



# Take Action Today for Global Cannabis Liberation

## Marches and Rallies for Freedom in Salem and Around the World

The Global Marijuana Marches, which traditionally happen on the first Saturday in May, are a worldwide celebration of the benefits of cannabis and hemp. On that day tens of thousands of people from hundreds of cities rally in unison, wherever they are, all for cannabis law reform. It picks up steam every year, gaining more cities and people, sponsors and other support each time someone talks about it.

It started as the Yippie! organized "May Day 5th Avenue Pot Parade" in New York City. The NYC-MMM (Million Marijuana March) version has been going on for somewhere around 25+ years and has years of tradition of which many are unaware. The CRRH (Campaign for the Restoration and Regulation of Hemp) web site has a video you can watch which

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## ONA Leaves Patients in the Cold

Oregon's Nursing Leadership Needs Education on the Medical Cannabis Issue, Come and welcome the Oregon Nurses Association to Corvallis! **Wednesday April 6, 2005** from 7AM - 10AM at the LaSells Stewart Complex, 100 LaSells Stewart Center (Off Western Blvd near Reeser Stadium, South Corvallis, Oregon.

**All patients who want to make some progress for medical cannabis in Oregon should attempt to be at the ONA convention to help educate the nurses about an issue that they have been dragging their feet on.** Real patients providing information will go a long way toward educating these medical professionals. We urge you to contact Nurse Ed and be there to educate and help gain the support of this important segment of the medical profession. The info is below.

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## Time to Ed Your Rep

Mothers Against Misuse and Abuse (MAMA) invites you to "Education Day", **Monday, April 18th, 2005**, from 8am to 4pm at the State Capitol in Salem

This is an educational opportunity for everyone about drug policy issues. During the lunch hour Mark Miller, drug information specialist and former Director of the University of Oregon Drug Information Center, will give a "Drug Consumer Safety" presentation. It is a primer on evaluating a drug for its risks versus benefits and sets the stage for informed decisions and policy.

There will be:

\* Information tables and space available for educational materials on drug policy issues. Contact us if you would like to

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

For more information about the MERCY News, contact us.

*Snail Mail:*

**The MERCY News  
1675 Fairgrounds Rd.,  
Salem, Oregon, 97303  
503-363-4588**

*E-mail:*

**Mercy\_Salem@hotmail.com**

*our WWW page:*

**www.MercyCenters.org**

*Check it out!*

The MERCY News is produced due to the efforts and expense of the members and staff of the



<continued from MARCHES, previous page> documents some of this history loosely. Howard Lotsof and other Yippie! activists produced this in 1977 and it is called "Smoke-In: The Movement to Legalize Marijuana". It is at:

[http://www.crrh.org/hemptv/docs\\_yippie.html](http://www.crrh.org/hemptv/docs_yippie.html)

In 1996, the event became known as the Million Marijuana March. This appears to have been an attempt to capitalize on some potential name recognition from the Nation of Islam's Million Man March. Once again, perhaps we have something to learn from other rights movements. Even though the event still occurs on the first Saturday in May, it has now established tradition of its own, spreading beyond NYC.

For those working to change the laws governing cannabis, there is hope. The wall of prohibition, thrown up by ignorance and vested interests, is crumbling. There is a light at the end of the tunnel. It's crucial, however, not to forget we're still in the tunnel. In the flush of success, the work remains. We must celebrate by considering our next step.

We have come this far because our cause is right. As with all laws that are unreasonable and unjust, the prohibition of cannabis has shown itself also to be impractical and costly. In economic terms, outlawing its commercial cultivation is not the act of a rational government and in its use to produce paper, hemp fiber could play a major role in preserving our nations forests. Outlawing the personal use of marijuana has generated an unacceptable cost in terms of human lives. The number of new prison beds outpaces the number of new schools. Change, when it comes, will not be a product of today's successes, but of tomorrows.

There is a time in all processes where energy reaches critical mass; the point at which change in a certain direction is not just probable but inevitable. Our next step is to generate this critical mass. There is no political truth greater than this; citizens get the society, and the laws, they deserve. If we want freedom of choice, we must first choose not to be silent. If we believe the prohibitions against cannabis have neither logic nor merit and, instead of making a better society, are turning good citizens into criminals, we need to live our convictions. We need to stand up and speak out.

The next step depends on us, and our power as human beings to change society one heart and one mind at a time. It could be a very good millennium.

