

Carolyn Hill

From: diana lejins <dianalejins@yahoo.com>
Sent: Thursday, May 21, 2015 4:35 PM
To: Carolyn Hill; Poonam Davis
Cc: Judy Crumpton; Diana Lejins
Subject: Pets & Cannabis

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Pet owners increasingly using medical marijuana to help their pets feel better

Wednesday, November 27, 2013 by: Jonathan Benson, staff writer

Tags: [medical marijuana](#), [pet owners](#), [sick animals](#)

(NaturalNews) As the social stigmas and taboos about marijuana that largely emerged during the "Reefer Madness" generation continue to be stripped away from the public consciousness, an increasing number of people are beginning to look at this all natural herb with fresh eyes, recognizing its incredible potential for healing. This includes a growing number of pet owners who are now using the plant and its essential oils to safely and effectively treat their ailing pets.

CBS New York reports that veterinary cannabis use is on the rise across all segments of society, and particularly among pet owners whose pets have severe or even terminal illnesses that do not respond to conventional treatment. Major conditions like cancer, many pet owners are finding, respond quite well to cannabis use when nothing else does. And unlike conventional treatments, cannabis treatment does not cause any harmful side effects.

One such success story is "Luna" Capers, the beloved dog of Rowyn Capers who reportedly gained her quality of life back after being given a non-psychoactive cannabis oil extract for late-stage lymphoma. When chemotherapy left the dog gravely ill and on the verge of death, Rowyn began to administer the natural therapy instead, which produced incredible results.

"Her lymph nodes were like golf balls and she was coughing constantly and she couldn't breathe, and I just thought it's time to say goodbye," said Rowyn to *CBS News* about Luna's condition before the [cannabis](#). "The first time I dosed her [with cannabis] I was so scared. We were looking at her all night. [But the] more I increased her cannabis dose the less side effects that she had. The vomiting stopped, the diarrhea stopped."

Similar success was achieved by Mary Lynn Mathre, the owner of a 13-year-old golden retriever who was also diagnosed with cancer. After learning about cannabis, Mary Lynn began to give all of her dogs a daily cracker topped with cannabis-infused butter, which not only helped the sick one but also helped improve the health of all her dogs, including one with a strange bald spot on its leg.

"There was no hair on a circle that it would lick and lick," stated Mary Lynn to *CBS New York*, noting that both dogs experienced dramatic improvements as a result of the cannabis.

Cannabis helps pets with low energy, cancer, and epilepsy

Al Byrne's three dogs, who range in age from three to 13, have also responded positively to marijuana. Besides noticeable increases in energy among all the dogs, Al says each of his furry family members now has a shinier coat and a "shine in their eyes" that was not there before.

"When you see them enjoying life and feeling better and not being sick, you know you've hit something," says Darlene Arden, a certified animal behaviorist who is a strong advocate for veterinary cannabis use. "I think we can now see marijuana for exactly what it is and what it can do. [It's not] a street drug but a legitimate medication to be used under proper supervision."

Many *CBS New York* commenters with [pets](#) seem to agree with these sentiments, as some of them posted their own stories about how medical cannabis helped their pets. One woman recounts how her three-year-old dog almost died from epilepsy but experienced a dramatic and immediate recovery after being placed on a regimen of medical cannabis.

"As a last ditch effort after her last bout of seizures and being unable to come out of her postictal state, despite being administered a heavy sedative by our vet, we tried marijuana we had received from a friend of ours (it's legal in our state)," writes the commenter. "Within less than 15 minutes, our dog came fully out of its postictal state, laid down, and napped for (about) 2 hours before waking up and wanting to play tennis ball and tug. It was beyond anything I had seen before with this dog."

Sources for this article include:

<http://newyork.cbslocal.com>

<http://science.naturalnews.com>

Carolyn Hill

From: diana lejins <dianalejins@yahoo.com>
Sent: Thursday, May 21, 2015 4:54 PM
To: Carolyn Hill; Poonam Davis
Cc: Judy Crumpton; Diana Lejins
Subject: MMj for Pets

Please post, distribute and acknowledge receipt--MMj Task Force
Thanx

HEALTH HEALTHCARE

What You Should Know About Medical Marijuana for Pets

- **Barbara Stepko / Health.com** @goodhealth

May 10, 2015



Getty Images

Be sure to consult your veterinarian first

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Now that 23 states have given [medical marijuana](#) the green light (with even recreational use now allowed in another four states and Washington D.C.), growing weed has become a growing business.

