



CONTACT YOUR REPRESENTATIVE! Congressional House Members Introduce Multiple Medical Marijuana Reform Measures

Washington, DC, USA: A bipartisan coalition of United States House lawmakers have [introduced](#) multiple measures in Congress to reform federal marijuana laws.

[House Bill 1983, The Medical Marijuana Patient Protection Act](#), ensures that medical cannabis patients, caregivers, or third-party providers in states that have approved its use will no longer have to fear arrest or prosecution from federal law enforcement agencies. It states, "No provision of the

Controlled Substances Act shall prohibit or otherwise restrict in a State in which

marijuana may be prescribed or recommended by a physician for medical use under applicable State law."

Says the bill's primary sponsor, Rep Barney Frank (D-MA): "The time has come for the federal government to stop

<continued on page 3 >



Oregon Medical Cannabis Patients Brace for Fee Hike

Basic Fees for registering with the Oregon Medical Marijuana Program will increase from the current \$100 per year and from \$20 for a majority of those qualified for the Reduced Fee, due to a Budget Bill (SB5529-A) that was legislated in the last session and signed by the Governor. The legislators also approved imposing a new \$200 fee on growers who are not already patients.

<continued on page 7 >

Cannabis Compound Induces Death Of Cells Associated With Liver Fibrosis

New York, NY, USA: The administration of the non-psychoactive cannabinoid CBD ([cannabidiol](#)) induces selective apoptosis in hepatic stellate cells (HSCs), according to preclinical [findings](#) reported in the journal *Cell Death and Disease*. The

<continued on page 3 >

US Attorneys Frighten Oregon Landlords

Resource Centers throughout Oregon and across America closed as a result of being unjustly evicted due to deliberately broad, misleading, and threatening letters from US Attorneys, part of a series sent to state officials and Centers, like MERCY, the Medical Cannabis Resource Center. And all just a part of shutting down Medical Cannabis altogether, really. <continued on last page >

Vermont Legalizes Establishment Of Medical Marijuana Dispensaries

Montpelier, VT, USA: Democrat Gov. Peter Shumlin [signed](#) legislation into law last week that allows for the establishment of state-sanctioned medical cannabis distribution facilities. The Governor signed the law despite last-minute [warnings](#) from the U.S. Justice Department

<continued on page 4 >

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. See us on Wednesdays at 06:30pm, Thursdays at 07:00pm, Fridays at 10:30pm and Saturdays at 06:00pm. Visit –

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

MERCY is a non-profit, grass roots organization founded by patients, their friends and family and other compassionate and concerned citizens in the area and is dedicated to helping and advocating for those involved with the Oregon Medical Marijuana Program (OMMP). MERCY is based in the Salem, Oregon area and staffed on a volunteer basis.

The purpose is to get medicine to patients in the short-term while working with them to establish their own independent sources. To this end we provide, among other things, ongoing education to people and groups organizing clinics and other Patient Resources, individual physicians and other healthcare providers about the OMMP, cannabis as medicine and doctor rights in general.

The mission of the organization is to help people and change the laws. We advocate reasonable, fair and effective marijuana laws and policies, and strive to educate, register and empower voters to implement such policies. Our philosophy is one of teaching people to fish, rather than being dependent upon others.

Want to get your Card? Need Medicine Now?

Welcome to The Club! MERCY – the Medical Cannabis Resource Center hosts Mercy Club Meetings **every Wednesday** at - **1469 Capital Street NE, Suite #130, Salem, 97301** – from **7pm to 9pm** to help folks get their card, network patients to medicine, assist in finding a grower or getting to grow themselves, or ways and means to medicate along other info and resources depending on the issue. **visit** – www.MercyCenters.org - or Call **503.363-4588** for more.

The Doctor is In ... Salem! * MERCY is Educating

Doctors on signing for their Patients; Referring people to Medical Cannabis Consultations when their regular care physician won't sign for them; and listing all Clinics around the state in order to help folks Qualify for the OMMP and otherwise Get their Cards. For our Referral Doc in Salem, get your records to – **1469 Capital Street NE, Suite #100, Salem, 97301** - or, in the Salem-area, fax them to **503-581-1937**, NOTE: There is a \$25 non-refundable deposit required. Transportation and Delivery Services available for those in need. For our Physician Packet to educate your Doctor, or a List of Clinics around the state, visit – www.MercyCenters.org - or Call **503.363-4588** for more.

