



## Endocannabinoids Emerge Out of the Shadows at the 7<sup>th</sup> NCCCT

**A Report on the Seventh National Clinical Conference on Cannabis Therapeutics (NCCCT) –**  
*by Ed Glick for AAMC*

The NCCCT met in Tucson, Arizona on April 26-28, 2012. As is customary with this ongoing series of conferences, Patients Out of Time brought together a wide variety of clinical, research and experiential presenters who described the expanding universe of endocannabinoid therapeutics. However, this conference became a benchmark in understanding these complex systems. Where previously, underlying mechanisms of action were vaguely understood, today these biochemical pathways have been described in detail. Where previously, researchers (and patients) knew that cannabinoids dampen down excitatory sensory impulses, today they know how this is accomplished. Additionally, research continues to expand the understanding of anti tumor effects of cannabinoids. Most of the endogenous

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### **California Supreme Court Affirms Legality of Dispensaries; Denies Review of Ruling on Participation, Transport, Extracts**

The California Supreme Court has let stand a landmark Court of Appeal ruling on medical cannabis collectives. The court declined to review a decision that says a collective's members need not participate in its operations, that collectives can cultivate and transport cannabis on behalf of their members, and that cannabis extracts and concentrates are legal.

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### **AN OPEN LETTER TO PRESIDENT OBAMA**

Dear President Obama,

When it comes to Drug Policy Reform and your campaign promises of Hope and Change, we, the American people, have been had. You are obviously a smart, articulate person. When you ran you made it clear - or it seemed clear at the time - that you were committed to drug policy reform. From where I sit that hasn't happened.

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### **Study: Medical Marijuana Legalization Is Not Accompanied By Increases In Teen Cannabis Use**

**Bonn, Germany:** The legalization of cannabis for therapeutic purposes is not associated with increases in the use of marijuana or other illicit substances among adolescents, according to a discussion [paper](#) commissioned by the Institute for the Study of Labor (IZA) in Germany.

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### **Connecticut: Medicinal Marijuana Legalization Measure Signed Into Law**

**Hartford, CT, USA:** Democrat Gov. Dan Malloy [signed legislation](#) into law on Friday, June 1, allowing for the state-sanctioned production, distribution, and use of cannabis for therapeutic purposes. The new law - Public Act 12-55, [An Act Concerning the Palliative Use of Marijuana](#) - will take effect on October 1, 2012.

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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. 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 #150, 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](http://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 #150, 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](http://www.MercyCenters.org) - or Call **503.363-4588** for more.

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

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

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(anandamide), or exogenous herbal cannabis), effects are through neuro modulation at the synapse. (Neuro modulation is the activity of a chemical signal which stimulates or dampens the release of neuro transmitters at the space between two nerve cells.) This complicated process acts like a feedback mechanism to the cells pushing them towards homeostasis- or balance. The reason cannabinoids benefit so many different disease states is precisely because this neuromodulation is occurring as a process of homeostatic re-regulation. Since all mammals have evolved the endocannabinoid signaling system over millions of years, the use of cannabis to selectively activate it is nothing short of a profound medical breakthrough- (which patients have been aware of for generations!)

The ocular neuro protective effects of endocannabinoids are also becoming understood and were described by Professor Melanie Kelly of Dalhousie University in Nova Scotia Canada. When nerve cells (neurons) are degraded or inflamed, local endocannabinoid production is increased in that location. Blocking CB1 or CB2 receptor activity increases the susceptibility of that neuron to stroke and trauma. Cannabinoids display neuro protective effects in experimental models of trauma. Again, the activation of cannabinoid receptors (CB1 or CB2) through either endogenous release of anandamide, or through the exogenous use of herbal cannabis, stimulates a return toward homeostasis by decreasing neurological stress and inflammation.

Another researcher, Martin Lee described his research into unlocking the mechanisms of cannabidiol (CBD) - the non-psychoactive cannabinoid. Most readers understand that THC is the cannabinoid in cannabis that is primarily responsible for the euphoria that is prized by recreational users and that was intentionally bred into most strains. What is much less known are the various important effects of the non-psychoactive CBD. Apart from the obvious benefit to some - that it stimulates endocannabinoid signaling without the person

getting high - CBD also reduces breast and glioblastoma cell proliferation, may protect neurons against cellular degradation, promotes stem cell neurogenesis (growth), exerts anti psychotic influences, suppresses cardiac arrhythmia, is anti biotic, and has anti-oxidant properties. Interestingly, CBD has little affinity for the cannabinoid receptors, rather it works by activating non cannabinoid receptors and "*enhances endocannabinoid tone by inhibiting FAAH ... a key endocannabinoid metabolizing enzyme.*" FAAH breaks down endocannabinoids, CBD slows the degradation and enhances cannabinoid signaling. (Since it's therapeutic re-discovery in 2009, CBD-rich strains like *Cannatonic* and *Harlequin* are being grown specifically for patients who want pain control with less psycho activity.)