The newest frontier: getting Fido and Fluffy on board with the cannabis revolution.

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Relax. We're not talking about rolling doobies with your dog, or seeing "pretty colors" with your cat. Nope, these are cannabis-containing edible treats and capsules that are meant for [sick or aging pets](#).

"The [cannabis](#) plant has many compounds in it," Matthew J. Cote, brand manager at Auntie Dolores, a San Francisco Bay Area-based edibles manufacturer, told ABC News. Auntie Dolores launched its pet line [Treatibles](#) last year. "Most people grow cannabis for the euphoric experience of THC. But they've been overlooking cannabidiol—commonly known as CBD—which is non-psychoactive," he said.

CBD, in fact, [does not produce a high](#), and it's true that it's been studied as a potential treatment for [epileptic seizures](#) and [pain relief for cancer patients](#).

So, as Cote explained to ABC News, the theory is that since aging canines share a lot of the same health problems as humans, there must be a market for [pot-laced dog "medicine"](#). Sold online (\$22 per bag of 40 treats, [treatibles.com](#)), Treatibles contain 40 milligrams of CBD per treat and makers advise giving one per 20 pounds of your pet's weight.

“What we’ve seen is that some of these [dogs](#) respond very rapidly,” Cote told ABC News. “One woman from Fort Bragg was ready to put down her dog due to how sick and in pain he was, but the day before he was scheduled to go under, she administered our treats and just like that the dog was up, walking around, and acting normally again.”

Canna Companion, another pot-for-pets proprietor based in Sultan, Washington, also boasts of amazing results for customers. One such [testimonial](#) posted on their website reads: “It seems as though [Canna Companion] is the best kept secret in the animal world for pain management and anxiety issues. I originally ordered it for my cat Robbie for anxiety/inflamed bladder issues and it works! Robbie has had issues for the past year or so, and now they are all but gone.”

High (ahem) praise, indeed.

Even so, the [American Veterinary Medical Association](#) hasn’t taken an official stance, and even in states where marijuana is legal, veterinarians are not allowed to prescribe cannabis products to their patients. (Though that may change: In Nevada, where medical use for humans is legal, the legislature is currently [debating a bill](#) that would allow vets to prescribe it to pets.)

Producers of these treats and capsules also have to be careful about any claims they make about their products. According to ABC News, the U.S. Food and Drug Administration sent Canna Companion’s co-owner (and a veterinarian) Sarah Brandon a notice, stating that the capsules were an “[unapproved new animal drug](#) and your

marketing of it violates the [Federal Food, Drug, and Cosmetic] Act.”

That kind of cautionary approach makes sense, say some experts, who point out that since these products aren’t regulated by the FDA, there’s no real way of knowing what you’re getting—or what the potential side effects might be. Says Tina Wismer, medical director of the ASPCA Animal Poison Control Center, in an interview with *Health*: “These products show potential, but there’s not a lot of research at this point. No one is even sure what the correct therapeutic dosage is. For example, in the ‘Frequently Asked Questions’ section on one of the websites, a customer asks, ‘How much should I give my pet?’ And they answer—I’m paraphrasing here: ‘Whatever you think would help.’ Well, that’s extremely vague.”

Not to mention, potentially dangerous: A 2012 study published in the *Journal of Veterinary Emergency and Critical Care* found that the number of [dogs treated for marijuana overdoses](#) at two Colorado veterinary hospitals *quadrupled* in five years following the legalization of medical marijuana in the state.

Sometimes it’s a case of owners deliberately administering cannabis products (hash-laced brownies, for example) to their pets, experts note. Other times, ingestion happens by accident—say, animals inhaling second-hand pot smoke or getting into their owner’s unattended stash. Wismer, who hasn’t heard of any problems with Treatibles or Canna Companion specifically, says she has fielded more than a few panicked calls at poison control about accidental exposures to pot in general—with sometimes scary results.

“You would think they’d become sedated and wobbly, but almost a quarter of them become quite agitated,” says Wismer. “They’re trying to pace. They’re panting. You reach out to pet them and they jerk their heads away.” In fact, Wismer adds, dogs that ingest large

amounts of THC sometimes need to be put on fluids and have their heart rate monitored. Scary, right? (Although the commercial dog treats contain little or no THC, according the manufacturers.)

