cannabis is being denied to the millions of patients throughout the United States who may benefit from it.

The DEA was only able to deny the therapeutic value of cannabis by applying different evaluative criteria to cannabis than other drugs, misrepresenting social science research, and relying on unsubstantiated assumptions, according to ASA's brief.

ASA is urging the court to "require the DEA to analyze the scientific data evenhandedly," and order "a hearing and findings based on the scientific record." That record was even more conclusive in 2002 than it was in 1988 when the DEA's Chief Administrative Law Judge reviewed it and ruled that denying medical access was "unreasonable, arbitrary and capricious." Since the CRC petition was originally filed, considerably more peer-reviewed research has been published that shows the benefits of cannabis for treating a variety of serious conditions, and its therapeutic value has been more widely acknowledged. For instance, the National Cancer Institute, a division of the federal Department of Health and Human Services, has added cannabis to its list of Complementary Alternative Medicines, noting that it has been used therapeutically for millennia.

ASA argues in its appeal that the additional scientific evidence of the last decade is relevant and must be considered.

The original petition on behalf the CRC was filed by attorneys David Holland and Michael Kennedy. The CRC is comprised of several individual patients and advocacy groups, including Patients Out of Time and ASA. Contact: Americans for Safe Access (ASA), 1322 Webster St., Ste. 402, Oakland, CA 94612 * Phone: 510-251-1856 * Fax: 510-251-2036 * or visit - <http://www.AmericansForSafeAccess.org>

More information:

- [ASA appeal brief](#)
- [DEA answer to CRC petition](#)
- [CRC rescheduling petition](#)

ACTION ALERT: Medical Cannabis Week – February 13-17

Medical Cannabis Week is the best time of the year to action! **Rally for safe access on Thursday, Feb. 16!** Patients and advocates will be holding rallies in cities throughout the country to tell President Obama that it's time to stop the interference with state programs and reclassify cannabis as a medicine.

Here are some other ways you can get involved:

Monday, Feb 13: Call the White House at 202-456-1111 and tell Pres. Obama to keep his promise to not use Justice Department resources to undermine state laws, stop putting politics before science, and act immediately to reclassify cannabis as medicine.

Tuesday, Feb 14: Contact Congress, 202-224-3121, and urge your representative to sponsor legislation to reclassify cannabis, end federal interference in state programs, and provide licensed patients and provides a defense in court.

Wednesday, Feb 15: Ask your Governor to sign the DEA Rescheduling Petition. Find your Governor's contact information at www.usa.gov/Contact/Governors.shtml

Thursday, Feb 16: Rally for Safe Access! Find a rally near you! Rally locations can be found at AmericansForSafeAccess.org/MMW.

Friday, Feb 17: Join the movement and help fund the fight for safe access. Find out how at AmericansForSafeAccess.org/join.