In addition to numerous speakers, the *Seventh National Clinical Conference on Cannabis Therapeutics* was the site for a meeting of the *American Cannabis Nurses Association*. Founded two years ago, the ACNA is the professional organization for nurses and others who are interested in the unique interaction of nurses and cannabis patients. Nurses all over the country are caring for and in contact with cannabis patients and have little understanding or awareness of its mechanism of action or of the many complex legal issues presented by the Federal governments ongoing war on cannabis patients. How should a nurse counsel a patient about safe use of cannabis? Nursing as a specialty is concerned with the provision of direct patient care, and the subspecialty of cannabis nursing lends itself to this role.

The conference was also attended by a number of physicians, some of whom participated in the first credentialing seminar hosted by the *American Academy of Cannabinoid Medicine*. This seminar provided physicians with advanced practice certification.

The conference and the venue were enhanced by the sponsorship of the *Arizona Center for Integrative Medicine* in Tucson. Dr Andrew Weil, author of *From Chocolate to Morphine* spoke to the gathering exhorting participants to take control of this issue, rather than let it

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<continued from previous page> be continually framed by drug war proponents and conservative media. He described the huge education gap of clinicians and the "deep-rooted irrationality" surrounding cannabis. His talk ranged over the limitations of conventional pharmaceutical treatments, contrasting the risk/benefit relationship of cannabis.

The *Seventh National Clinical Conference on Cannabis Therapeutics* was well attended by over 250 participants, and was held at Loews Ventana Canyon Resort, in the canyons north of Tucson. This spectacular setting was matched by the culinary offerings created by the Loews Chef, who offered many dishes created with hemp.

The field of cannabinoid research has been hampered for decades by overreliance on the single-molecule profit-based health care industry of America. As Dr. Weil pointed out, this accounts for much of the obstruction, insanity, and senselessness of the continuing federal prohibition on cannabis. The very fact that millions of patients can "dispense" with their muscle relaxants, opiates, sedatives and tranquilizers by using a safe and powerful remedy must make pharmaceutical industry accountants break into a cold sweat. Nevertheless, as this conference showed, the re-integration of cannabis into the *Pharmacopoeia* is now inevitable, and the legal prohibitions are destined to fall like dead leaves on a tree.

The *Seventh National Clinical Conference on Cannabis Therapeutics* marked, for the first time, the emergence of cannabinoid science from a poorly understood complex process into an increasingly cohesive body of clinical and experiential wisdom which represents the last new frontier of conventional medical advancement. This is, of course, something millions of patients have known for centuries. Their cumulative experience has precipitated this beginning revolution in medical care. Patients are, after all, the leaders here. Learn More >> visit - Patients Out Of Time at ([www.medicalcannabis.com](http://www.medicalcannabis.com)); American Cannabis Nurses Association at - ([www.cannabisnurse.org](http://www.cannabisnurse.org)); American Academy

of Cannabinoid Medicine at ([www.aacmsite.org](http://www.aacmsite.org)); or Arizona Center for Integrative Medicine at ([www.Integrativemedicine.arizona.edu](http://www.Integrativemedicine.arizona.edu)).

About the author: **Ed Glick is a former RN and an Oregon based medical cannabis activist and advocate who wrote this report for American Alliance for Medical Cannabis (AAMC). Contact them at 44500 Tide Ave · Arch Cape, OR 97102 or by visiting - <http://www.letfreedomgrow.com>**

<continued from CALIFORNIA SUPREME COURT AFFIRMS LEGALITY OF DISPENSARIES, page 1 > Law enforcement and the state attorney general had asked the California Supreme Court to overturn the appellate ruling in *People v. Colvin*, arguing that an undefined percentage of patients are legally required to participate in the operation of a medical cannabis collective in order to obtain medication from it.

The Court of Appeal had rejected that reasoning, saying the attorney general's interpretation of the law would "limit drastically the size of medical marijuana establishments," and "contravene the intent of [state law] by limiting patients' access to medical marijuana."