The bottom line here: You probably shouldn't feed your pet cannabis—in any form—without talking to your vet.

This article originally appeared on Health.com.

Working to make the World a better place,
diana 😊

Carolyn Hill

From: diana lejins <dianalejins@yahoo.com>
Sent: Saturday, May 23, 2015 5:29 PM
To: Carolyn Hill; Poonam Davis
Cc: Nick Morrow; Diana Lejins
Subject: Ban Marjoram !

Please post, distribute and acknowledge receipt -- to MMj Task Force.

This was posted on Facebook by:

[Andrew Onorato](#)

[May 18 at 9:32am](#) · [East Melbourne, Australia](#) ·

Absolutely f***ing appalled at Coles, a 'family' supermarket for supporting the legalisation and sale of marjorama. I am disgusted that they would openly sell this narcotic on their shelves where children can easily grab and consume and die. Facebook friends, please stand by and support me in the boycotting of all Coles stores until every last leaf of this disgusting drug is destroyed. I am NOT going to support a company who supplies ILLEGAL DRUGS. What is this world coming too.



Working to make the World a better place,
diana 😊

From: diana lejins <dianalejins@yahoo.com>
Sent: Thursday, May 28, 2015 4:48 PM
To: Poonam Davis; Carolyn Hill
Cc: Diana Lejins
Subject: Difference Between Sativa & Indica

Please post, distribute and acknowledge receipt: MMj Task Force

Here's The Real Difference Between Sativa & Indica Pot Strains

May 27, 2015 6:30 PM



Photo: Courtesy of Erik Christiansen.

Now that [pot legislation](#) is making its way across the country, it's time for a refresher on the difference between the main types of marijuana strains: indica and sativa. It's a lesson some of us have had to learn over and over again. But, this infographic from the recently-released [Green: A Field Guide To Marijuana](#) will help us get it right.

At a basic level, we may be aware that sativa strains produce a sort of "up" high that gives users a feeling of euphoria, increased creativity, and energy. Meanwhile, indica strains usually leave us relaxed and "in-da-couch."

But, as the infographic shows, the differences start with the shape of the plants: Sativas tend to have longer, thinner leaves and are lighter in color. Indica strains, meanwhile, often have shorter, fatter leaves and dark, dense buds.

And then, of course, there's a whole host of hybrid strains that may produce a high that's between the two ends of that spectrum. But, when they're up-close — like in Erik Christiansen's photos in the book — the [differences are easy to spot](#). Check out the full infographic, below.



Image: Courtesy of *Green: A Field Guide to Marijuana* by Dan Michaels, photos by Erik Christiansen, published by Chronicle Books.

Refinery29 in no way encourages illegal activity and would like to remind its readers that marijuana usage continues to be an offense under federal law, regardless of state marijuana laws.

Working to make the World a better place,

diana



Matthew Ceballos

From: diana lejins <dianalejins@yahoo.com>
Sent: Tuesday, May 26, 2015 7:12 PM
To: Carolyn Hill; Poonam Davis
Cc: Diana Lejins; Nick Morrow
Subject: Fw: Fwd: Stephen Bradley LTE in Daily World

Working to make the World a better place,

diana 

Please post, distribute and acknowledge receipt--MMj Task Force
On Wednesday, May 6, 2015 8:44 AM, Stephen Downing <stephen@leap.cc> wrote:

Here are some facts that may be useful
Steve

Stephen Downing



Deputy Chief, LAPD (ret.)
Executive Board Member
Law Enforcement Against Prohibition
<http://www.leap.cc>

The genesis of the drug war comes from the pipe dreams, hunches and ignorance of a bureaucratic ladder-climbing sociopath who needed a cause, a budget and adulation; and then he got it all - - at the expense of the people he took an oath to protect and serve.

"A red flag should go up anytime a person in a position of responsibility utters the words 'zero tolerance,' because that means they do not have the confidence to make a decision in their discipline, they do not have the compassion to see differences between situations, and they do not have the administrative or managerial skills to make the kind of decisions that create a thriving institution."