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

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

<continued from CANNA-BILLS IN US CONGRESS, page 1 > preempting states' medical marijuana laws. For the federal government to come in and supersede state law is a real mistake for those in pain for whom nothing else seems to work. This bill would block the federal prosecution of those patients who reside in those states that allow medical marijuana."

[House Bill 1984, The Small Business Banking Improvement Act of 2011](#), provides that state-

authorized medical marijuana businesses have full access to banking services by amending the federal Bank Secrecy Act. The measure is sponsored by Rep. Jared Polis (D-CO), who states: "When a small business, such as a medical marijuana dispensary, can't access basic banking services they either have to become cash-only -- and become targets of crime -- or they'll end up out-of-business. In states that have legalized medical marijuana, and for businesses that have been state-approved, it is simply wrong for the federal government to intrude and threaten banks that are involved in legal transactions."

Finally, [House Bill 1985, The Small Business Tax Equity Act of 2011](#), amends the Internal Revenue Code of 1986 to allow a deduction for expenses in connection with the trade or business of selling medical cannabis pursuant to state law. Says the bill's lead sponsor, Rep. Pete Stark (D-CA): "Our tax code undercuts legal medical marijuana dispensaries by preventing them from taking all the deductions allowed for other small businesses. While unfair to these small business owners, the tax code also punishes the patients who rely on them for safe and reliable access to medical marijuana prescribed by a doctor. The Small Business Tax Equity Act would correct these shortcomings."

In May, Rep. Ron Paul (R-TX), a co-sponsor of both H.R. 1984 and H.R. 1985, also reintroduced [H.R. 1831, The Industrial Hemp Farming Act of 2011](#), which would exclude low potency varieties of marijuana from the federal Controlled Substances Act. The measure has 25 Congressional co-sponsors and is presently before the both the House Judiciary and the Energy and Commerce Committees.



To take action, visit NORML's 'Take Action Center' online at: <http://www.capwiz.com/norml2/issues/>

Contacting Officials. ▶ **United States House of Representatives | Information on the lower body of the federal legislature:** about the legislative process, this week's House calendar, committee schedules, roll call vote ... Washington, DC 20515 * call (202) 224-3121 | TTY: (202) 225-1904 or visit - www.house.gov

▶ **United States Senate | History on ... the two houses of Congress, giving each state equal representation in the Senate.** ... Contacting Senators, by mail Washington, D.C. 20510, By Telephone: Alternatively, you may phone the United States Capitol switchboard at (202) 224-3121. A switchboard operator will connect you directly with the Senate office you request. visit - www.senate.gov

You can also visit NORMLs page to find your rep as well as other Resources. Go to - <http://capwiz.com/norml2/home/>.

▶ **Register, Vote and Get Everybody You Know to Do So Also. And Vote Smart! See profiles about nearly all candidates for federal and state offices, to include what the candidates have stated is their position on drug issues.** Biographical Information, Voting Records, Issue Positions, Interest Group Ratings, Public Statements, Campaign Finances, Voter Registration, Ballot Measures, Issues and Legislation, Political Resources, and more. Politics is going to the Dogs! So, Bite Back with Project Vote Smart. Visit - Vote-Smart.org for more.

<continued from LIVER FIBROSIS, page 1 > activation of HSCs is considered to be a key cellular event underlying hepatic fibrogenesis (excessive tissue build up), a condition that can result in liver failure.

Authors reported: "In this study, we find that CBD selectively kills activated HSCs. ... We provide a molecular basis of action for CBD and identify CBD as a novel potential therapeutic agent for liver fibrosis."

They concluded, "These promising findings warrant future investigation evaluating the anti-fibrotic effect of CBD *in vivo*. The prospect

<continued on next page>

<continued from previous page> of CBD as a new anti-fibrotic compound is rendered more appealing by the fact that CBD is a non-psychoactive small drug-like molecule already approved for clinical use in many countries. "Liver fibrosis is the tenth leading cause of death in the United States. [Previous studies](#) have consistently reported that cannabinoids can selectively promote cell suicide in various malignant cell lines, including [breast cancer](#), [lung cancer](#), and [glioma](#).

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabidiol causes activated hepatic stellate cell death through a mechanism of endoplasmic reticulum stress-induced apoptosis," appears in *Cell Death and Disease*.