The ruling in *People v. Colvin* also noted that "collectives and cooperatives may cultivate and transport marijuana in aggregate amounts tied to its membership numbers" and affirmed that possession of extracted or concentrated forms of medical cannabis is covered by state law.

"The California Supreme Court has recognized, as the appeals court did, that those most in need of medical cannabis are those least able to do the work of cultivating and distributing it," said ASA Chief Counsel Joe Elford. "Allowing collective members to rely on each other, transport their medicine, and use more effective extracts is a commonsense approach to safe access.

A number of medical marijuana dispensary cases were granted review by the California Supreme Court earlier this year, including *Pack v. City of Long Beach*, *Riverside v. Inland Empire Patient's Health and Wellness Center*,

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<continued from previous page> and *City of Lake Forest v. Evergreen Holistic Collective*. The *Pack* case addresses issues of federal preemption, which have already come before the high court, whereas the *Riverside* and *Lake Forest* cases address the issue of whether localities have a right to permanently ban dispensaries.

"The *Colvin* decision provides better protections for medical cannabis patients and providers, particularly those who have faced prosecution," said Elford. "Specifically, it supports our appeal of collective operator Jovan Jackson's conviction in San Diego, since his prosecution was based on the same argument about member participation." Further information: Court of Appeal decision in *People v. Colvin* or, contact: **Americans for Safe Access (ASA) \* 1322 Webster Street, Ste. 402 \* Oakland, CA 94612 \* 510-251-1856 \* [www.AmericansForSafeAccess.org](http://www.AmericansForSafeAccess.org)**

<continued from AN OPEN LETTER TO PRESIDENT OBAMA, page 1 > Before I criticize your disappointing failure in this realm, let me say thank you for all that you have accomplished:

- \* Pulling us back from the abyss of the great recession
- \* Getting the U.S. out of a needless, senseless war in Iraq
- \* Health care reform
- \* Developing an exit strategy for Afghanistan
- \* Abolishing "Don't Ask Don't Tell"
- \* Championing women's reproductive rights
- \* Supporting fairness in U.S. tax policy
- \* Definitively dealing with Osama bin Laden

There are an impressive list of accomplishments. They took hard work, intelligence and political courage. This makes it all the more baffling that you have done little or nothing to address our dismally failed drug policy. This is in the face of the majority of Americans supporting drug policy reform. You have notable conservatives such as Dr. Ron Paul, George Will and Judge James Gray calling for and recognizing the need for drug policy reform. Last June we had a distinguished Global Commission calling for drastic change in drug policy. A week later former President Carter seconded that conclusion. We have Mexico and

other South American governments calling for and implementing reform. Spain and Portugal have reformed their drug laws with positive results.

Then we have you at the recent Hemisphere Conference saying that we will not alter our current, constitution bending, expensive, wrong headed reliance on the criminal justice system to "treat" substance abuse. Now we have the local outrage of blocking access to the ill and infirm of this safe (per DEA), effective medication (liquid cannabis, Satiivex, is approved for sale in at least ten countries) by raiding cannabis dispensaries in Santa Barbara.

Syndicated columnist Debra Saunders recently wrote, "Mr. Obama may talk up having a dialogue on legalization and decriminalization, but his newly announced strategy proclaims, 'Legalization of drugs will not be considered in this approach.'" It is time to realize that we have been going down the wrong track on this matter since 1914. The drug issue has been used as a tool to expand federal power at the expense of states rights.

What is even more disappointing, Mr. President, is your hypocrisy and flip-flopping on this issue. You yourself used marijuana and cocaine and became President. Mr. Bush used cocaine and alcohol and became president. Mr. Gore admits he smoked cannabis for several years and he became U.S. Senator from Tennessee and Vice President of the U.S. Newt Gingrich smoked marijuana and became Speaker of the House. Some citizens might say we'd have been better off if you were all arrested and jailed like low income Black or Hispanic substance abusers. I don't agree and my guess is you don't either.

When it comes to the medicinal aspects of cannabis you have turned your back on the health benefits of cannabis and cannabinoids. You have not respected state laws as you said you would. No, you sided with two conservative Justices Anton Scalia and Anthony Kennedy, who have repeatedly trumpeted their support of states rights, and the four moderate associate justices (sometimes mistakenly

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<continued from previous page> referred to as liberals) who turned their back on their support of states rights in the Gonzalez v. Raich case.