Begin forwarded message:

From: Mikayla Hellwich <mikayla.hellwich@leap.cc>
Subject: Stephen Bradley LTE in Daily World
Date: May 6, 2015 at 8:40:05 AM PDT
To: Stephen Bradley <sbradley@weedbiz.us>, LEAP_News <leap_news@leap.cc>

Reply-To: leap_news@leap.cc

<http://www.dailyworld.com/story/opinion/readers/2015/05/05/talking-back-medical-marijuana-columns/26943861/>

Editor's note: In recent weeks, St. Landry Parish Sheriff Bobby Guidroz, in his Monday "Did You Know?" columns, has discussed his take on proposals to legalize medical marijuana. Those columns have generated a lively response in and beyond the parish. What follows is one such response.

To the Daily World:

In "The Myths of Marijuana Use," St. Landry Parish Sheriff Bobby Guidroz cited several tired examples from the old, worn-out drug war playbook as justification for continuing to wage a war against a plant that was long ago lost. As a former patrol supervisor, I'd like to refute these myths as they pertain to public safety.

No. 1: People get hurt in marijuana deals.

This problem has already been solved, for the most part, in states where marijuana has been legalized and regulated. Regulation decreases much of the violence in illicit marketplaces, and the repeal of alcohol prohibition shows us why. No bullets are flying over the local beer distribution anymore, are they?

No. 2: Smoked or eaten marijuana isn't medicine.

Since when is law enforcement the authority on what constitutes medicine? That's not a decision to be made by anyone other than a patient and their doctor. Nobody should have to be considered a criminal for using the medicine they need, or have to forego treatment for fear of being arrested.

No. 3: We don't imprison that many people for marijuana.

The short answer to this is that we spend \$51 billion annually to introduce 700,000 Americans to the criminal justice system because of marijuana. Arrests for marijuana consume time and money that could be far better spent on going after people who are truly a menace to the community.

No. 4: The alcohol and cigarette industry are bad examples.

According to the federal Centers for Disease Control and Prevention, the teen smoking rate in the U.S. fell from a high of 36.4 percent in 1997 to 15.7 percent in 2013. This was accomplished by combining educational campaigns targeted at potential underage smokers with a strict demand for regulatory compliance from cigarette vendors. We can keep marijuana out of the hands of kids the same way: by regulating it.

Stephen Bradley

Blue Ridge, Georgia

Former Patrol Officer Stephen Bradley spent nearly a decade in the police force in Atlanta, Georgia. He now works with Law Enforcement Against Prohibition (LEAP), a group of cops and other criminal justice professionals opposed to the Drug War.

--

Mikayla Hellwich
Law Enforcement Against Prohibition
Media Relations Associate
240-461-3066

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A Fresh Marijuana Study Reveals Shocking News Regarding Its Relative Safety

By [Sean Williams](#)

March 1, 2015



Source: [Flickr](#) user PabloEvans.

You won't find many issues as polarizing as what should be done with marijuana, legally speaking.

On one hand, marijuana's momentum appears unstoppable. According to Gallup, more people favor legalizing the drug than not. Additionally, states like Colorado and Washington have been able to double-dip when it comes to tax revenue as medical marijuana and recreational marijuana have both been legal within those states for two years. Revenue from marijuana taxation can help fill budget gaps, including gaps that otherwise could mean layoffs of state-employed workers.

Then again, much is still unknown about marijuana and its long-term side effects. This is partly because most research surrounding marijuana has sought to examine its dangers rather than its benefits. Marijuana is also classified as a schedule 1 drug by the federal government, meaning it's illicit and purportedly carries no medical benefits.

As I said, it's a polarizing issue, and the pendulum seems to swing a different way each week.

This past week, it swung largely in support of marijuana's possible legalization.

Big news for marijuana supporters

According to a [study](#) published in the journal *Scientific Reports*, researchers examined the ratio of toxicity and human intake for a number of legal and illegal "drugs," including alcohol and tobacco, and discovered that marijuana was *by far* the least dangerous drug of them all.

In order to establish the rankings, researchers compared the estimated lethal dose of seven drugs to an estimated level of human intake. On an individual basis, the team of international researchers observed that alcohol was the deadliest substance. Also placing in the high-risk category were heroin, cocaine, and tobacco. Researchers noted that ecstasy and meth carried medium risk based on the ratio of toxic dose to human intake. However, the only drug to rate as low-risk, and deemed to be *114 times* less deadly than alcohol, was cannabis!

As international researchers commented:

The results confirm that the risk of cannabis may have been overestimated in the past. At least for the endpoint of mortality, the margin of exposure for THC/cannabis in both individual and population-based assessments would be above safety thresholds. In contrast, the risk of alcohol may have been commonly underestimated.

