



## Oregon Medical Cannabis Community Rallies, Prohibitionist Candidate Crushed in AG Primary Race

### Activists Now Focus on Current and Potential Representatives and Initiatives to be on Ballot in November

Medical marijuana advocates have a message for Democratic leaders and federal prosecutors with an eye on political office: Don't mess with medi-pot. In Oregon, Dwight Holton, a former US attorney, lost in a landslide after medical cannabis became a campaign issue and Activists / Advocates - pushing back against a federally led effort to stem the proliferation of medical marijuana operations - are claiming major credits. For, you see, this is a big defeat for a former federal prosecutor who was the early favorite to win the Democratic primary for Oregon attorney general. As interim U.S. attorney, Dwight Holton called Oregon's medical marijuana law a "train wreck" and oversaw efforts to crack down on medical marijuana clubs and grow operations that he said were fronts for illegal marijuana sales. Federal prosecutors have led similar crackdowns in other states that have legalized marijuana for medicinal use.

Actually, this is the second time the medical cannabis advocate community has defeated an anti-medical marijuana candidate in a

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### Three Out Of Four Americans Believe Obama Administration Should "Respect" States' Medical Marijuana Laws

**Washington, DC, USA:** Seventy-four percent of Americans believe that the federal government should cease interfering in states that have legalized the limited use of marijuana as a medicine, according to a nationwide Mason-Dixon [poll](#) of 1,000 likely voters.

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### Connecticut To Become 17th State To Allow For The Legal Use Of Marijuana For Medicinal Purposes - "Today is a day of hope, compassion and dignity," says Connecticut NORML

**Hartford, CT, USA:** First, Members of the Connecticut General Assembly [decided](#) 95 to 51 previously (5/3/12) in favor of legislation to allow for the limited use and distribution of cannabis as medicine. Democrat Gov. Dannel Malloy also backs the measure. According to a 2012 statewide Quinnipiac University [Poll](#) of over

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### Administration Of Non-Psychotropic Cannabinoid Mitigates Psychotic Symptoms In Schizophrenics

**Mannheim, Germany:** The administration of the non-psychotropic plant constituent [cannabidiol](#) (CBD) is associated with a significant reduction in psychotic symptoms in patients with schizophrenia, according to clinical trial [data](#) published in the journal *Translational Psychiatry*.

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### Study: Non-Psychotropic Plant Cannabinoids Counteract Prostate Cancer Growth

**Pouzzuoli, Italy:** The administration of non-psychotropic plant cannabinoids, in particular [cannabidiol](#) (CBD), inhibit proliferation and selectively trigger cell suicide of prostate carcinoma, according to preclinical [data](#) to be published in the *British Journal of Pharmacology*.

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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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www.MercyCenters.org

*Check it out!*

## MERCY On The Tube!



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

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

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

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

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

## Want to get your Card? Need Medicine Now?

**Welcome to The Club!** MERCY – the Medical Cannabis Resource Center hosts Mercy Club Meetings **every Wednesday** at - **1469 Capital Street NE, Suite #100, Salem, 97301** – from **7pm to 9pm** to help folks get their card, network patients to medicine, assist in finding a grower or getting to grow themselves, or ways and means to medicate along other info and resources depending on the issue. **visit** – [www.MercyCenters.org](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 #100, Salem, 97301**, NOTE: There is a \$25 non-refundable deposit required. Transportation and Delivery Services available for those in need. For our Physician Packet to educate your Doctor, or a List of Clinics around the state, visit – [www.MercyCenters.org](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!

<continued from OREGON MEDICAL CANNABIS COMMUNITY RALLIES, page 1 > state Attorney General race. In 2010, we defeated Steve Cooley in a very close race for California Attorney General. And these are not the only recent victories.

### How Congressman Sylvestre Reyes' Anti-Pot Lobbying Cost Him His Job

In early 2009, El Paso Rep. Sylvestre Reyes (D) warned city council members that, if they approved a resolution calling for a debate on marijuana legalization, the city would jeopardize its federal funding.

Instead, what turned out to be at risk was Reyes' seat in the House of Representatives in 2012.

On Tuesday (5/29/12) night, El Paso voters ousted Reyes in a Democratic primary, in favor of the council member who had pushed the 2009 legalization resolution, Beto O'Rourke.