The late Chief Justice Rehnquist and Justices O'Connor and Thomas supported states rights and wrote two ringing dissents recognizing that the 9th and 10th amendments and the 1925 Lindner decision give the constitutional authority to regulate the practice of medicine to the individual states.

I recently delivered a presentation at SBCC about how we got to our current dysfunctional drug policy to a class on deviant behavior. It got me thinking; is it deviate behavior to ignore the results of over 20,000 studies and 5,000 years of medical use? Is it deviant to treat a medical issue with a criminal justice approach? Is it deviant for you to say you would follow the science and then have your director of the DEA block the study of cannabis medicine by an eminent botanical medicine expert, Dr. Lyle Craker, of University of Massachusetts.

George Will wrote that our drug policy

"...has consequences: More Americans are imprisoned for drug offenses or drug-related probation and parole violations than for property crimes. And although America spends five times more jailing drug dealers than it did 30 years ago, the prices of cocaine and heroin are 80 to 90 percent lower than 30 years ago.

A \$200 transaction can cost society \$100,000 for a three-year sentence. And imprisoning large numbers of dealers produces an army of people who, emerging from prison with blighted employment prospects, can only deal drugs. Which is why, although a few years ago Washington D.C. dealers earned an average of \$30 an hour, today they earn less than the federal minimum wage (\$7.25)."

Your administration has followed the lead of your recent predecessors George H.W. Bush, Bill Clinton and George W. Bush and blocked or discouraged research on a substance that has been shown in animal studies to cure cancer and a substance that is used by tens of thousands of our courageous war veterans to treat PTSD. Your drug czar has ignored the distinguished American Academy of Cannabinoid Medicine's request for a meeting to educate him on the endocannabinoid

system and the therapeutic applications for cannabinoids. Your administration forced the National Cancer Institute (NCI) to take down from their website the fact that doctors believe that cannabis has anti-cancer properties. As a physician who has recommended cannabis for treatment of PTSD, phantom limb pain, ankylosing spondylitis, nausea and decreased appetite from cancer, seizures, migraines, cyclical vomiting syndrome, analgesia, depression, and many other serious, debilitating illnesses - and as a citizen who understands that clinical application of science - I am disappointed.

With 20 billion in the federal budget for controlling drugs (that we admit), tens of billions spent on incarceration, loss of productivity, tax revenue and harming children by destroying families by arresting and jailing parents, by walking away from potential billions in tax dollars; the majority of Americans, and the vast majority of youth, believes you are wrong and that you lied to us. You are a fantastic wordsmith and I suspect you could come up with a dazzling retort to this letter. Based on your track record, why should we believe you?

The governors of Washington, Vermont and Rhode Island have all petitioned you to reschedule cannabis to schedule II. This is consistent with the 1988 findings of the DEA, consistent with the position of the AMA, consistent with a conservative reading of the Controlled Substances Act, and plan just the right medical, political and humanitarian action to take. Follow the science and have compassion for the ill and infirm. We had medicinal cannabis available in pharmacies from 1854-1942. It is well past time to return to that policy.

I only hope that by your deeds not your rhetoric that, should you receive a second term, you fulfill your promise to follow the science, to respect state laws and to give us changes that will give we *the American people* hope for sanity on this issue.

**About the author: Dr. David Bearman is one of the most clinically knowledgable physicians in the U.S. in the field of medicinal marijuana. He has spent 40 years working in substance and drug abuse treatment and prevention programs. Dr. Bearman was a pioneer in the free and community clinic movement. His career includes public health, administrative medicine, provision of primary care, pain management and cannabinology. and originally wrote this for AAMC. For more on David Bearman MD, visit - [www.davidbearmanmd.com](http://www.davidbearmanmd.com). For more on the American Alliance for Medical Cannabis (AAMC), Contact them at - 44500 Tide Ave · Arch Cape, OR 97102 or by visiting - <http://www.letfreedomgrow.com>**

## New Hampshire: Governor's Veto Dooms Medical Marijuana Measure

**Concord, NH, USA:** Members of the state Senate on Wednesday [failed to override](#) Governor John Lynch's veto of Senate Bill 409, which sought to allow qualified patients to possess and cultivate cannabis for therapeutic purposes. Senators voted 13 to 10 to override the Governor's veto. However, 16 total 'yes' votes were necessary to achieve the two-thirds Senate majority necessary to enact SB 409 into law.