THC Administration Halts Disease Progression, Decreases Mortality In Primate Version of Human Immunodeficiency Virus

New Orleans, LA, USA: The long-term administration of delta-9-THC, the primary psychoactive compound in marijuana, is associated with decreased mortality in monkeys infected with the simian immunodeficiency virus (SIV), a primate model of HIV (human immunodeficiency virus) disease, according to *in vivo* experimental trial [data](#) published in the June issue of the journal *AIDS Research and Human Retroviruses*.



Investigators at the Louisiana State University Health Sciences Center [assessed](#) the impact of chronic intramuscular THC administration compared to placebo on immune and metabolic indicators of SIV disease during the initial six-month phase of infection.

Researchers reported, "Contrary to what we expected, ... delta-9-THC treatment clearly did not increase disease progression, and indeed resulted in generalized attenuation of classic markers of SIV disease." Authors also reported that THC administration was associated with "decreased early mortality from SIV infection" and "retention of body mass."

Investigators concluded, "These results indicate that chronic delta-9-THC does not increase viral load or

aggravate morbidity and may actually ameliorate SIV disease progression."

Clinical trials have previously [documented](#) that the short-term inhalation of cannabis does not adversely impact viral loads in HIV patients, and may even improve immune function.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabinoid administration attenuates the progression of simian immunodeficiency virus," is available online here: <http://www.liebertonline.com/doi/pdf/10.1089/aid.2010.0218>. Additional studies documenting the disease modifying potential of marijuana is available in the NORML handbook, *Emerging Clinical Applications For Cannabis & Cannabinoids: Fourth Edition*, available online at: http://norml.org/index.cfm?Group_ID=7002.

<continued from VERMONT DISPENSARIES, page 1 > alleging that it would conflict with federal antidrug laws.

[Senate Bill 17](#) authorizes the state Department of Public Safety to license up to four facilities to provide marijuana to qualified patients. Each facility will be allowed to provide cannabis for up to 1,000 patients.

The Department is in the process of developing rules to carry out the new law. It is anticipated to begin issuing licenses within six or seven months and is required by law to begin doing so within one year.

To date, only the states of [Colorado](#), [Maine](#), and [New Mexico](#) have state-licensed medical marijuana facilities up and running. Regulators in [New Jersey](#) and [Rhode Island](#) have selected applicants to operate similar state-licensed dispensaries, but neither state has allowed those applicants to open their planned facilities. A similar licensing program in [Arizona](#) is also [on hold](#). Permits for licensed medical marijuana businesses are expected to be issued within the next 6 to 12 months in [Delaware](#) and in the [District of Columbia](#).

Vermont lawmakers [initially approved](#) the physician-supervised use of marijuana in 2004, but failed to provide a state-regulated supply source.

For more information on Vermont's medical marijuana laws, please visit: http://www.norml.org/index.cfm?Group_ID=3391#Vermont.

Maine: Governor Signs Law Expanding Privacy, Other Legal Protections For Medical Cannabis Patients

Augusta, ME, USA: Republican Gov. Paul LePage [signed](#) legislation, [LD 1296](#), into law on Friday implementing new privacy protections for qualified medical cannabis patients.

The measure eliminates a recently enacted legislative mandate requiring medical marijuana patients to be registered with the state in order to receive legal protection under state law. It also eliminates statutory language requiring physicians to disclose a patient's specific medical condition with the Maine Department of Health and Human Services.

Additionally, LD 1296 limits the ability of law enforcement to seize cannabis from lawful patients, and mandates for the return of any seized property within seven days.

Only two [additional states](#) -- California and Washington -- do not require patients to be registered with the state to receive limited legal protections.

The new law takes effect in October.

In March, Safe Alternatives, the [first](#) state-regulated medical marijuana dispensary on the East Coast, began operations in Frenchville, Maine. Since then, [two additional](#) dispensaries have opened their doors. The state expects to have eight licensed dispensaries up and running before the end of the year.

Full text of the measure is available online via Maine's legislative website [here](http://www.mainelegislature.org/legis/bills/bills_125th/billtexts/HP095102.asp): http://www.mainelegislature.org/legis/bills/bills_125th/billtexts/HP095102.asp.

Cannabinoids Delay Disease Progression In Animal Model Of Huntington's Disease

Madrid, Spain: The combined administration of the plant cannabinoids THC and [CBD](#) (cannabidiol) provide neuroprotection in rat models of Huntington's Disease (HD), according to [experimental data](#) to be published in *The Journal of Neuroscience Research*. [Huntington's Disease](#) is an inherited degenerative brain disorder characterized by motor abnormalities and dementia produced by selective lesions in the cerebral cortex and, in particular, the [striatum](#). There are presently no

known conventional therapies available to alleviate HD symptoms or delay HD-associated striatal degeneration.