Any day now, Connecticut will become the 17th state to adopt medical cannabis laws. Last week, 73% of President Obama's own party in Congress voted against his policy of cracking down on medical marijuana, and the week before, Democratic leader Nancy Pelosi stood up to condemn Drug Enforcement Administration raids in medical cannabis states.

These are pretty exciting times for a movement under attack, but this momentum is no accident. Advocates have worked hard to create strong relationships in their communities, and as a result elected officials and bureaucrats have become invested in creating programs that would meet the needs of their constituents. As the population of medical cannabis patients grew, we began meeting each other, organizing, networking information and building pools of resources.

There are now over [1 million](#) state-approved medical cannabis patients in this country. Everyone knows someone who knows someone who is medical cannabis patient, or is thinking about it. Parents suffering from cancer and MS are tired of asking their kids to find marijuana for them for their treatment, families are tired of watching loved ones needlessly suffer from chronic pain and the side effects of cancer treatment because they do not want to break "federal law," and the nation is tired of government misinformation about the medical benefits of cannabis. Even more importantly, elected officials are hearing these discussions at their dinner tables.

And the medical cannabis community continues to

grow every day. Thousands of physicians feel comfortable in the regulated systems of access and are recommending cannabis therapies. State and local governments are figuring out how to make safe access a win-win for patients and their communities. Throughout the country, thousands of patients work with their partners in labor, medical associations, veterans groups, patients groups, and political organizations to establish local laws, change federal laws and otherwise allow regulated access to a medicine that millions of Americans need – and in some cases is the only thing that works!

### Hello, Mr. President? This Is Your Wake-Up Call

Not only in campaign promises but in several memos since, Barak and the Obama Administration have stated they would not only recognize Medical Cannabis (marijuana) but support/defend those elements in compliance with state laws. Yet the opposite has happened and Obama is on track to set a new record for busts topping even the Bush League administration he contrasted himself against to get our votes. Instead of backing-off or even allowing the Truth and Consequences, we've only gotten more Lies and Raids. He nominated the most virulent pot-head hater since Anslinger to head the DEA, the Drug Czar continues to say Marijuana Isn't Medicine and the Federal jihad against Medical Cannabis in Oregon even swept up Federal Medical Cannabis Patient (yes, Federal!) Elvy Mussika, putting her thru all kinds of hell – just to name a few.

As Steph Sherer of Americans for Safe Access (ASA) writes, "we became the target of federal crackdowns on state-licensed caregivers and dispensaries. President Obama has increased enforcement against us even as his reelection looms. But state and federal leaders, with grassroots support, are pushing back. Yesterday a poll [confirmed](#) that access to medical marijuana is overwhelmingly popular, and today New York elected officials will [announce](#) a push to make the Empire State the eighteenth to provide for well-regulated access to cannabis.

The next time the Obama campaign decides to pursue politically-motivated charges against state medical marijuana regimes, I suggest his campaign manager Jim Messina call Steve Cooley or Dwight Holton and ask if they regret underestimating the medical cannabis community.

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<continued from previous page> Politicians come and go. But public compassion for suffering patients is here to stay." For more info, to see comments or to post yours, Visit - [http://www.huffingtonpost.com/steph-shearer/medical-marijuana-politicians\\_b\\_1522396.html](http://www.huffingtonpost.com/steph-shearer/medical-marijuana-politicians_b_1522396.html) -and- [http://www.huffingtonpost.com/2012/05/30/pot-sylvestre-reyes-beto-orourke\\_n\\_1555576.html?ref=mostpopular](http://www.huffingtonpost.com/2012/05/30/pot-sylvestre-reyes-beto-orourke_n_1555576.html?ref=mostpopular)

<continued from THREE OUT OF FOUR AMERICANS BELIEVE OBAMA ADMINISTRATION SHOULD "RESPECT" STATES' MEDICAL MARIJUANA LAWS, page 1 > According to the poll, [74 percent](#) of respondents - including 67 percent of self-identified Republicans - believe that the Obama administration should "respect the medical marijuana laws" in those states that have legalized its use, cultivation, and distribution. Only 15 percent of those polled said they supported the federal government's ongoing use of "federal resources to arrest and prosecute individuals who are acting in compliance" with the medicinal cannabis laws of their state.