Although House members had overwhelmingly backed SB 409 during this year's legislative session, Senate support was more evenly split, with Senators having voted 13 to 9 last week in favor of the bill. Two Democratic Senators, Lou D'Allesandro and Sylvia Larsen, on Wednesday [reversed](#) their previous 'yes' votes, siding with Gov. Lynch, who is also a Democrat.

In 2009, Gov. Lynch [vetoed](#) a far more restrictive medicinal cannabis measure. Senators that year also fell just short of the votes necessary to override him. Governor Lynch announced earlier this year that he will not seek re-election in 2012.

In a [press release](#) issued by the [Marijuana Policy Project](#) immediately following last week's vote, Senator Jim Forsythe (R-Strafford), the bill's prime sponsor, said that he would continue lobbying to gain the two additional Senate votes necessary to override the Governor's anticipated veto. "Most senators now agree we have a moral obligation to protect seriously ill patients from being arrested in our state," he said. *For more information, please contact Allen St. Pierre, NORML Executive Director, or Keith Stroup, NORML Legal Counsel, at (202) 483-5500.*

<continued from **STUDY: MEDICAL MARIJUANA LEGALIZATION IS NOT ACCOMPANIED BY INCREASES IN TEEN CANNABIS USE**, page 1 > Economists from Montana State University, the University of Oregon, and the University of Colorado, Denver [examined the relationship](#) between state medical cannabis laws and marijuana consumption among high school students.

Authors analyzed data from the national and state Youth Risky Behavior Surveys (YRBS) for the years 1993 through 2009 - during which time 13 states enacted laws allowing for the production and use of cannabis for medicinal purposes.

The national YRBS is conducted biennially by the Centers for Disease Control and Prevention (CDC) and is a nationally representative sample of U.S. high school students.

Authors found no evidence that the enactment of medical cannabis legalization adversely impacted adolescents' drug consumption. They concluded: "Our results are not consistent with the hypothesis that the legalization of medical marijuana caused an increase in the use of marijuana and other substances among high school students. ... Our results suggest that the legalization of medical marijuana was not accompanied by increases in the use of marijuana or other substances such as alcohol and cocaine among high school students. Interestingly, several of our estimates suggest that marijuana use actually declined with the passage of medical marijuana laws."

A 2012 study by researchers at McGill University in Montreal and published in the journal *Annals of Epidemiology* previously reported similar findings, [concluding](#): "[P]assing MMLs (medical marijuana laws) decreased past-month use among adolescents ... and had no discernible effect on the perceived riskiness of monthly use. ... [These] estimates suggest that reported adolescent marijuana use may actually decrease following the passing of medical marijuana laws."

Previous investigations by research teams at [Brown University](#) in 2011 and [Texas A&M](#) in 2007 made similar determinations, concluding, "[C]onsistent with other studies of the liberalization of cannabis laws, medical cannabis laws do not appear to increase use of the drug." The findings of these studies contradict public statements made by Drug Czar Gil Kerlikowske and other medical cannabis [opponents](#), who in recent years have repeatedly [alleged](#) that the passage of medical

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<continued from STUDY: MEDICAL MARIJUANA LEGALIZATION IS NOT ACCOMPANIED BY INCREASES IN TEEN CANNABIS USE,, previous page> cannabis laws is directly responsible for higher levels of self-reported marijuana consumption among U.S. teenagers. For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Medical Marijuana Laws and Teen Marijuana Use," is available online at: <http://ftp.iza.org/dp6592.pdf>.

### Study: Medical Cannabis Dispensaries Not Associated With Neighborhood Crime

#### Los Angeles, CA, USA:

The establishment of medical cannabis dispensaries does not adversely impact local crime rates, according to a federally funded study published in the July issue of the *Journal of Studies on Alcohol and Drugs*.



Investigators at the University of California, Los Angeles (UCLA) examined whether the proliferation of medical marijuana dispensaries is associated with elevated crimes rates. Researchers assessed the spatial relationship between density of medical marijuana dispensaries and two types of crime rates (violent crime and property crime) in 95 census tracts in Sacramento, California, during the year 2009.

Researchers reported: "There were no observed cross-sectional associations between the density of medical marijuana dispensaries and either violent or property crime rates in this study. These results suggest that the density of medical marijuana dispensaries may not be associated with crime rates or that other factors, such as measures dispensaries take to reduce crime (i.e., doormen, video cameras), may increase guardianship such that it deters possible motivated offenders."