Our mission as active, responsible citizens is to broadcast Information and Educate people about the cost of cannabis prohibition and the benefits of ending it. Further, we work to Empower the people to effect this change. To give them tools and the means to use them. To give them opportunities to express themselves to their detractors, to uninformed observers and to their supporters. Marches and Rallies are a good way to do this.

Overall, the GMM event is organized by **CURES not WARS** which was founded in New York in May 1994 as a grassroots response to the deteriorating quality of life in America. They are a coalition of concerned citizens, drug-reform activists, health-care and drug-treatment providers, drug users and social-justice activists committed to direct action in stopping the drug war, whether in small, local protests or in regional or national actions. Contact them at: #9 Bleecker Street • New York City • USA 10012 or visit: [www.cures-not-wars.org](http://www.cures-not-wars.org).

**The Musical Marching Med+Fest** is the name given to MERCYs (the Medical Cannabis Resource Center's) entry in the Global Marijuana March, version 2005.

**The Salem Plan**

- Rally and March as part of the Global Celebration and Education event,
- back to MERCY for Cannabis Jam Session and
- Med+Fest; opportunity for networking and sharing of medicine.

Also known as the Global Marijuana Marches, we will assemble for this event, starting at 11am, at the far end of the mall across from the steps of the Capital Building, Salem, Oregon on Saturday, May 7th, 2005. Officially, the corner of W. Summer and Center streets. <continued on page 4 >

## Cannabis Jam Sessions

Cannabis-friendly, music-oriented activism and community building. Jam sessions for OMMA cardholders and others - both live music and open mike - when we can!

100% Natural! Musical Activism - Food for the Soul

The next happens May 7th, 2005 Saturday, 2pm - ? at the Mercy Center for the Musical Marching Med+Fest!

MERCY favorites Tim Pate and the New Liberty Band, featuring Sonny Watkins on drums, will be playing.

The Cannabis Jam Sessions are an action item started by medical cannabis patients and founded on the principle of music as medicine, whether playing or just listening. We hope to develop a list of bands and venues for activism as well as enjoy a bunch of musical therapy AND give people an opportunity to share and grow as musicians and artists.

The purpose is to allow individuals to play, share, learn and grow as we promote bands - and music as therapy in general. At the same time we give OMMA Cardholders an environment to medicate and organizations an audience to educate. Talk it up, be there and help make it happen. Stay "tuned" for more Jammin' happenin's!

Help wanted! Players and Equipment, Volunteers, everything! Contact *Sonny Watkins* \* via eMail: [MERCY\\_WashCo@hotmail.com](mailto:MERCY_WashCo@hotmail.com)

## Poster Party

### for the Million Marijuana Marches

The Million Marijuana Marches are a global celebration of the benefits of cannabis and hemp. On that day over 100+ cities plan to march in unison for cannabis law reform. We pick up steam every day, we gain more sponsor\$ and other support each time we talk about it. In order to help plan and organize MERCY is hosting Poster Parties! Making signs & discussing plans for the the Global Cannabis Liberation Marches and other activism stuff. We need everything - poster board, slats for sign handles, markers,



scissors, paste, paint, tape, staplers & staples. Talk it up, be there and help make it happen!

Apr. 23rd, Sat. and Apr. 30th, Sat. both High Noon to 4:20pm at: MERCY Center, 1675 Fairgrounds Rd., Salem, Oregon, 97303

Themes:

- \* global cannabis liberation
- \* worldwide marijuana marches
- \* a million marijuana marchers
- \* cannabis is medicine
- \* hemp is the future
- \* get involved and change the law, as a part of a global community!

Help wanted! Contact the Medical Cannabis Resource Center of Salem, Oregon \* call: 503.363-4588 \* eMail: [MERCY\\_Salem@hotmail.com](mailto:MERCY_Salem@hotmail.com)

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## The Salem Route

At High Noon (sharp!) we proceed down W. Summer thru the Mall to the corner of W. Summer and Court. Then west down Court Street on the north side-walk. We do not have permission (\$!) to use the street, so we must stick to the sidewalks and obey pedestrian rules. We will check on being able to have bicycles and pace vehicles on the street beside us. Do not block traffic or impede other citizens attempting to use the walkway.

We will march, politely and peacefully, down to Liberty Street and turn right. We'll go north up Liberty to Center and turn right. Going east down Center we'll come to W. Summer (the Mall), and return to our original rally point.