In recent months, the Obama administration has taken various [actions](#) to interfere in the enactment of statewide medical marijuana laws. These efforts have included threatening state employees with federal prosecution and targeting the landlords of state-licensed cannabis dispensaries. The actions contradict a pledge Obama made in March 2008, as a Presidential candidate, when he [promised](#) to cease utilizing "Justice Department resources to try and circumvent state laws" regarding medical cannabis.

The survey of 1,000 likely voters was conducted between May 10 and May 14 by Mason-Dixon Polling & Research. The margin for error is  $\pm 3$  percent.

Last week, members of the United States House of Representatives voted 262 to 163 [to defeat](#) a federal budget amendment that sought to prevent the federal government from spending taxpayers' dollars to target medical marijuana-related activities that are compliant with state law. One hundred and thirty-five Democrats and 28 Republicans [voted](#) in support of the amendment. *Read the full poll here:* <http://www.mpp.org/assets/pdfs/download-materials/MPP-M-D-Poll-5-12.pdf>.

## Rasmussen Poll: Majority Of Voters Favor Legalizing Marijuana Like Alcohol

**Asbury Park, NJ, USA:** Nearly six out of ten American voters believe that the personal use of marijuana should no longer be a criminal offense, and 56 percent of Americans say that the substance

ought to be legalized like alcohol, according to a nationwide Rasmussen telephone [poll](#) of 1,000 likely voters.

According to the poll, 58 percent of respondents believe that it should not be a crime "for someone to smoke marijuana" in private. Only 32 percent of respondents believed that such activity should remain illegal. Among self-identified Democrats, 63 percent agreed that the personal use of marijuana should not be a crime versus 49 percent of Republicans.

A solid majority of respondents, 56 percent, also said that they favored "legalizing marijuana and regulating it like alcohol or cigarettes." (Thirty-four percent were opposed.) Among males polled, 61 percent favored legalization versus 52 percent of females. A majority of respondents of every age group polled favored legalizing cannabis, including 50 percent of those age 65 and older. However, among those respondents with children, only 49 percent said that they favored legalization.

Support for legalizing cannabis rose to 57 percent when pollsters' asked: Do you favor legalizing marijuana if "no one under 18 could buy it, it was banned in public, and there were strict penalties for driving under the influence." The slight gain in overall support was largely because of a spike in support among respondents with children (49 percent to 58 percent) and self-identified Republicans (48 percent to 52 percent).

The margin of sampling error is  $\pm 3$  percentage points with a 95% level of confidence.

Commenting on the poll, NORML Deputy Director Paul Armentano said, "This poll illustrates, once again, that the public's growing frustration with marijuana prohibition and their desire for market based alternatives crosses conventional ideological and political boundaries."

He added: "By and large, voters of all ages and all ideological persuasions support regulating cannabis like alcohol, and they reject the failed policy of arresting, prosecuting, and incarcerating responsible adult marijuana consumers. Lawmakers at the state and federal level ought to recognize this sea change in public opinion and realize that marijuana law reform is no longer viewed by voters as a political liability, but rather as a political opportunity."

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<continued from previous page> In 2011, a nationwide [Gallup poll](#) reported that 50 percent of Americans support legalizing the use of cannabis for adults. Forty-six percent of respondents said they opposed the idea.

Most recently, an April 2012 Rasmussen Reports telephone survey [reported](#) that 47 percent of adults "believe the country should legalize and tax marijuana in order to help solve the nation's fiscal problems." Forty-two percent of respondents disagreed, while ten percent were undecided.

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](mailto:paul@norml.org).

### Angus Reid Poll: Three Quarters Of Americans Oppose Prison For Pot Offenses

**Vancouver, Canada:** Three out of four Americans favor the use of fines or probation in lieu of criminal sanctions for marijuana offenders, according to an [Angus Reid Public opinion poll](#) of 1,011 US adults.

According to the [poll](#), 74 percent of respondents said that they favored the imposition of "alternative penalties" - such as fines, probation, or community service - rather than prison for those found to have violated marijuana possession laws. By contrast, only 41 percent of respondents favored such penalties for credit card fraud, and only one-third of those polled favored alternative sentencing for drunk driving offenders.