Authors acknowledged that their findings "run contrary to public perceptions" and that they conflict with public statements made by the

California Police Chief's Association, which had previously claimed, "Drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, and robberies of customers just outside dispensaries are ... common ancillary by-products of (medicinal cannabis) operations."

The UCLA is not the first study to dispute the allegation that brick-and-mortar dispensaries are adversely associated with crime. A 2011 study of crime rates in Los Angeles published by the RAND Corporation similarly concluded, "[W]e found no evidence that medical marijuana dispensaries in general cause crime to rise." However, shortly following its publication RAND removed the study from its website after their findings were publicly criticized by the Los Angeles city attorney's office.

Other analyses of crime statistics in the cities of Denver, Los Angeles, and Colorado Springs have separately disputed the notion that the locations of dispensaries are associated with elevated incidences of criminal activity. For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Exploring the Ecological Association Between Crime and Medical Marijuana Dispensaries," appears in the *Journal of Studies on Alcohol and Drugs*.

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"For years, we've heard from so many patients with chronic diseases who undergo treatments like chemotherapy or radiation and are denied the palliative benefits that medical marijuana would provide," Governor Malloy said in a prepared statement.



Gov. Dan Malloy

"With careful regulation and safeguards, this law will allow a doctor and a patient to decide what is in that patient's best interest." Under the law,

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<continued from previous page> patients with a qualifying "debilitating medical condition" must receive "written certification" from a physician and register with the state's Department of Consumer Protection (DCP).

Qualifying patients and their primary caregivers will be allowed to possess a combined one-month supply of cannabis, the specific amount of which will be determined by a board consisting of eight physicians certified by appropriate medical boards and enforced through DCP regulations.

Patients must obtain marijuana from certified pharmacists at licensed dispensaries, who will obtain it from licensed producers. The law allows for the licensing of at least three, but no more than ten, producers statewide.

Patients will not be permitted to cultivate their own cannabis.



Connecticut is the 17th [state](#) since 1996 that – along with the District of Columbia – have passed laws to allow for the limited legalization of medicinal cannabis. Connecticut is the

fourth New England state to do so, joining Maine, Rhode Island, and Vermont. The others are Alaska, Arizona, California, Colorado, Delaware, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington. In addition, Maryland has a medical cannabis law that reduces penalties for authorized medical use but does not make it completely legal – and Missouri has two municipalities that allow for limited medical cannabis use – Columbia and Cliff Village.

In May, Rhode Island Gov. Lincoln Chafee [signed into law](#) similar legislation allowing for the state-licensed production and limited distribution of medicinal cannabis. Vermont lawmakers in 2011 [approved](#) a similar measure; however, to date the state has yet to license any statewide dispensaries. Presently, a total of [eight](#) state-licensed medical marijuana

dispensaries are operating in Maine. Similar state-licensed dispensaries operate in Colorado and New Mexico. Additional licensing legislation awaits implementation in Arizona, Delaware, New Jersey, and Washington, DC.

### Federal Threats No Deterrent to Connecticut State Lawmakers

The Connecticut legislature passed the measure earlier in the month despite threats against state lawmakers from federal prosecutors. The US Attorneys in many jurisdictions across the country – including Connecticut, California, Rhode Island, and Washington – have warned state and local officials not to pass or implement medical cannabis laws or face federal prosecution.

"We are encouraged elected officials are moving ahead with important public health laws that benefit their communities," said Steph Sherer, Executive Director of Americans for Safe Access, which worked with local advocates to help pass the Connecticut law. "Lawmakers in other states should follow their lead in rejecting the intimidation tactics of the Department of Justice."

Conditions for which Connecticut residents at least 18 years of age may qualify to register with the state include cancer, glaucoma, HIV/AIDS, Parkinson's, MS, Crohn's disease, spinal injury and PTSD. The Department of Consumer Protection may add other conditions at its discretion.

"We hope to soon see the list of qualifying conditions expanded to include chronic pain and others that we know are helped by medical cannabis," said Sherer. "Removing the prohibition on patients cultivating their own medicine would also be a further step forward. Too many states that rely on centralized distribution have seen delays." *For more information, please visit*

<http://norml.org/legal/item/connecticut-medical-marijuana>, or contact Connecticut NORML at: <http://norml.org/ct/item/connecticut-norml>. Also, see: [Text of HB 5389](#) or, contact: **Americans for Safe Access (ASA) \* 1322 Webster Street, Ste. 402 \* Oakland, CA 94612 \* 510-251-1856 \* [www.AmericansForSafeAccess.org](http://www.AmericansForSafeAccess.org)**

## Calif. Assembly Passes Dispensary Regulations; Stalled Bill Revived by Citizen Lobbying



By a vote of 41-28, the California State Assembly on May 31 passed AB 2312, a bill that would regulate the production and distribution of medical cannabis statewide.