An international team of investigators from Spain, Italy, and the United Kingdom assessed whether THC and CBD-rich botanical extracts could delay the progress of the disease in laboratory animals. Authors reported, "[O]ur data demonstrate that a [one to one] combination of THC and CBD-enriched botanical extracts protected striatal neurons against ... toxicity." By contrast, the administration of individual, selective synthetic cannabinoid agonists did not produce similarly favorable outcomes.

Investigators concluded, "In our opinion, these data provide sufficient preclinical evidence to justify a clinical evaluation of [one to one THC to CBD] cannabis-based medicine ... as a neuroprotective agent capable of delaying disease progression in patients affected by HD, a disorder that is currently poorly managed in the clinic, prompting an urgent need for clinical trials with agents showing positive results in preclinical studies."

*For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Neuroprotective effects of Phytocannabinoid-based medicines in experimental models of Huntington's Disease," will appear in *The Journal of Neuroscience Research*. Additional studies documenting the disease modifying potential of marijuana is available in the NORML handbook, *Emerging Clinical Applications For Cannabis & Cannabinoids: Fourth Edition*, available online at: http://www.norml.org//index.cfm?Group_ID=7002*

Washington: Supreme Court Says State's Medical Marijuana Law Provides No Protection For Employees' Off-The-Job Use Of Cannabis

Olympia, WA, USA: An employer may terminate an employee for his or her off-the-job marijuana use, even if the employee is authorized under state law to use cannabis medicinally, the Washington Supreme Court [ruled](#) last week in an 8 to 1 decision.

The majority [determined](#): "Washington courts have recognized that [the] purpose [of the Washington State Medical Use of Marijuana Act] is to protect the rights of qualifying patients to use medical marijuana in accordance with the advice and supervision of their physicians. ... Washington court

<continued on next page>

<continued from previous page> decisions do not recognize a broad public policy that would remove any impediment to medical marijuana use or impose an employer accommodation obligation."

The Court further determined: "Finally, Washington patients have no legal right to use marijuana under federal law. Though [the petitioner] claims the divergence between Washington's [medical marijuana law] and federal drug law is of no consequence to a state tort claim, the two cannot be completely separated."

Writing for the dissent, Justice Tom Chambers determined: "The law is intended to treat marijuana like any other medication. ... Even the limitations in the act support finding a policy in favor of allowing medical marijuana in situations like this one."

In 2010, the Oregon Supreme Court made a similar ruling in [Emerald Steel Fabricators Inc. v. Bureau of Labor and Industries](#), finding that an employee who uses marijuana in accordance with state law is nonetheless "engaged in the illegal use of drugs" and [may be fired](#) for his or her off-the-job conduct. In 2008, the California Supreme Court also similarly ruled in [Ross v. Ragingwire Telecom](#) that:

"California's voters merely exempted medical users and their primary caregivers from criminal liability under two specifically designated state statutes. Nothing in the text or history of the Compassionate Use Act suggests the voters intended the measure to address the respective rights and obligations of employers and employees."

Full text of the decision, *Roe v. Teletch Customer Care Management LLC*, is available here: <http://seattletimes.nwsources.com/ABPub/2011/06/09/2015278482.pdf>.

Over One Million Patients Likely Using Medical Cannabis In California, CA NORML Study Estimates

San Francisco, CA, USA: There are now over 750,000 people in California -- some two percent of the population -- using medical marijuana in compliance with state law, according to [estimates](#) published this week by [California NORML](#), the state affiliate of the National Organization for the Reform of Marijuana Laws.

The figure represents a substantial increase from the

organization's [previous estimates](#), but it is in line with registration rates in other comparable states that enjoy similar wide access to medical cannabis clinics and dispensaries.

States California NORML in a [press release](#): "Because patients are not required to register in California, their exact number is uncertain. Under California's medical marijuana law, ... patients need only a physician's recommendation to be legal. Just a tiny fraction of the state's medical marijuana population is enlisted in the state's voluntary ID card program, which issued just 12,659 cards in 2009-10. Therefore, California patient numbers must be estimated from other sources. Among the most salient are medical marijuana registries in Colorado and Montana, which report usage rates of 2.5% and 3.0%, respectively. Because California's law is older and has more liberal inclusion criteria than other states, usage here is likely to be higher."