Among Canadian respondents, 78 percent prefer fines in lieu of prison for minor marijuana offenders. Among British respondents, 70 percent endorsed sentencing alternatives.

The margin of error is +/-2.2% for Great Britain, and +/-3.1% for Canada and the United States.

The Angus Reid poll comes just weeks after a [national telephone poll](#) conducted by Rasmussen Reports found that a plurality of Americans now support legalizing and taxing the production and sale of cannabis. According to the poll of 1,000 adults, 47 percent of adults "believe the country should legalize and tax marijuana in order to help solve the nation's fiscal problems." Forty-two percent of respondents disagreed, while ten percent were undecided.

In 2011, a nationwide [Gallup](#) poll reported that 50 percent of Americans support legalizing the use of cannabis for adults. Forty-six percent of respondents said they opposed the idea. The 2011 Gallup survey results marked the first time that the polling firm,

which has [tracked Americans' attitudes](#) toward marijuana since the late 1960s, reported that more Americans support legalizing cannabis than oppose it. For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500.

### <continued from STUDY: ADMINISTRATION OF NON-PSYCHOTROPIC CANNABINOID MITIGATES PSYCHOTIC SYMPTOMS IN SCHIZOPHRENICS, page 1 >

An international team of researchers from Germany and the United States performed a four week, double-blind, randomized clinical trial assessing the clinical relevance of cannabidiol versus amisulpride, a potent antipsychotic agent, in patients with acute schizophrenia.

Researchers reported that the administration of either substance was associated with significant clinical improvement, but they acknowledged, "[C]annabidiol displayed a markedly superior side-effect profile."



Amisulpride is categorized as "one of the most effective drugs currently in use for the treatment of schizophrenia."

Investigators concluded, "Our results provide evidence that the non-cannabimimetic constituent of marijuana, cannabidiol, exerts clinically relevant antipsychotic effects that are associated with marked tolerability and safety, when compared with current medications. ... The results ... potentially represent a completely new mechanism in the treatment of schizophrenia."

A [review](#) of CBD's safety profile in humans, published online in 2011 in the scientific journal *Current Drug Safety*, concluded that the cannabinoid is non-toxic, safe, and well tolerated in humans, even in high doses.

Separate investigations of CBD have documented the cannabinoid to possess [a variety of therapeutic properties](#), including anti-inflammatory, anti-diabetic, anti-epileptic, anti-cancer, and bone-stimulating properties. For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Cannabidiol enhances anandamide signaling and alleviates psychotic symptoms of schizophrenia," is available [online here: http://www.nature.com/tp/journal/v2/n3/full/tp201215a.html](http://www.nature.com/tp/journal/v2/n3/full/tp201215a.html).

<continued from CONNECTICUT TO BECOME 17TH STATE TO ALLOW FOR THE LEGAL USE OF MARIJUANA FOR MEDICINAL PURPOSES, page 1 > 1,600 residents, 68 percent of voters endorsed the measure. Pollsters reported, "There is no gender, partisan, income, age or education group opposed" to legalizing marijuana as a physician-recommended therapy.

Then Members of the Connecticut Senate on Saturday, May 5, [voted](#) 21 to 13 in favor of [HB 5389](#), the Palliative Use of Marijuana Act. Their vote follows similar approval by the General Assembly. Saturday's vote clears the way for Democrat Gov. Dannel Malloy, a supporter of the Act, to sign the bill into law.

So, Connecticut will become the 17th [state](#) since 1996 to allow for the limited legalization of medicinal cannabis. It will be the fourth New England state to do so, joining Maine, Rhode Island, and Vermont.



"Today is a day of hope, compassion and dignity and I thank all of the legislators who worked hard on this legislation and who voted to pass this bill," said Erik Williams, Executive Director of [Connecticut NORML](#), who assisted in drafting the bill and generated over 36,000 phone calls and e-mails to lawmakers in support of the measure. "I am so happy for all the patients who will have another medicinal option to discuss with their doctor and for all of those currently suffering with debilitating conditions who will no longer suffer the indignity of being sick and a criminal."

Williams added: "Connecticut had an opportunity to be a leader in America on this issue. Our strategy and dedication has obviously paid off."

