



## Despite Prohibitionists Medical Marijuana Advances

It's been a busy session for medical marijuana. We now have 20 States and the District of Columbia with medical marijuana laws. New Hampshire Governor Maggie Hassan signed the bill on July 23rd which will allow patients with serious illnesses to obtain marijuana from four nonprofit, state-licensed alternative treatment centers. Illinois Governor Pat Quinn signed their medical marijuana law on August 1st allowing patients with one of 30 specific medical illnesses such as cancer, AIDS, Alzheimer's disease, Crohn's disease and multiple sclerosis, to obtain approval from a physician to use medical cannabis. Qualifying patients may possess 2.5 ounces obtained from one of 60 "registered dispensing organizations" that will be supplied by 22 "licensed cultivation centers."

New Jersey Governor Chris Christie was confronted by the parents of a young child who needs medical marijuana to treat her epileptic seizures. New Jersey now allows children to use marijuana and the strain of cannabis this young girl needs has been added to their legal strain list.

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### ASA Appeals Rescheduling Denial to US Supreme Court

**Argues 200+ scientific studies adequately show medical efficacy of cannabis**

Americans for Safe Access (ASA) is appealing the federal government's refusal to acknowledge the medical use of cannabis to the US Supreme Court. Last month, ASA filed a petition for writ of certiorari with the U.S. Supreme Court asking the court to review the January Circuit Court decision in ASA v. Drug Enforcement Administration that

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### DEA Spends Millions on Raids in Washington

More than a dozen medical cannabis providers in Washington State were simultaneously raided on July 24, at a cost to taxpayers of as much as \$12 million. The federal government does not disclose the cost of individual operations, but ASA has estimated the expenditures based on the overall budgets for federal agencies and what is known of the average cost of investigations, raids and prosecutions.

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### 15 Years Later, Access in Washington, D.C.

The first legal medical cannabis sales began at the end of last month in the District of Columbia, 15 years after the voters overwhelmingly approved a ballot referendum. The District's first licensed dispensary, Capital City Care, opened for business July 29 on North Capitol Street.

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### New Hampshire is 19th Medical Cannabis State

New Hampshire joined the ranks of medical cannabis states in July when Governor Maggie Hassan signed HB 573 into law. The new law creates a registry identification card system, provides an affirmative defense for cardholders and authorizes up to four non-profit distribution centers in the state from which cardholders will be able to obtain up to two ounces in a ten-day period. Registry ID cards are expected to be available within a year. The bill

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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 in Oregon, across America and around the World.

For more information about the MERCY News, contact us.

*Via Snail Mail:*

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*E-mail:*

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*Or our WWW page:*

**www.MercyCenters.org**

*Check it out!*

**MERCY On The Tube!**

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

# About MERCY – The Medical Cannabis Resource Center

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 - **1745 Capital Street NE, 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 – **1745 Capital Street NE, 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 **DESPITE PROHIBITIONISTS MEDICAL MARIJUANA ADVANCES**, page 1 > Dr. Sanjay Gupta got a lot of attention for his apology that he was wrong about marijuana. During his research for a CNN program called "Weed", he found that marijuana really is medicine. He had assumed that the law was based on scientific evidence, but he found that many patients use marijuana to successfully treat their symptoms.

The AAMC New Mexico director, Bryan Krumm, has filed suit in US District court demanding removal of cannabis from schedule I of the Controlled Substances Act. Please spread the word.

**For immediate release.**

I am Reverend Bryan Krumm, CNP. I am a Psychiatric Nurse Practitioner and I have filed a suit in the US District Court for New Mexico demanding removal of cannabis from schedule I of the Controlled Substances Act. 1:13-cv-00562-RB-LFG. The suit alleges the failure and the futility of the CSA's Administrative Process for scheduling, which is the responsibility of the Attorney General to enforce and which has been delegated to the DEA. These rules were enacted to ensure the safety of the American People.