It adds: "Despite this, there is no evidence that liberal access to medical marijuana has spurred overall marijuana use in California. According to U.S. SAMHSA [data](#), the total number of users in the state, including non-medical ones, amounts to 6.7% of the population (2.5 million) within the past month, or 11.3% (4.1 million) within the past year.

This places California only slightly above the national average in marijuana use (6.0% monthly and 10.4% yearly), and below several states with tougher marijuana laws. Use of marijuana by California school youth has declined since Prop. 215 passed, according to data from the [Attorney General's Survey of Student Drug Use in California](#). The increase in medical marijuana use therefore appears to reflect a tendency for existing users to 'go medical,' rather than the enlistment of new users."

California NORML estimates that the total retail value of medical marijuana consumed in California is "between \$1.5 and \$4.5 billion per year, assuming a market of 2% to 3% of the population, average use of 0.5 to 1 gram per day, and an average cost of \$320 per ounce."

For more information, please contact Dale Gieringer, California NORML Coordinator, at: (415) 563-5858. Full text of California NORML's press release is online at: <http://www.canorml.org/news/cbcsurvey2011.html>. State medical marijuana use estimates for other states is available online from NORML here: <http://blog.norml.org/2011/05/31/americas-one-million-legalized-marijuana-users/>

<continued from FEE HIKE, page 1 > The greatest suffering will be over the \$20 discount for poor people receiving food stamps and state medical coverage - which will be eliminated, and only available to people on social security. The fee increases are currently scheduled to go into effect October 1.

It's egregious, the legislators are doing this because they can, "punishing" the Patients - making them pay for the budgets woes - is wrong.

It's not being done because the patients are costing Oregon, because they're getting a service and they owe.

Not because the Patients can afford it, they have the money to spare. Just the opposite!

"Medical marijuana patients are sick, disabled, and very often poor. This stealthy tax is nothing more than a bedside shakedown of some of the most vulnerable people in Oregon," said Robert Wolfe, Director of the Oregon Marijuana Policy Initiative, which represents marijuana advocacy groups statewide. "It's a dastardly maneuver by cold-hearted politicians to balance their budget on the backs of the sick and poor."

Not even really doing it for the money, per se, but to drive folks out of the program so they can be fed into the in-justice system and otherwise become prey for their special interest masters. And thus it's really going to cost Oregon overall.

"Legislators failed to kill the OMMP during the regular session," said Wolfe. "Now they are trying to discourage participation by imposing high tariffs. Patients will now avoid the program, and turn to the black market for their medicine. The legislature will be successful in recriminalizing thousands of sick and dying Oregonians."

The increased fees will NOT be going to the OMMP, but instead the expected \$7 million raised reportedly will go to other programs within the cash-strapped Oregon Health Authority, including clean water, emergency medical care, and school health centers. **So this isn't even money for the program.** We find it disgusting that they looked to the OMMP for their funding for these unrelated programs. Learn more > http://mercycenters.org/news/2011/OMMP_Fees_Doble.html

Worse than we first thought, it isn't just the 200 for the card (and no low income) - it is also an ADDITIONAL 200 for the grower who isn't a patient....yeah, that will help people

convince their friends and family to help them grow their medical marijuana: Keep this in mind at election time...the same folks who have doubled the cost for your medical marijuana card, and the same folks who have proposed multiple legislative concepts to further restrict your rights - they say that they need 10% more money for the next biennium.

For example, we find this quote particularly interesting: "After scrutinizing for every possible cut, every efficiency, this is how the budget came out," said House co-Speaker Arnie Roblan, D-Coos Bay. He said it's important to invest in professional staff if the Legislature is going to have the same clout as the other two branches of government. "Now when we have a disagreement with the executive branch, we have the horsepower to be there," Roblan said.

They need more "clout" to keep up with the judiciary and executive branches? Maybe we could just cut their budgets down to size and that would put them on equal footing! Must be nice to be able to allot yourself more money for your fights - because our community has to do it for free, . If anyone was under the illusion that these guys aren't paid well (I've heard this from people) - the bottom lists some of the salaries - ranging from mostly between 5000-6000 per month.

NOTES: SB 5529 requires the OMMP to raise the money, but does not specify HOW to raise that money. That decision is being made administratively. Todd Dalotto of the Advisory Committee on Medical Marijuana (ACMM) is one activist working on efforts to change the formula that is being considered for the fee hikes. One reason to pressure House legislators is to give our side some leverage as the ACMM goes into talks with the OMMP Interim Director (Barry Kast). If Barry is getting a lot of calls from elected officials about his proposed method to raise the money, it may help us influence Barry to CHANGE the way he raises the money, particularly to preserve the low income discounts.