The Medical Marijuana Regulate, Control and Tax Act was thought dead in committee, but it got to the Assembly floor thanks in part to a concerted citizen lobbying effort lead by Californians to Regulate Medical Marijuana (CRMM), a coalition that includes Americans for Safe Access.

"The Assembly has shown leadership in passing needed statewide regulations that will help clarify how medical cannabis should be produced and distributed," said Don Duncan, ASA's California Director. "We urge the State Senate to do the right thing and approve this commonsense approach."

Although a majority of California's medical cannabis patients rely on dispensaries, the state has so far left regulation up to its localities. There are currently more than 50 differing local ordinances regulating medical cannabis dispensaries. This patchwork of local laws has created confusion for officials, more work for law enforcement, and forced many people to travel long distances or use the illicit market to obtain their medication.

The bill would create a nine-member appointed board responsible for developing,

implementing, and enforcing statewide regulations for dispensaries. Some lawmakers opposed the bill because they said this board would be stacked in favor of patients, since five of the nine members would represent patients, advocates or doctors.

Although regulations would be set at the state level, AB 2312 preserves municipal control over zoning decisions about where dispensaries could operate. The measure would also establish a taxing mechanism that could generate significant revenue for California.

The citizen lobbying effort that helped propel AB 2312 to passage was spearheaded by CRMM, a recently formed statewide coalition of policy reform advocates, medical cannabis businesses, and organized labor. The coalition worked closely with Assemblymember Tom Ammiano (D, SF) to introduce AB 2312 earlier this year, then held a Unity Conference in Sacramento in May to coalesce support.

The CRMM conference, which was hosted by ASA, culminated in a Lobby Day that saw more than 300 patients and policy advocates gather at the Capitol to meet with each member of the state legislature and urge them to pass the bill.

AB 2312 is now before the State Senate. It must pass out of committee by July 6 and come to a floor vote by August 31.

Polling by EMC Research shows that 77% of Californians support a regulatory approach like AB 2312. For more info, contact: **Americans for Safe Access (ASA) \* 1322 Webster Street, Ste. 402 \* Oakland, CA 94612 \* 510-251-1856 \* [www.AmericansForSafeAccess.org](http://www.AmericansForSafeAccess.org)**

### CRMM California Unity Conference a Success

The California Unity Conference last month drew a diverse group of stakeholders to Sacramento, and ultimately played an instrumental role in passing a statewide dispensary bill in the Assembly. Organized by the coalition Californians to Regulate Medical

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<continued from previous page> Marijuana (CRMM) and hosted by ASA at an AFL-CIO office in Sacramento, the event brought 200 advocates together from across the state for two days of strategy and training sessions aimed at advancing favorable state legislation and local regulations. Following that was a Lobby Day on Monday, May 21 that saw 300 patient advocates descend on the state Capitol to bring their message directly to state lawmakers.

After a rally on the steps of the Capitol with Assemblymember Tom Ammiano, sponsor of AB 2312, the Medical Marijuana Regulate, Control and Tax Act, the advocates went from office to office, urging support for that and other measures to ensure consistent safe access everywhere in California.



Steph Sherer

"The Lobby Day was our crowning achievement," said ASA Executive Director Steph Sherer. "We had constituents from 70 of the 80 Assembly Districts and 36 of the 40 Senate districts - a statewide turnout that in the past has only been matched by California's heaviest-hitting interest groups."

CRMM is a statewide coalition of policy reform advocates, medical cannabis businesses, and organized labor that includes ASA, the United Food and Commercial Workers Union, California NORML, and others.

Further information: ASA CRMM advocacy workbook State Lawmakers' video address to the conference or, contact: **Americans for Safe Access (ASA) \* 1322 Webster Street, Ste. 402 \* Oakland, CA 94612 \* 510-251-1856 \* [www.AmericansForSafeAccess.org](http://www.AmericansForSafeAccess.org)**

## Arizona Considers Dispensary Applications, New Conditions

In Arizona, last month marked the deadline for dispensary permit applications and a state hearing on expanding the list of qualifying conditions.