Tragically, this legal process has been repeatedly violated by the Drug Enforcement Administration, which colludes with the Department of Health and Human Services, National Institutes of Health and National Institute on Drug Abuse in order to maintain the prohibition of Cannabis. Meanwhile, the Attorney General has ignored his responsibility to ensure the DEA acts fairly and legally. I have had a rescheduling petition filed with the DEA for over 3 years and the DEA has failed to respond to my argument, that because Cannabis now has "accepted medical use in the United States" by 20 States and the District of Columbia it is illegal to keep Cannabis in Schedule I. This failure of the administrative process has left me with no other choice than to seek extraordinary relief from the Courts.

In 1988, the DEA refused to remove Cannabis from schedule I of the CSA, in opposition to the recommendation of their own Administrative Law Judge. They cited a lack of "accepted medical use" as their rationale, in spite of overwhelming evidence of the safety and efficacy of Cannabis. There were no State Medical Cannabis Programs at that time. Cannabis now has "accepted medical use" in 20 States and the District of Columbia. The DEA simply looks the other way and continues to insist that "there is no accepted medical use in the United

States". The DEA is violating the law by maintaining Schedule I placement of Cannabis in the CSA and in doing so, they have caused the deaths of hundreds of thousands of Americans.

The Defendants demand that more and better research be done while they actively block FDA approved research protocols looking for potential benefits of Cannabis. They claim that the thousands of studies in peer reviewed medical and scientific journals don't meet their level of scrutiny, while they engage in pseudoscience that is often never subjected to peer review. They simply ignore the large number of studies that have been conducted with smoked Cannabis in both the US and abroad, unless it is a study designed to find harm.

However, the issue at hand is not even about the research. It is about "accepted medical use". The quality of the research is clearly adequate for 20 States and the District of Columbia to have accepted the medical use of Cannabis. Therefore Cannabis does not meet the definition of a Schedule I drug which clearly states it can have "no" accepted medical use in the United States. Cannabis cannot legally remain in schedule I of the CSA if it has accepted medical use.

Cannabinoids, substances found in cannabis, activate specific receptors in the body called cannabinoid receptors. These receptors are involved in maintaining homeostasis and regulate many biological systems. Because of this, Cannabis has a broad range of therapeutic value. Because Cannabinoids have little effect on basic life support function, it is virtually impossible to overdose on Cannabis. There has never been a documented overdose death attributable solely to Cannabis. While mild changes in respiratory function can occur from smoking cannabis, we do not see the serious respiratory problems associated with tobacco use. Long term heavy use of cannabis has not been found to have a significant negative impact on overall health, and has been shown to provide significant relief from a great number of ailments.

In my clinical practice, Cannabis has proven to be the only medication consistently effective in treating PTSD. In the United States, 22 veterans suicide every day because there are no legal treatments which are consistently effective in treating PTSD. We have lost more active duty troops to suicide than to enemy fire in Iraq and Afganistan. Certainly the brave men and women who serve our country deserve better than to be denied a safe and effective treatment by appointed bureaucrats who are not held accountable to the American People.

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<continued from previous page> Cannabis also has unique therapeutic value for treating cancer. In cancer, cannabinoids have been shown to induce apoptosis, the normal process of cell death which stops in cancer cells and leads to the development of tumors. Simply stated, cannabis may kill tumors while leaving health cells alone. Cannabis may also inhibit angiogenesis, the process by which tumors take over blood vessels to feed themselves, so cannabinoids starve the tumor. Finally, cannabinoids inhibit metastasis, the spread of the tumor to other areas of the body. Cannabis is far safer than any chemotherapeutic agent but Defendants refuse to allow human studies to be conducted so we can find out if cannabis might help save some of the over half a million Americans projected to die of cancer this year.

Alzheimer's is another disease for which we have no adequate treatments. Cannabis helps to prevent the deposition of amyloid plaques in Alzheimer's. It also shuts down the inflammatory processes which lead to neurodegeneration in Alzheimer's.