The Palliative Use of Marijuana Act [mandates](#) the state to license a limited number of producers to cultivate cannabis for therapeutic purposes. Patients require a recommendation from their doctor to become a state-registered 'qualifying patient.' Patients will obtain cannabis via licensed pharmacists, who must acquire permits to dispense the substance from the state Department of Consumer Protection.

The majority of the new law, once signed by the Governor, will take effect on October 1, 2012. The Department of Consumer Protection will begin enacting a detailed regulatory framework for the law upon its passage.

Last year, Connecticut NORML took a lead role in the

passage of separate statewide legislation that [decriminalized](#) the possession of marijuana by adults from a criminal misdemeanor (punishable by one year in jail and a \$1,000 fine) to a non-criminal infraction, punishable by a fine, no arrest or jail time, and no criminal record. Since then, the state has seen a [dramatic reduction](#) in the total number of marijuana arrests.

Said Williams: "When I formed Connecticut NORML 18 months ago, I wrote a five-year plan with the goal to decriminalize possession and legalize medical marijuana. I would have never dreamed we could do it as quickly as we did." *For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or Erik Williams, Executive Director of Connecticut NORML, at: [ewilliams@campaignswon.com](mailto:ewilliams@campaignswon.com).*

## New Hampshire: House Members Pass Medical Cannabis Measure By Veto-Proof Majority

**Concord, NH, USA:** Members of the New Hampshire House of Representatives [voted](#) 236 to 96 last week in favor of legislation that would allow for the personal cultivation and use of cannabis for therapeutic purposes. The veto-proof majority approval came following renewed veto [threats](#) by Democrat Gov. John Lynch, who [previously rejected](#) a separate, more restrictive medical marijuana measure in 2009.

As passed by the House, [Senate Bill 409](#) allows qualified patients to possess up to four cannabis plants and/or six ounces of marijuana for therapeutic purposes. Members of the Senate had previously passed the measure in March by a 13 to 11 vote.

Because House members added a fiscal note to the bill, it must now go before the House Finance Committee before returning to the Senate for a concurrence vote. The measure requires three additional Senate votes in order to override Gov. Lynch's anticipated veto.

Separate legislation -- HB 1526, which sought to decriminalize the possession of up to one-half ounce of marijuana for adults for non-medical purposes -- was [rejected](#) by the Senate on Wednesday. The House had previously voted in favor of the measure in March. *For more information on Senate Bill 409, please visit NORML's 'Take Action Center' [here:](http://capwiz.com/norml2/issues/alert/?alertid=61134391) <http://capwiz.com/norml2/issues/alert/?alertid=61134391>*

## Rhode Island: Governor Signs Legislation Authorizing State-Licensed Medical Marijuana 'Compassion Centers'

**Providence, RI, USA:** Governor Lincoln Chafee [signed legislation](#) into law last week [authorizing](#) the creation of state-licensed 'compassion centers' to engage in the production and distribution of cannabis for authorized patients. It is the second time since 2009 that state lawmakers have approved legislation allowing for the state regulation of medical marijuana facilities.

Under the new law, [Senate Bill 2555](#), health regulators will license three not-for-profit entities, known as 'compassion centers,' to operate within the state. Compassion centers will not be allowed to cultivate more than 150 cannabis plants on the premises at any one time, only 99 of which may be mature. Centers will also be restricted to possessing no more than 1,500 ounces of usable product at any one time.

Lawmakers have suggested that the imposed statutory limits will lower the likelihood of federal law enforcement officials [interfering](#) with the implementation of the law. At least one other state, New Mexico, [imposes](#) similar caps on authorized dispensaries. State lawmakers [initially enacted legislation](#) allowing for the authorization of 'compassion centers' in 2009.

However, Gov. Chafee [suspended](#) the law in 2011, stating, "[L]arge-scale commercial operations such as Rhode Island's compassion centers (would) be potential targets of 'vigorous' criminal and civil enforcement efforts by the federal government." Earlier this year, Gov. Chafee agreed to revisit the issue and to work with lawmakers to amend the law so that a limited number of small-scale distribution centers could apply for state licenses.

In response to the legislature's actions, US Attorney Peter Neronha has [said](#) he will continue to oversee the enforcement of federal drug laws. However, he has not specifically said whether 'compassion centers' will be targeted.