The plan is to make this Rally part of a global event drawing attention to the medical, industrial, and environmental benefits of cannabis while generating funding as well as interest. Scheduled for the first Saturday in May, MERCY Centers one-day event will feature information, medicine, and live music.

However, we are not here to party. The success or failure of this event will depend on its being more than a mere gathering of like minds - Ours are not the minds we need to be concerned with. Its success depends on our ability, each and every one of us, to become a teacher, an educator.

### MERCY Rally/March Mission objectives & goals:

- (1) Make sure the Marches go off O.K. (and through publicity about & during the March raise awareness and followers)
- (2) Register Voters (through the Rally) and ...
- (3) Empower them with tools ( and tool building 'kits'). Give them Literature and Contact info. Through that we ...
- (4) Sign up members and generally gain support. We do this for the cause in general and to get the most resources to best insure we must ...
- (5) Fundrai\$. ('cheap, good, on time' paradigm)
- (+!) and, at the same time, build alliances and an overall activist community. Make booth space available for other groups.

### MERCY Rally/March Strategy issues:

- (1) MUST make the March itself a Family-friendly Affair
- (2) Accentuate the positives, 'information stations' at all four corners
- (3) Communications, volunteer training
- (4) Know our rights and options during the event- can squads of cops just stroll on through with frothing Dobermans and loiter at leisure?

Poster Parties and more planned in support. Contact MERCY for more info, to join up or to help out.

<continued from ED YOUR REP, page 1 > help staff a table or have your group's information available.

\* Birthday cake to celebrate the upcoming birthday of OMMA – the Oregon Medical Marijuana Act.

\* Opportunity for attendees to make appointments to meet with their legislators and build a face-to-face relationship with them.

\* A room reserved where presenters will speak on drug education and drug policy issues. There is on slot in the program (right after lunch) for representatives of Oregon drug policy groups to speak for 10 minutes each. If you are interested in speaking about your organization, please contact Sandee.

\* A social event in the afternoon without charge, location to be announced.

Everyone is invited to attend. For more information contact them at 503-233-4202 or email to:

Sandee Burbank, Director  
Mothers Against Misuse and Abuse  
[mama@mamas.org](mailto:mama@mamas.org)

5217 SE 28th Avenue  
Portland, OR 97202

<continued from ONA COLD, page 1 > Nurse Ed Glick is asking for help educating the Oregon Nurses Association about the real needs of medical marijuana patients. In the past we have found the nurses, one-on-one, to be very reasonable. MAMA arranged for Elvy Musikka to be there a few years back and the nurses were very interested in her story, but they still won't take a position to support access to medial marijuana.

Anyone, who can help Nurse Ed with this opportunity to educate the them, would be very welcome. We believe that real patients telling their story will have an an educational, positive impact.

When: Wednesday April 6, 2005 7AM-10AM  
Where: LaSells Stewart Complex  
100 LaSells Stewart Center  
Off Western Blvd near Reeser Stadium, South Corvallis  
Corvallis Oregon  
Contact: Ed Glick, RN  
541-745-3082  
[nurse\\_ed@exchangenet.net](mailto:nurse_ed@exchangenet.net)

For 8 years, the ONA has refused repeated attempts to approve a position which supports cannabis patients in Oregon. Many discussions, over the years have rehashed the same tired rhetoric: There's no evidence, how can patients be expected to monitor their use?, the feds will ruin nurses, smoking is not an acceptable route of administration.

For eight years ONA leadership has willfully neglected to educate itself about the answers to all these questions. It has refused to support patient-friendly legislation. More important, the ONA has steadfastly refused to express outrage at laws which criminalize ill and suffering people-and by this omission have abdicated their ethical obligation to stand by their patients.

This years' convention is dedicated to educating nurses about pain treatment, with many programs and seminars addressing pain treatment options and issues. There is no mention of

cannabis as a treatment for pain. Cannabis patients are left out in the cold.

Patients, nurses, and supporters are encouraged to join me at the conference site, to pass literature, talk with nurses, and tell ONA that "patients come before politics.," Bring signs, stories, and a desire to help our nurses know that cannabis patients deserve to be treated with respect and dignity, not like drug-abusing miscreants.