In my clinical practice, Cannabis has also proven to be effective in treating depression, anxiety, insomnia, nightmares, irritability, anger, psychosis, mood swings, pain, spasticity, cachexia, and even the core behavioral problems associated with profound Autism. It does so with superior safety and oftentimes greater efficacy than available pharmaceuticals. It is unreasonable, arbitrary and capricious for the DEA to stand between these sufferers and the medication they need to alleviate their symptoms.

As a Vet, I took an oath to defend the Constitution against all enemies, both foreign and domestic. By causing the death of hundreds of thousands of American Citizens, these agencies have proven that they have no respect for the Constitution or the Freedoms the Constitution is designed to protect. That is why I have brought this suit, to demand that these appointed bureaucrats are made to follow the law. **About the Author: Bryan Krumm is director of the New Mexico chapter of American Alliance for Medical Cannabis (AAMC) \***

### **General Use Of Cannabis For PTSD Symptoms – by Raphael Mechoulam, Ph.D.**

Dr. Mechoulam is the Israeli scientist who identified THC as the psychoactive compound in marijuana, and decades later he discovered the brain's endocannabinoid system and the endogenous neurotransmitter anandamide. He is one of the

most respected Israeli neuroscientists and has been a senior advisor to the Israeli government on marijuana policy and the ethics of research with human subjects. He discussed his experiments demonstrating the neuroprotective effects of the endocannabinoid system in mice that have had traumatic injuries to the brain. He believes the neuroprotective effects of marijuana may eventually have applications for other neurological and psychiatric conditions, including Alzheimer's and Parkinson's disease.

Another fascinating discovery, one with implications for PTSD, is that the cannabinoid system is integrally related to memory, specifically to memory extinction. Memory extinction is the normal, healthy process of removing associations from stimuli. Dr. Mechoulam explained that an animal which has been administered an electric shock after a certain noise will eventually forget about the shock after the noise appears alone for a few days. Mice without cannabinoid systems simply never forget - they continue to cringe at the noise indefinitely.

This has implications for patients with PTSD, who respond to stimuli that remind them of their initial trauma even when it is no longer appropriate. By aiding in memory extinction, marijuana could help patients reduce their association between stimuli (perhaps loud noises or stress) and the traumatic situations in their past. Working with Army psychiatrists, Dr. Mechoulam has obtained the necessary approvals for a study on PTSD in Israeli veterans, and hopes to begin the study soon.

### **The Alternative Medical Journal: General use of cannabis for PTSD Symptoms.**

Despite the anecdotal evidence to the contrary, most of the experimental studies that have been conducted so far indicate that by and large the administration of exogenous cannabinoids such as vaporizing therapeutic cannabis may not be the most reliable nor effective means of utilizing the eCB system to treat anxiety and aversive memories such as those formed in PTSD. For reliable and truly effective treatment of these conditions it appears that restricting eCB breakdown by way of FAAH inhibition is the best target discovered so far within the eCB system. (The other eCB targets include the two primary receptors CB1/CB2, vanilloid receptors, eCB reuptake, as well as eCB production.) To this end, Kadmus Pharmaceuticals, Inc. has started to express serious interest in marketing a new FAAH inhibitor they have developed, currently code-

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<continued from previous page> named KDS-4103. KDS-4103 appears to have a lot of potential from a pharmacological perspective.

Even though it produces analgesic, anxiolytic, and anti-depressant effects it otherwise does not produce a classic cannabis-like effect profile and animals easily discriminate between THC and KDS-4103. All this indicates that KDS-4103 does not produce a "high" like THC and other direct CB1 agonists. KDS-4103 is orally active in mammals and fails to elicit a systemic toxicity even at repeated dosages of 1,500mg/kg body mass. All other available evidence to date also suggests a very high therapeutic margin for KDS-4103. All in all, considering that the kinds of events which usually precipitate PTSD in most individuals often also involve pain, KDS-4103 seems like it may be just about the perfect medication.