Three states - Colorado, Maine, and New Mexico - presently issue licenses to allow for the state-sanctioned production and distribution of cannabis. So far, dispensary facilities in those states have operated largely without federal interference.

Similar licensing legislation approved in recent years in Arizona, New Jersey, Vermont, and Washington, DC has yet to be implemented by local lawmakers.

In February, Delaware Gov. Jack Markell announced that he was [suspending](#) the implementation of a similar licensing program in that state. Rhode Island lawmakers [legalized](#) the limited use and cultivation of cannabis for therapeutic purposes in 2006. Over 3,000 Rhode Islanders are presently authorized under state law to use cannabis. *For more information regarding Rhode Island's medicinal cannabis law, please visit: <http://norml.org/legal/item/rhode-island-medical-marijuana>.*

**<continued from STUDY: NON-PSYCHOTROPIC PLANT CANNABINOIDS COUNTERACT PROSTATE CANCER GROWTH, page 1 >** An international team of investigators from Italy and the United Kingdom assessed the anti-cancer properties of various non-psychoactive synthetic and botanical cannabinoids, including CBD, CBG (cannabigerol), CBN (cannabinol) and THCv (tetrahydrocannabivarin), *in vivo* and *in vitro* (in culture).

Researchers reported, "The ... data presented here allow us to suggest that non-THC cannabinoids, and CBD in particular, retard proliferation and cause apoptosis (programmed cell death) of prostate carcinoma growth via a combination of cannabinoid receptor-independent cellular and molecular mechanisms. ... We suggest that non-THC cannabinoids ... might provide the basis for the development of novel therapeutic strategies for the treatment of prostate carcinoma." Prostate cancer is the second most common cancer in American men. It is the [second leading cause of cancer death](#) in American males, trailing only behind lung cancer.

Authors of the study concluded, "[T]he effects reported here, together with previously reported cannabinoid receptor-mediated effects of THC on PCCs (prostate carcinoma cells), might provide momentum to clinical studies on cannabinoids and cannabis extracts as a therapy for human prostate carcinoma, either in addition to currently used treatments, or as stand alones, as suggested also by our present *in vivo* data."

A [separate study](#) of cannabinoids on prostate cancer published in the present edition of the *Indian Journal of Neurology* also concluded, "Prostate cancer cells possess increased expression of both cannabinoid 1 and 2 receptors, and stimulation of these results decrease in cell viability, increased apoptosis, and decreased androgen receptor expression and prostate-specific antigen excretion. ... It is our conclusion that it would be of interest to conduct clinical trials

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<continued from **STUDY: NON-PSYCHOTROPIC PLANT CANNABINOIDS COUNTERACT PROSTATE CANCER GROWTH, previous page**> involving medicinal cannabis or other cannabinoid agonists, comparing clinical markers such as PSA with controls, especially in men with bone metastatic prostate cancer, whom would not only benefit from the possible anti-androgenic effects of cannabinoids but also from analgesia of bone pain, improving quality of life, while reducing narcotic consumption and preventing opioid dependence."

Cannabinoids and endocannabinoids have been consistently shown to be [potent anti-cancer inhibitors](#) in preclinical models, halting the proliferation of glioma cells, breast carcinoma, lung carcinoma, and lymphoma, among other cancer cell lines. *For more information, please contact Paul Armentano, NORML Deputy Director, at [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Non-THC cannabinoids counteract prostate carcinoma growth in vitro and in vivo: pro-apoptotic effects and underlying mechanisms," will appear in the British Journal of Pharmacology.*

**Medical Marijuana and Anti-Cannabis, Microcephalic, Contentious Cretins: ARE THEY PSYCHOPATHS AGAINST SICK PEOPLE?** by Dr. Phil Leveque for Salem-News.com

Who really believes the reefer madness line anymore? Ask Dwight Holton. | (MOLALLA, Ore.) - I cannot get over the television advertisements regarding the Oregon Attorney General election. Dwight Holton, a recent carpetbagger to the State, appeared to have lots of money for his T.V. advertisements and it was acutely interesting to me to discover where all this money was coming from.