Regardless, we will need a grassroots lobbying effort to urge them to work with the ACMM to develop an alternative proposal and to hold public hearings and otherwise allow input at all. Contacts: **Robert Wolfe, OMPI, phone - 541-228-1634 * Todd Dalotto, ACMM, phone - 541-929-3973**



Your Tax Dollars At Waste, Feds Paper Oregon with Lies and Threats

<continued from US ATTORNEYS, page 1 > In the letters, where they paint a very broad definition of what is "dispensing" and say the result of it is that all the little children are using drugs. Sadly, all actual, real studies done to date on the subject show just the opposite. The most egregious truth that needs to be pointed out is that these bureaucratic bullies are doing this because it's better than going after rich and connected people and businesses; or actual criminals who really are armed and dangerous and fight back; because it beats working for a living, like us peasants. Oh, yeah, making war on the pot-heads is much more fun, profitable and over-all career rewarding, after all. Even if it does cost us all in the long run.

Cease and Desist! Pot-Head Haters Masquerading as Public Officials Strike Fear for Prohibitions Sake

Another prevarication related to the missives is that the Feds are only looking to shut down "illegal" activities when in fact their Agenda is ReCINDing the state Programs altogether. The basis for this is their constant, on-going policy/lie that cannabis (marijuana) is not medicine. This campaign is to counter the grass-roots gains by the people on the issue. Can't have the truth ruining their little boondoggle now, can they? What would their big-Pharma masters say?

Our response is to helping the folks who were dependent upon the places shutting/being-shut down by this. A prime directive is reaching out and networking with all others involved to maximize the resource coverage and support, especially in outlying areas. We're going to Outreach, Organize, Network and prep for Court Support and beyond. Letters to LandLord(s) and other interested parties and get them to assist in - Letters and other Action to US Attotrney(s) and Office (AG), as well as Admin (Obama). Web page for Ideas, Examples. As well as Letters to the editor, Demos/Rallys to get Media and other the like aware to get this into the Public eye and them acting upon it also. And Fire/dis-Empower the Prohibitionists involved. This means targeting budgets and officials for de-election, etc., as well as the launching and supporting of Bills, Measures and Initiatives of our own. Read more >>> [http://mercycenters.org/news/2011/Tax Dollars at Waste.html](http://mercycenters.org/news/2011/Tax_Dollars_at_Waste.html)

DOJ Revises Administration's Position Regarding State Medical Marijuana Laws

Washington, DC, USA: The United States Department of Justice [issued a memorandum](#) to US Attorneys last week revising the administration's position regarding the use of federal resources in states that have enacted laws allowing for the use of distribution of medical cannabis to authorized patients. It is the [second such memo](#) issued by the Obama administration.



The DOJ memo seeks to clarify the administration's stance after US Attorneys this spring sent letters to several state lawmakers [threatening to prosecute](#) medical marijuana providers, or in some cases state

employees who licensed such providers, even in instances where such conduct was in strict compliance with state law. According to the latest memorandum, dated June 29 and signed by Deputy Attorney General James M. Cole, the warnings issued in the previous US Attorney letters are "entirely consistent" with DOJ policy.

[The memo states](#), "[I]t is likely not an efficient use of federal resources to focus enforcement efforts on individuals with cancer or other serious illnesses who use marijuana as part of a recommended treatment regimen consistent with applicable state law." By contrast, the DOJ notes that "Persons who are in the business of cultivating, selling, or distributing marijuana, and those who knowingly facilitate such activities, are in violation of the Controlled Substances Act, regardless of state law." To date, three states -- Colorado, New Mexico, and Maine -- have allowed for the operation of state-licensed medical marijuana producers and providers. Five additional states -- Arizona, Delaware, New Jersey, Rhode Island, and Vermont -- as well as the District of Columbia have similar laws, but have either suspended or not yet implemented their medical marijuana distribution programs.

As a candidate, President Obama had [pledged](#) that he would "not ... be using Justice Department resources to try to circumvent state laws on this (the medical marijuana) issue." *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 Cole memorandum is available online at: <http://www.freedomisgreen.com/full-text-department-of-justice-memo-on-medical-marijuana/>.*