So what should all this mean to the individual? Anecdotal evidence says by and large the use of therapeutic cannabis provides a significant improvement in quality of life both for those suffering from this malady and for their family and friends. Whether or not this is taking the fullest advantage possible of the eCB system in the treatment of PTSD is yet to be seen. Mostly the use of cannabis and THC to treat PTSD in humans appears to provide symptomological relief at best. In and of itself, there is nothing wrong with symptomological relief. That's what taking aspirin for a headache, a diuretic for high blood pressure, opiates to control severe pain, or olanzapine for rapid-cycling mania is all about. We do have the potential, however, to do better than just treating symptoms of PTSD via activation of the cannabinoid receptors. With the right combination of extinction/habituation therapy and the judicious administration of a FAAH inhibitor like KDS-4103 we have the potential to actually cure many cases of PTSD. For the time being though, symptomological treatments are all we have for more generalized anxiety and depression disorders.

If an individual were to want to get the most out of using therapeutic cannabis to improve a PTSD condition they should try to use low to moderate doses with as stable a blood level as possible for general anxiety and depression symptoms. Oral cannabis produces more stable blood levels. Since peak levels will produce the most soporific effect, administration of oral cannabis right before bed should produce the most benefits for improving sleep patterns. If the goal is to use cannabis to facilitate extinction of the response to PTSD triggers than small to moderate doses of cannabis vapors

should be administered shortly before planned exposure to the trigger. A series of regular extinction sessions will produce better results than a single session. If cannabis appears to make aversion, fear, or aversive memories worse then the dosage should be lowered. If feelings of fear do not improve with lower dose then discontinue use of cannabis as fear-extinction aide.

In light of all evidence currently available, it is striking that the FDA refuses to investigate cannabinoids for the treatment of anxiety disorders like PTSD yet they have approved studies of MDMA, the club drug Ecstasy, for the treatment of PTSD (Doblin, 2002). Even if you do not accept cannabis as the answer itself, it should be hard to accept that by and large we still have not found effective and reliable ways to utilize the eCB system in modern western medicine. After all, the most potent (meaning it takes the least amount to produce a threshold effect) substance know to humans is not LSD as many still assume but is instead a derivative of fentanyl, know as Carfentanil. The threshold dosages for LSD and Carfentanil are 20-30µg (micrograms) and 1µg, respectively (Wikipedia, 2 & 3). This makes Carfentanil 10,000 times more potent than morphine, 100 times more potent than fentanyl, and 20-30 times more potent than LSD.

At least up until 2005 and unlike LSD, Carfentanil was(is?) regulated as a Schedule II substance in the US (Erowid). For those that do not know, this means that despite perceived extreme dangers from use or abuse of this drug it is still assumed to have medical value. With the lives and well being of so many veterans AND private citizens at stake, those in the scientific community and police makers alike cannot afford to miss the wake up call. Even a child should be able to see the hypocrisy evident in the relative policies concerning cannabinoids and opiates. It is time to fix this appalling imbalance in our policies concerning the pharmacopia or else be the laughing stock of future generations. *For more information, see Story Source = [General use of cannabis for PTSD Symptoms](#), by Raphael Mechoulam, Ph.D. \* News SOURCE = American Alliance for Medical Cannabis (AAMC). AUGUST 2013 Newsletter \* Contact them at 44500 Tide Ave . Arch Cape, OR 97102 or by visiting - <http://www.letfreedomgrow.com>*

<continued from ASA APPEALS RESCHEDULING DENIAL TO US SUPREME COURT, page 1 > upheld the DEA's denial of a rescheduling petition filed by the Coalition for Rescheduling Cannabis, of which ASA is a member. That decision maintains cannabis's federal

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<continued from previous page> classification as a Schedule I substance, defined as a highly dangerous drug with no medical value. ASA is challenging the standard set by the District of Columbia Circuit as unreasonable, unprecedented and at odds with other appellate decisions on what constitutes proof of medical efficacy.