When I found out, almost by accident, I was truly floored. It turned out that Mr. Holton had his own website, [holtonfororegon.com/endorsements](http://holtonfororegon.com/endorsements), in which 190 organizations and individuals outed themselves as **\*psychopaths\***, trying to kill the Oregon Medical Marijuana Program and condemning some 50,000-plus Marijuana patients to lives of miserable pain and even death for their egregious ignorance of the great and safe benefits of Cannabis/Marijuana as a highly effective medicine which is even far safer than aspirin or even caffeine or coffee.

The first on this list of psychopathic, anti-cannabis cretins were the editorial boards of 14 Oregon newspapers. Most of them have been highly, egregiously condemning of Medical Marijuana even

though a 5 minute review of computer-borne information would show them that Cannabis/Marijuana is excellent medicine for many diseases. I'm not talking about the recreational users which will and can abuse this valuable medicine and no amount of harassment will stop them anyhow. Oregon has about 60,000 doctor-approved and verified Medical users who will suffer the worst if Holton and his anti-cannabis cretins get the power of the Attorney General position.

Twenty-one organizations which include 5 large police forces along with prosecuting attorneys also want to kill the Oregon Medical Marijuana Program. Twenty-five County Sheriffs also want to kill the program as do 33 District Attorneys from that many counties.

Twenty-six elected officials have joined in the fray. Twenty-three business owners, including one alcohol distillery owner, want to shut down the program. The legal community which must represent attorneys also seem to want the program eliminated.

With all of the above obvious resentment of the Medically valuable program it is very notable and exciting that the former judge Ellen Rosenblum actually won by a ratio of about 65% to 35% with her getting about 150,000 of the votes.

The anti-cannabis blathering associated with Holtons T.V. advertisements obviously caught the attention of the Medical Marijuana card holders and their friends and family supporters. By last count, as of May 25, 2012, petitions for legalizing Marijuana have approached 100,000 with about 10,000 more petitions arriving each week.

The petition leaders expect about 130,000 petitions and hope for 150 thousand. The State requires about 87 thousand valid signatures with no errors of any kind.

This is the first time that Medical Marijuana users and friends have been able to come "out of the closet" and vote for something which they find is very valuable, safe medicine.

Cannabis/Marijuana is very safe, effective, valuable medicine and the ignorant cretins who oppose it should read a few books about it ...if they can read. Source - [http://www.salem-news.com/articles/may302012/holton-marijuana\\_.php](http://www.salem-news.com/articles/may302012/holton-marijuana_.php)



## Study: Cannabis Use Associated With Lower Mortality Risk In Patients With Psychotic Disorders

**Baltimore, MD, USA:** The use of cannabis is associated with lower mortality risk in patients with schizophrenia and related psychotic disorders, according to a forthcoming [study](#) to be published in the Journal of Psychiatric Research.



An international team of investigators from the University of Maryland School of Medicine and Inje University in South Korea assessed the impact of a lifetime history substance use on mortality in 762 subjects with schizophrenia or related disorders.

Researchers reported, "[W]e observed a lower mortality risk-adjusted variable in cannabis-users compared to cannabis non-users despite subjects having similar symptoms and antipsychotic treatments."

Authors speculated that the association between marijuana use and decreased mortality risk may be because "cannabis users may (be) higher functioning" and because "cannabis itself may have some health benefits."

They concluded: "To our knowledge, this is one of the first studies to examine the risk of mortality with cannabis and alcohol in people with PD (psychotic disorders). This interesting finding of decreased mortality risk ... in cannabis users is a novel finding and one that will need replication in larger epidemiological studies."

NORML Board Member [Dr. Lester Grinspoon](#), psychiatrist and former Harvard Medical School professor, similarly noted that the study's findings, though promising, require replication in separate trials. "In reading the cannabis literature over the years, I have learned to be somewhat skeptical about any single report and to maintain a 'wait and see' posture as new data eventually flesh out the reality," he said.

To date the association between cannabis use and psychotic disorders such as schizophrenia is not well understood. While some studies have associated cannabis use with [higher cognitive functioning](#) - including [better performance](#) on measures of processing speed and verbal skills - other research has implied that cannabis use, particularly heavy use at an early age, [may precipitate](#) or exacerbate the disease in those already vulnerable to it. Other experts have criticized this purported link to be "overstated" and [not "particularly compelling,"](#) noting that increased levels of cannabis use by the general public has [not yet been positively associated](#) with proportionally rising incidences of schizophrenia or other psychotic disorders.