**Nurse Practitioners refuse practice expansion in support of cannabis patients.** Please come and stand with me out in the cold, and express your opinion to the ONA nurses at the Oregon Nurses Association Annual Convention, April 6,7,8 2005 - Corvallis, Oregon

This years' Oregon Nurses Association annual conference is devoted to pain. More specifically, over documented and under treated pain. Cannabis patients in Oregon, whether registered in the Medical Marijuana Program or not, suffer from the same malady-- extensive knowledge that does not effect benefit to patients.

Nearly ten-thousand patients are protected by the Oregon Medical Marijuana Program. Overwhelmingly they suffer from chronic pain. Eighty nine percent of OMMP registrants list "severe pain" as their qualifying condition. Inadequate pain management is perhaps the single greatest failing of our medical system. Another ten thousand remain unregistered due to mistrust of their doctor or police. For eight years, the OMMP has stood as a bulwark, a protection for our patients against the insane U. S. government position forbidding any and all medical marijuana use. There is no exception- no allowance for anyone living with inoperable cancer, AIDS, or intractable pain. The federal position has not changed in 25 years, even as the patient experience, and scientific understanding has exploded. Neither has the Oregon Nurses Association's position.

In Oregon, many cannabis patients are still left out in the cold. They are excluded from describing to their doctors how they are sick, literally, of benzodiazepines and narcotic analgesics. Patients describe cannabis as a drug which lessens medication side-effects, lessens use of narcotics, improves sleep, reduces pain, and allows them to function. But some nurses don't know that. Instead they rely on discredited pabulum spoon fed by Federal drug war neocons, who would prefer that all cannabis patients just died.

It is sadly fitting that ONA excludes medical cannabis patients from this convention, whilst at the same time putting on a pain treatment smorgasbord. The inadequate treatment of pain in Oregon, and the U.S., is mostly due to nurses and doctors NOT listening to their patients. Instead doctors and Nurse Practitioners listen to wealthy, connected pharmaceutical companies. By destroying communication, healthcare providers shut the door on meaningful understanding of their patients- and destroy the trust which is at the basis of all medical care.

Thousands of patients, tired of being rebuffed by their doctor, come to medical clinics- like the Compassion Center in Eugene,

and MAMA in Portland- in search of an honest evaluation of cannabis use for their particular condition. Most suffer from chronic pain.

Unfortunately, the ONA is not alone in it's disregard for cannabis patients. The Board of Medical Examiners and the Oregon Medical Association (as well as law-enforcement leaders) in Oregon have shown disdain, disinterest, or outright opposition to marijuana as medicine, and to the sick people who use it. Prosecutors in Counties all over Oregon swim like sharks outside a school of small fish, in their zeal to snuff out cannabis. An unending stream of prosecutions, arrests, searches, child protective service investigations, and convictions continues to trap cannabis patients. Entire medical systems- including Samaritan Health Services here in Corvallis and Sacred Heart Hospital in Eugene- issue blanket injunctions to their physicians forbidding them from supporting their cannabis patients. Physicians groups, like the Oregon Medical Association, issue recommendations fairly shouting at physicians to not participate. Patients are out in the cold again.

To their credit, some physicians have signed their signature to a medical marijuana recommendation. Over 1500 Oregon doctors have put their patient first. And some, like Phil Leveque, have paid the ultimate price- license revocation by the BME- for alleged laxity. But Dr. Leveque stood up when other physicians wouldn't. He understood and respected the cries of help from his (thousands ) of patients. In the medical community he is dismissed, in the patient community he is respected.

This is the failure of Oregon's medical leaders: the ONA, the OMA, the Board of Medical Examiners. They have been unwilling to grant human rights to cannabis patients- which acknowledge any ill person's right to treatment. They have been unwilling to craft rules, or support legislative changes that carve out protections for these vulnerable people, instead relying on worn-out objections like: "there's not enough research". This is the mindset which vexes pain management practices today: We'll over prescribe powerful and debilitating drugs, but not a safe herb. Patients are not stupid.

Today, vast public moneys are being spent by federal drug-war miscreants and local law enforcement officials to prosecute the war against sick people. Nursing silence in this context amounts to an endorsement of patient torture. It also violates the first edict of the Code for Nurses which says: "The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of the health problem."