"To deny that sufficient evidence is lacking on the medical efficacy of marijuana is to ignore a mountain of well-documented studies that conclude otherwise," said ASA Chief Counsel Joe Elford, who argued the appeal before the D.C. Circuit last October. "The Court has unreasonably raised the bar for what qualifies as an 'adequate and well-controlled' study, continuing the government's game of 'Gotcha.'"

The D.C. Circuit granted ASA the right to sue the federal government over the classification of cannabis but denied the appeal by setting a new standard for establishing medical efficacy. Although ASA cited more than 200 peer-reviewed scientific studies in its appeal, the D.C. Circuit held that plaintiffs must produce evidence from large-scale Phase II and Phase III clinical trials -- usually reserved for companies trying to bring a new drug to market -- in order to show marijuana's medical efficacy.

This new standard set by the D.C. Circuit conflicts with the one established by the First Circuit in *Grinspoon v. DEA*, 828 F.2d 881 (1st Cir. 1987), which held the DEA cannot treat a lack of FDA marketing approval as conclusive evidence that a substance has no "currently accepted medical use in treatment in the United States." The *Grinspoon* decision noted that for drugs such as cannabis "there is no economic or other incentive to seek interstate marketing approval...because [they] cannot be patented and exploited commercially."

The D.C. Circuit's stringent standard for establishing medical efficacy, requiring expensive double-blind human trials with thousands of patients, creates a substantial barrier to future petitions to reclassify cannabis for medical use, such as those filed in 2011 by the governors of the medical cannabis states Colorado, Rhode Island, Vermont and Washington.

The petition under appeal was filed in 2002 and denied by the DEA in July 2011. ASA's appeal was the first time in nearly 20 years a federal court has reviewed whether adequate scientific evidence exists to reclassify cannabis. Before the January ruling, the D.C. Circuit had never granted plaintiffs the right to sue when seeking reclassification of cannabis.

**More information:**

ASA petition for writ of certiorari - [http://americansforsafeaccess.org/downloads/Cert\\_Petition\\_ASA\\_v\\_DEA.pdf](http://americansforsafeaccess.org/downloads/Cert_Petition_ASA_v_DEA.pdf)

D.C. Circuit decision -

[http://americansforsafeaccess.org/downloads/DC\\_Circuit\\_Ruling\\_ASA\\_v\\_DEA.pdf](http://americansforsafeaccess.org/downloads/DC_Circuit_Ruling_ASA_v_DEA.pdf)

2002 CRC rescheduling petition -

[http://americansforsafeaccess.org/downloads/DC\\_Circuit\\_Ruling\\_ASA\\_v\\_DEA.pdf](http://americansforsafeaccess.org/downloads/DC_Circuit_Ruling_ASA_v_DEA.pdf)

**SOURCE = Americans for Safe Access (ASA) - Monthly Activist Newsletter - AUGUST 2013; Volume 8, Issue 8 \* 1806 Vernon Street NW, Washington, D.C. 20009 \* Phone: (202) 857-4272 \* Tollfree: (888) 929-4367 \* [info@AmericansForSafeAccess.org](mailto:info@AmericansForSafeAccess.org) \* or visit - [AmericansForSafeAccess.org](http://AmericansForSafeAccess.org)**

<continued from DEA SPENDS MILLIONS ON RAIDS IN WASHINGTON, page 1 > This is not the first time the first time the feds have launched a coordinated offensive against Washington state patients and providers. In 2011, 14 Seattle-area dispensaries were raided in similar fashion. Earlier that year, the US Attorney for Washington had issued a threat letter to the Governor Christine Gregoire, after which she vetoed the dispensary portions of a bill that had passed both the Washington House and Senate.