*For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Alcohol and cannabis use and mortality in people with schizophrenia and related psychotic disorders," will appear in the Journal of Psychiatric Research. For additional information on cannabis use and mental illness, please see the NORML white paper, "Cannabis, Mental Health, and Context," available [online at: http://norml.org/library/cannabis-mental-health-and-context-the-case-for-regulation](http://norml.org/library/cannabis-mental-health-and-context-the-case-for-regulation).*

## Study: Inhaled Cannabis Reduces Symptoms In Patients With Treatment-Resistant Multiple Sclerosis

**San Diego, CA, USA:** Cannabis inhalation [mitigates spasticity and pain](#) in patients with treatment-resistant multiple sclerosis (MS), according to clinical trial data published online this week in the *Journal of the Canadian Medical Association* (CMAJ).



Investigators at the University of California, San Diego assessed the use of inhaled cannabis versus placebo in 30 patients with MS who were unresponsive to conventional

treatments. Authors reported that cannabis administration resulted in a decrease in subjects' spasticity, as measured on the modified Ashworth scale, and reduced patients' pain scores on a visual analogue scale.

"Smoked cannabis was superior to placebo in symptom and pain reduction in patients with treatment-resistant spasticity," authors concluded.

Investigators cautioned that cannabis-inhalation was also negatively associated with short-term "acute cognitive effects." However, they noted that the "clinical significance of this result is uncertain ... (because) patients were still within the normal range for their ages and levels of education."

Overall, researchers described cannabis therapy as "generally well tolerated."

The trial is one of several [recently published studies](#) funded by the California [Center for Medicinal Cannabis Research](#) demonstrating the short-term safety and efficacy of cannabis in the treatment of a variety of hard-to-treat disease conditions.

Separate clinical trials assessing the administration of oral cannabis extracts on patients with MS have [shown](#) that cannabinoids can alleviate symptoms of the disease long-term and may also act in ways to mitigate MS progression. [Sativex](#), an oral spray containing plant cannabis extracts, is presently legal by prescription to treat MS-related symptoms in [over a dozen countries](#), including Canada, Germany, Great Britain, New Zealand, and Spain. Nonetheless, the National MS Society shares little enthusiasm for cannabis as a potential treatment for multiple sclerosis in the United States, [stating](#), "Studies completed thus far have not provided convincing evidence that marijuana or its derivatives provide substantiated benefits for symptoms of MS."

For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Smoked cannabis for spasticity in multiple sclerosis: a randomized, placebo-controlled trial," appears in the *Journal of the Canadian Medical Association*.

## Review: Clinical Trials For Cannabis And Prostate Cancer Warranted

**Barbula, Venezuela:** Plant cannabinoids possess analgesic and anti-cancer effects and ought to be assessed in patients with prostate cancer, according to a literature [review](#) published in the *Indian Journal of Urology*.

A pair of investigators from Venezuela and the United States assessed the potential use of cannabis in the treatment of prostate cancer. They concluded: "Prostate cancer cells possess increased expression of both cannabinoid 1 and 2 receptors, and stimulation of these results in decrease in cell viability, increased apoptosis, and decreased androgen receptor expression and prostate-specific

antigen excretion. ... It is our conclusion that it would be of interest to conduct clinical trials involving medicinal cannabis or other cannabinoid agonists, comparing clinical markers such as PSA with controls, especially in men with bone metastatic prostate cancer, whom would not only benefit from the possible anti-androgenic effects of cannabinoids but also from analgesia of bone pain, improving quality of life, while reducing narcotic consumption and preventing opioid dependence."

Prostate cancer is the most common cancer in American men and the second cause for cancer-related death. Cannabinoids and endocannabinoids have shown to be [potent anti-cancer inhibitors](#) in preclinical models, halting the proliferation of glioma cells, breast carcinoma, lung carcinoma, and lymphoma, among other cancer cell lines. For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "The role of cannabinoids in prostate cancer: Basic science perspective and potential clinical applications," is available online [here: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3339795/?tool=pubmed](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3339795/?tool=pubmed).