The Nurse Practitioners of Oregon- an ONA affiliate- have recently decided to NOT support cannabis patients through practice expansion. Senate Bill 772 could have allowed NP's to "recommend" the medical marijuana Program for their patients, thus protecting them from legal jeopardy. Their refusal to do so places the NP's of Oregon in support of the ONA official position- "more research, not access". Eight years after the passage of the Oregon Medical Marijuana Act, and ten thousand patients later, the ONA still does <continued on next page>

<continued from previous page> not recognize the human rights of patient self-determination and support. Or the ANA position on medical cannabis approved by the 2003 national assembly. Oregon has the greatest number of cannabis patients, per capita, in the country. The ONA, and the Nurse Practitioners of Oregon- have shown disregard for their responsibility to protect suffering people from capricious and cruel government policy.

I plead with all nurses at the ONA convention in Corvallis to ask Senator Bill Morrisette to include language in SB 772 which would allow Nurse Practitioners to function as "attending physicians" for purposes of the Oregon Medical Marijuana Act. Please tell Senator Morrisette that, as nurses, we want all cannabis patients protected, not just the ones who are fortunate enough to have a compassionate doctor.

I also request the 2005 ONA convention to place before the House of Delegates an emergency resolution for consideration, and approval, which will adopt the language of the 2003 American Nurses Association position on medical marijuana.

An ONA position firmly supporting cannabis patients will reinvigorate the unique place we occupy in patients lives, and hopefully it will begin to close the gap between understanding a problem- like intractable pain- and dealing with it.

Senator Bill Morrisette's number is - 503-986-1706

Thank You,  
Ed Glick, RN  
March 23 2005  
ONA member since 1992

## No Retreat On Cannabis

(UK) If ever a government had an early warning of one front it needs to defend in this election campaign, it is Labour's downgrading of cannabis. On the eve of ministers reclassifying cannabis from category B to the less harmful category C about 14 months ago, the ever-opportunistic Michael Howard declared a Conservative government would reverse it. He condemned the government's drugs strategy as "absurd", which serious policy-makers thought "shameless". Now, 14 months on, ministers are behaving "absurdly", not by referring new evidence about the drug to the Advisory Council on the Misuse of Drugs, but with their failure to set out the robust reasons behind their decision last year.

Charles Clarke, the home secretary, asked the advisory council to say whether it would change their mind as a result of "emerging evidence" of a link between cannabis consumption and deteriorating mental health. It is unlikely that they will. The advisory council - along with the Royal College of Psychiatrists' working party and a Police Foundation's independent committee of inquiry - were all aware of the risks that cannabis posed to people vulnerable to mental illness when they made their recommendations to reclassify.

But certainly the two studies specifically mentioned by Mr Clarke should be referred to the council. The New Zealand study, according to Mr Clarke, "considered how regular cannabis use increased the risk of developing psychotic symptoms later in life". The conclusion of the Dutch study, published in the British

Medical Journal three months ago, repeats findings of earlier research that "cannabis use moderately increases the risks of psychotic symptoms in young people but has a much stronger effect in those with evidence of predisposition for psychosis".

Much fuss has been aired in the red-top papers about these two studies, but with few quotes from the researchers. Yet the professor who led the New Zealand project told the New Zealand Herald:

"These are not huge increases in risk and nor should they be, because cannabis is by no means the only thing that will determine if you suffer these symptoms."

Professor Jim van Os, one of the authors of the Dutch study, was even more robust. He told the Guardian that the fact that cannabis could trigger psychosis in a small minority of people was a good reason to legalise it, not ban it. This would allow governments to promote advice and information and control more dangerous forms like skunk. Packets could carry how much THC, the most dangerous compound, the drug contained, along with how much CBD, the compound believed to provide beneficial effects.

Dame Ruth Runciman, who chaired the influential Police Foundation study, rightly reminded ministers that even with its downgrading, cannabis still carried one of the highest penalties compared with the rest of Europe: up to two years in prison for possession and 14 years for trafficking. She went on:

"A law which is credible to young people is more valuable to education than a law palpably at odds with their experience."

What was missing from the minister's response was a public reminder of why the drug was reclassified. It followed expert advice from professionals -medics, pharmacologists, police officers - not red-top papers. It freed a wide swathe of police officers to pursue serious drug barons, rather than trivial offenders. No wonder polls show 60% believe the drug should be decriminalised. If ministers needed to add a political message, they could have asked Mr. Howard why he wanted to wage war on 50% of young people, ensure tens of thousands of them be given criminal records and some prison sentences, for an activity that more than 2 million of them engage in quite safely during the year.