The Arizona Department of Health Services has received more than 400 applications from would-be operators of medical cannabis dispensaries, all vying for one of the up to 126 licenses provided for by state law. The department is to name those selected for certification on Aug. 7.

Gov. Jan Brewer had suspended the licensing process over fears that state employees could face federal criminal prosecution. She restarted the process after a judge ruled that the initiative passed by voters requires the state to implement a dispensary program.

The 2010 state law also requires state health officials to periodically consider requests to expand the list of qualifying conditions. The Department of Health Services hearing last month included 2½ hours of testimony from more than two-dozen patients and other concerned citizens who urged officials to include post-traumatic stress syndrome, migraines, depression and general anxiety disorder.

The law currently extends patient protections to those with cancer, glaucoma, AIDS, chronic pain, muscle spasms and hepatitis C.

The University of Arizona is working with the Department of Health Services to identify relevant research on various conditions that might be added. Officials have said they are cautious about adding new conditions because the law does not allow them to be removed once added.

More than 28,000 Arizonans are currently registered with the state program, with chronic pain the most common medical condition. For more info, contact: **Americans for Safe Access (ASA) \* 1322 Webster Street, Ste. 402 \* Oakland, CA 94612 \* 510-251-1856 \* [www.AmericansForSafeAccess.org](http://www.AmericansForSafeAccess.org)**



## Montana High Court Hears Distribution Arguments



The Montana Supreme Court last month heard arguments on whether the initiative passed by the state's voters in 2004 provides a constitutional right to sell medical cannabis.

A lower-court last year ruled unconstitutional the portion of a 2011 law passed by the Legislature that effectively banned sales of medical cannabis.

The Montana Attorney General's office told the justices that District Judge James Reynolds erred in overturning the 2011 law's injunction against compensation for cultivators of medical cannabis because there is no right to sell products that are illegal under federal law.

Reynolds ruled that banning payment for cannabis would deprive Montanans of their fundamental rights to pursue their health and livelihoods. As passed by state lawmakers, the law would only allow cultivation by patients and caregivers for up to three qualified patients.

At the time of that bill's passage, 27,000 Montanans were registered with the state medical cannabis program as patients and 5,000 as providers. That number has dropped to fewer than 10,640 patients and 414 providers.

For more info, contact: **Americans for Safe Access (ASA) \* 1322 Webster Street, Ste. 402 \* Oakland, CA 94612 \* 510-251-1856 \* [www.AmericansForSafeAccess.org](http://www.AmericansForSafeAccess.org)**

## Polls: Majority Of Voters Back Legalizing Cannabis. Period.

**Vancouver, Canada:** Two-thirds of US adults believe that the drug war is failing, and a majority of respondents say that marijuana ought to be legalized, according a recent Angus Reid Public opinion [poll](#) of 1,017 Americans. According to the poll, only 10 percent of respondents believe that the so-called 'War on Drugs' has been successful, while [66 percent](#) deem it a "failure." Pollsters also found that 52 percent of Americans support the legalization of marijuana (versus 44 percent opposed).

Support for marijuana legalization was highest among men (60 percent), self-identified political Independents (57 percent), and Democrats (54 percent). Women (45 percent), respondents over the age of 55 (48 percent) and self-identified Republicans (43 percent) were less supportive of legalization. The poll's margin of error is +/- 3.1%

It is the fourth consecutive survey conducted by Angus Reid to report majority support among Americans for legalizing marijuana.

A separate statewide poll of likely Colorado voters published on Monday by Rasmussen Reports found that [61 percent](#) of likely state voters favor legalizing and regulating marijuana like alcohol. Only 27 percent of respondents opposed the idea.

The poll result is a positive sign for proponents of [Amendment 64](#) - a statewide [ballot initiative](#) that seeks to eliminate civil and criminal penalties for the limited possession and cultivation of cannabis by those age 21 or older. The measure also seeks to establish regulations governing the commercial production and distribution of marijuana by licensed retailers. Colorado voters will decide on the measure in November.

Amendment 64 is backed by a broad [coalition](#) of drug law reform organizations, including NORML, the [American Civil Liberties Union of Colorado](#), [SAFER](#), [Sensible Colorado](#), [Law Enforcement Against Prohibition \(LEAP\)](#), [Students for Sensible Drug Policy \(SSDP\)](#), the [Drug Policy Alliance](#), and the [Marijuana Policy Project](#). For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org) or visit: <http://www.regulatemarijuana.org>.