The federal show of force, one of the biggest one-day operations during the Obama Administration, produced stories in major news outlets, including a report on NBC that one DEA agent added insult to injury by telling a raided provider, "Things are going to be hell for you."

ASA calculates the raids themselves cost just over \$300,000, but the lengthy investigations that typically lead up to such raids likely cost taxpayers a staggering \$12 million. In 2012 alone, the DEA used 4% of its budget targeting medical cannabis patients and providers in states where it is legal.

**More information:**

ASA's What's the Cost? report -

<http://americansforsafeaccess.org/downloads/WhatTheCost.pdf>

<continued from 15 YEARS LATER, ACCESS IN WASHINGTON, D.C., page 1 > According to a press release from the dispensary, the first medicine distributed went to a patient suffering from HIV. Seven patients are currently registered with the dispensary, and officials report only nine are so far registered with the District's medical cannabis program.

Three dispensaries and six cultivation centers have been licensed so far by the District. Patients who reside in the District can qualify to register with the

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<continued from previous page> program with a physician's recommendation to treat HIV/AIDS, cancer, glaucoma, or severe muscle spasms. Voters in the District approved the medical use of cannabis on a 1998 ballot measure that passed with 69 percent support. The referendum was blocked by an act of Congress, which has power over all laws in the District. That ban was lifted by Congress in late 2009, but the rule-making process in the District took several years, and the process for getting cultivation and distribution licenses is lengthy.

**More information:**

District of Columbia medical cannabis program website - <http://doh.dc.gov/service/medical-marijuana-program>

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<continued from NEW HAMPSHIRE IS 19TH MEDICAL CANNABIS STATE., page 1 > also establishes an advisory council on the therapeutic use of cannabis.

New Hampshire residents can register for the program with a doctor's recommendation for the treatment of a qualifying condition. That includes cancer, glaucoma, HIV, AIDS, hepatitis C, ALS (Lou Gehrig's Disease), muscular dystrophy, Crohn's disease, Alzheimer's, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, and traumatic brain injury. Patients may also qualify if they have an injury that significantly interferes with daily activities or a severely debilitating or terminal medical condition.

PTSD had been listed as a qualifying condition but was cut because of objections from Gov. Hassan. A veto threat from the governor also compelled the conference committee to eliminate personal cultivation, despite testimony from Rep. Ted Wright (Moultonborough-R) that he hoped to be able to grow plants at home for his wife who is battling cancer because medical bills would make it tough to afford purchasing cannabis from a dispensary, once they're open.

Laws that only allow patients to obtain cannabis from a licensed dispensary have forced patients to go without safe and legal access for years. It took more than two years for New Jersey to license a single dispensary in the state, and patients in Connecticut and Delaware must still get their medicine from the illicit market.

New Hampshire was the last New England state to pass a medical marijuana law.

**More information:**

Text of New Hampshire HB 573 - <http://www.gencourt.state.nh.us/legislation/2013/HB0573.html>

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**Insurance Options for Cannabis Community Now Available**

In the past, legal Medical Cannabis Patients, CareGivers and Growers could not get basic insurance to cover themselves and their medicine against accident and theft. Mainstream insurance companies have refused to do so citing Federal law and other excuses when bothering to explain at all.

But now there are resources coming online as the issue progresses anyway, in spite of the efforts of Prohibitionists to criminalize such efforts.

Adventuresome and / or visionary companies like Lloyds of London are offering policies not only for basic Loss and Casualty but also insurance against Raids for those in complianxce.

In addition, policies can be written for Activists and groups for Events as well as Organizations. Co-ops, Clubs and, eventually, Dispensaries can soon expect coverage to be made available.

In Oregon, interested parties should contact Agent 420. Agent 420 is committed to serving the Cannabis Community at all levels - whether Citizens, Business-people or Activists. Soon to be Your One-Stop-Shop for Cannabis Coverage; All kinds of options for Patient, CareGiver, Grower, Cooperative, Caregiver, Collective & even "Dispensary", when possible.