## World Weed; The WTO—The Stoner's New Best Friend

In the United States, possession and distribution of marijuana is nominally illegal. But you don't have to be Tommy Chong to know that pot's legal status is cloudy and confused. Growing and using "medical" marijuana is legal in 11 states, and in cities like San Francisco it's easy enough to find locally grown product. In addition to being inconsistent, as critics have long pointed out, the federal ban is also irrational. It treats marijuana differently than similar products for no obvious reason. People use prescription drugs, pot, and alcohol for the same purposes: to get high, relax, and dull pain. The consequences of abuse are similar: crashed cars, disease, and lots of wasted time. So, what makes marijuana special?

The irrationality of U.S. marijuana policy is not news. Support of legalization has made bedfellows of people like Willie Nelson and William F. Buckley Jr., backed up by Richard Posner and Dr. Dre. And a Supreme Court decision on whether the federal laws can trump state statutes in this area is expected any day. But the strange status of marijuana may also bring down the scrutiny of a different entity altogether: the World Trade Organization and its powerful condemnation of inconsistent national laws. The American ban on marijuana is what the WTO calls "a barrier to trade," raising the question: Can U.S. marijuana policy survive the tough scrutiny of world trade law?

WTO scrutiny of American drug laws may sound far-fetched, but then until recently so did WTO scrutiny of U.S. gambling or tax laws. U.S. gambling laws, like drug laws, are erratic: Online casinos are strictly prosecuted, but state lotteries and Las Vegas are tolerated. Citing such inconsistency, last November the WTO declared American gambling enforcement an "illegal barrier to trade in services." The fate of these gambling laws may be a guide to the future of American marijuana laws.

Do such WTO decisions have any teeth? Yes, because unlike other international bodies the WTO understands punishment. In his tenure as U.S. president, George W. Bush has obeyed exactly one international court decision: a WTO ruling that shot down his protections for American steel. The reason even Bush listens to the WTO is that the organization knows the one thing politicians fear: angry industries, especially farmers. The WTO has the power to authorize punitive economic sanctions, and those inevitably target politically sensitive exporters—like Florida orange growers or Midwestern wheat. And to such threats even the United States responds. Just as the mob gets what it wants by threatening your family, the WTO targets farmers, and for politicians that's even scarier.

Two WTO principles spell trouble for U.S. drug laws. The WTO demands that countries treat foreign products the same as domestic ones (the "National Treatment" principle); and it demands that when chemicals or drugs are banned, those bans be based on good science (the "Beef Hormone" principle). Both these requirements may present a problem for the United States in the pot wars, because neither science nor logic has ever played much of a role in American crackdowns on "reefer madness."

Consider "national treatment." The basic idea is that the United States cannot tax Canadian rye whisky at \$10 a bottle without doing the same to Kentucky bourbon. Under WTO law, taxing one but not the other is illegal discrimination. The analogy to marijuana is clear: *Local* marijuana-growing enjoys quasi-legal status in the United States, but the *import* of foreign marijuana is strictly banned. In trade terms, that's called illegal discrimination in favor of local producers. Does it matter that the medical-marijuana laws are the rogue efforts of a handful of states like California and Montana? No, said the WTO in its online casino case—while state laws may give rise to this inconsistency, federal systems are fully accountable for state action.

U.S. states, moreover, are protecting a valuable industry. Estimates are unreliable, but the organization NORML in 1998 estimated the domestic weed industry at \$15 billion, making it the nation's fourth largest: larger than the tobacco and cotton, but

smaller than soybeans and corn. When local laws happen to protect a valuable local industry against imports, the WTO becomes suspicious.

"Beware the Killer Drug 'Marihuana'—a powerful narcotic in which lurks: Murder! Insanity! Death!" This warning, from a 1930s U.S. government poster, raises a central U.S. defense to WTO charges: Doesn't the United States have the right to protect its citizens against harmful drugs? Yes, countries do have explicit permission to enact health-protecting trade-restrictive measures (in trade lingo, "sanitary and phytosanitary measures"). But import bans must also be supported by scientific risk analysis. And merely saying "Murder! Insanity! Death!" is usually insufficient.

That's what the Europeans found out when their ban on hormone-fed beef was struck down by the WTO in 1998. Europeans have long been suspicious of American cattle fed growth hormones, believing that eating hormone-laden beef leads to premature sexual development. But the WTO struck Europe's beef-hormone ban for want of good science. In WTO language, Europe failed to supply a "risk assessment that reasonably supports or warrants the import prohibition."

There's a difference: Unlike with hormone beef, no one denies that marijuana is harmful when abused. As with tobacco or alcohol, the United States clearly has the right to enact some controls. The problem may be justifying the *distinct* U.S. treatment of marijuana's health risks. The WTO rules can be read to demand that products of similar risks be treated similarly, and a cannabis pill may be a market substitute for prescription drugs, alcohol, and tobacco. All are harmful: Prozac makes people suicidal, alcohol destroys livers, and nicotine is cancerous and as addictive as crack. What, the WTO may ask, makes marijuana so different?

The issue is sharpened by the problem of the import of cannabis for medical purposes. The White House now denies that cannabis is a medicine, saying "even if smoking marijuana makes people 'feel better,' that is not enough to call it a medicine." But a 1999 medical study commissioned by the (Clinton) White House concluded otherwise, saying "the accumulated data suggest a variety of indications, particularly for pain relief, antiemesis, and appetite stimulation." Such findings cannot help the U.S. case.

The United States does have a fallback defense: Marijuana makes good people bad. The World Trade Organization allows countries to enact measures "necessary to protect public morals." Which raises this fundamental question: Is it wrong to be stoned? A 1924 *Daily Mirror* editorial said, "Marijuana inflames the erotic impulses and leads to revolting sex crimes." And today, according to the White House, "Marijuana users in their later teen years are more likely to have an increased risk of delinquency and more sexual partners." But just because smokers drop out and have more sex, is that sufficient to sustain a morality-based barrier on trade? No one knows, but it is the kind of question that makes trade law interesting.

In order for the WTO to consider the legality of U.S. drug laws, some country would have to bring a WTO complaint against the United States. Don't expect a case tomorrow, but it may just be a matter of time. An increasing < continued on next page>

<continued from previous page> number of countries—including Belgium, Holland, and Canada — have begun to allow licensed growing of marijuana, and today's growers will be tomorrow's exporters. Canada is the natural WTO plaintiff. Just as with alcohol during prohibition, Canada makes lots of money selling contraband dope to its southern neighbor. According to the Canada's *National Post*, Canadian marijuana is a \$7 billion industry, or larger than Canada's wheat and dairy industries, and its fisheries. And the laws up north are loose. The last two prime ministers have been legalization advocates. (Former Prime Minister Jean Chretien famously said, "The decriminalization of marijuana is making normal what is the practice. ... I will have my money for my fine and a joint in the other hand.") And some Canadian courts have even struck down marijuana laws as violative of fundamental rights. Even Tommy Chong (of Cheech and Chong) is from Alberta—the Canadian complaint at the WTO could well begin, "Hey, man ..."

The economic incentives to bring a WTO complaint are clear. For Canadian and other marijuana exporters, the American recreational and medical weed market is the big fatty. Americans smoked 1,047 metric tons of ganja in 2000—according to U.S. government estimates, worth \$10.5 billion. (The White House estimates that the average smoker goes through 18.7 joints per month.) Every afternoon, at 4:20, millions of bowls light across the nation—and what country wouldn't want a piece of that?

For many, these points may lead to questions not about the drug laws but about the WTO. But none of this should be a surprise. The WTO's reasoning is economic, and economic logic taken seriously often has radical consequences. Many economists, including Nobel-laureates Gary Becker and Milton Friedman, have long believed that American marijuana laws are irrational. And as William F. Buckley Jr. puts it, "marijuana prohibition has done far more harm to far more people than marijuana ever could."

The irony here is difficult to overstate. The same WTO that most stoners love to hate may someday be the organization that guarantees their supply. In the words of Willie Nelson, "Marijuana is an herb and a flower. God put it here. What gives the government the right to say that God is wrong?"

*Tim Wu is an associate professor at University of Virginia Law School. He teaches intellectual property and international trade. Article URL: <http://slate.msn.com/id/2115008/>*

**Web sites to visit:**

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

**[www.omma1998.org](http://www.omma1998.org)**

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

**[www.nap.edu/catalog/6376.html](http://www.nap.edu/catalog/6376.html)**

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

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

\* Fax: +49-221-1300591 \* **<http://www.acmed.org/>**

**Oregon State Activists & Orgs:**

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

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

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

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

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

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