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**Current and Upcoming Insurance Plans and Policies**

Event Insurance | Risk and Profitability; Agent 420 understands the unique challenges promoters of music festivals and large-scale cultural events face. For events to be profitable, costs must be kept down, including the cost of shifting inherent risk.

Center Insurance | Resource Centers, even though they do not Dispense, still have issues getting basic coverage. Agent 420 is here for you.

Professional Liability | Protects the insured against claims made by clients for potential negligence or failing to adequately perform contracted professional services

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### Important NOTES:

- **Agent 420 is only licensed for Oregon.**
- **Oregon only has Medical.**
- **Oregon will not have "Dispensaries" until March, 2014.**

### Current and Upcoming Insurance Plans and Policies

Growers and Cultivators | Medical marijuana crop insurance coverage for small, medium and enterprise-level cultivation operations, including greenhouses and nurseries,

Caregivers and Dispensaries | Agent 420 Insurance offers a range of insurance options for Patients, Caregivers, Growers and legal Coops & Collectives in Oregon. Agent 420 will soon have offerings for Dispensaries, Collectives, Cooperatives;

Manufacturers and Vendors | Cannabis product developers and commercial kitchens face challenges unique to the cannabis industry. From product liability to stock coverages, Agent 420 Insurance understands the intricacies and details of running and insuring a cannabis business.

Commercial Auto and Delivery | The transport and delivery of medical marijuana stock and related products poses challenges unique to the Cannabis Industry. Don't risk your inventory with inadequate auto coverage. Agent 420 Insurance has designed commercial auto coverages specifically for medical cannabis businesses.

State Raid and Legal Defense | Legal Defense Costs Reimbursement applies to arrest or charges brought against the insured by a Governmental Authority arising from the possession, transportation, cultivation or distribution of medical marijuana or marijuana derivatives and for which the insured pleads not guilty and believes they have a legal right to do so under state and local guidelines

Property and General Liability | Agent 420 Insurance provides comprehensive insurance coverage options for business operating in the medical cannabis industry. Protect your investments with a business insurance program uniquely designed for your industry and your business needs. **Learn more > contact Agent 420 for your current and future Cannabis Insurance needs; call - 503-365-2999 -or- visit: [Agent420.biz](http://Agent420.biz)**

## ASA Partners with TheAnswerPage.com

ASA launched a new educational tool called "Wake & Learn" on [TheAnswerPage.com](http://TheAnswerPage.com), an informational website for healthcare professionals and others that is sponsored and accredited by the Massachusetts Medical Society. The new resource aimed at providing the facts about medical cannabis features a daily Q&A at 10am via Facebook and Twitter, as well as a weekly interactive crossword puzzle featured every Saturday on the ASA blog, Voices from the Frontlines.

Founded in 1998, TheAnswerPage recently began offering Continuing Medical Education (CME) courses on medical cannabis. While the information on TheAnswerPage is aimed at healthcare professionals, the daily Q&A on medical marijuana is written for the lay person.

"Doctors and healthcare professionals must understand the medical, legal, social and political issues to best respond to their patients' questions and attend to their needs," said TheAnswerPage Editor-in-Chief Stephen B. Corn, MD, a renowned researcher and faculty member at Harvard Medical School.

TheAnswerPage now provides information on the five most studied cannabinoids as well as explanations of the endocannabinoid system, state and federal marijuana laws, and the FDA drug-approval process as it applies to cannabis.

### More information:

New daily ASA Wake & Learn program -

<http://www.americansforsafeaccess.org/WakeandLearn>

TheAnswerPage medical marijuana daily Q&A -

[http://www.theanswerpage.com/qod.php?specialty\\_id=8](http://www.theanswerpage.com/qod.php?specialty_id=8)

TheAnswerPage press release on medical marijuana

CME - <http://finance.yahoo.com/news/medical-marijuana-education-doctors-focus-133500693.html>