As *The Washington Post* also noted, the results mirror findings from researchers a decade ago, who determined that cannabis represented a relatively low-risk drug compared to other illegal substances.

Bigger news for recreational and medical marijuana

Not only does this news appear to validate a long-standing position from marijuana supporters that the drug is safe (at least from a mortality risk perspective), it's even more important for the recreational marijuana movement and for cannabinoid-based drug developers.

According to NerdWallet, which utilized data from the Substance Abuse and Mental Health Services Administration and the Tax Foundation, a sweeping legalization of marijuana across all 50 states (recreational and medical) would generate a whopping [\\$3.1 billion in tax revenue](#) if an excise tax of 15% were used uniformly. Obviously, taxes are likely to differ in each state, and some states are clearly more likely to legalize than others, but it does demonstrate just how powerful a tool marijuana's tax revenue could be when it comes to closing budget gaps.

Perhaps even more intriguing is what this study could do for marijuana research as it pertains to disease. Marijuana is commonly prescribed as a treatment for cancer pain and glaucoma in the 23 states where the drug has been deemed medically legal, but drug developers such as **GW Pharmaceuticals** (NASDAQ: [GWPH](#)) have far bigger plans in mind for marijuana.

GW Pharmaceuticals has discovered more than five dozen cannabinoids from the cannabis plant to date and plans to use those cannabinoids, which work along a natural cannabinoid receptor system found in our bodies, to achieve desired biological outcomes. Currently it has just one approved drug, Sativex, in more than a dozen countries outside of the U.S., but it's thinking larger.

Perhaps the company's [most promising study](#) involves that of investigational drug Epidiolex as a treatment for two rare forms of childhood onset epilepsy known as Dravet syndrome and Lennox-Gastaut syndrome. In trial results released last year, GW Pharmaceuticals noted that seizure frequency was reduced by 56% for Dravet syndrome patients, and 52% for Lennox-Gastaut syndrome patients. Since these patients are usually children, the news that marijuana could be safer than initially thought is extremely encouraging.

Keeping things in perspective

Despite what can only be described as positive results from this latest study, we still need to keep a few things in perspective.

First, even if additional data continues to be gathered in favor of marijuana's safety, change at the federal level is likely to be slow. Consumers and potential marijuana investors here have to understand that nearly three decades of research was focused on marijuana's risks and not its benefits. In the mind of regulators, I believe it's going to take a substantial amount of data and time before any lessening of marijuana's classification as a schedule 1 drug can be considered. This means marijuana's explosive growth potential on a recreational level is likely to be tamer than some are expecting.

Second, consumers and potential investors need to understand that just because marijuana's risk of mortality due to overdose is extremely low, that doesn't mean it's [without side effects](#) at all. The active agent of marijuana, THC, has been shown in previous studies to negatively impact cognition, memory, and decision-making skills.

Again, I want to emphasize that additional studies are ongoing into marijuana's short- and long-term effects on cognition, but the fact remains that it does have *some* effect on our body, and until these effects are more widely studied, marijuana's expansion for recreational and medical purposes could be minimal.

Finally, I can't help but suggest investors exercise extreme caution with the marijuana industry as a whole. Few marijuana stocks are traded on reputable exchanges such as the NYSE or **Nasdaq**, meaning the regulations that require them to disclose their performances on a quarterly basis aren't there. In many instances, finding out even basic information about a company can be an exhausting and disappointing task.

Additionally, most marijuana stocks are money losers. Even GW Pharmaceuticals, arguably the most visible "marijuana stock," is likely to lose money throughout the remainder of the decade.

In my opinion, this continues to be a sector best left untouched by your investment dollars.

This coming blockbuster will make every biotech jealous

The best biotech investors consistently reap gigantic profits by recognizing true potential earlier and more accurately than anyone else. Let me cut right to the chase. There is a product in development that could revolutionize not just how we treat a common chronic illness, but potentially the entire health industry. Analysts are already licking their chops at the sales potential. If you hope to outsmart Wall Street and realize multi-bagger returns, you will need to get in early -- check out The Motley Fool's new *free* report on the dream team responsible for this game-changing blockbuster.

Sean Williams has no material interest in any companies mentioned in this article. You can follow him on CAPS under the screen name [TMFUltraLong](#), track every pick he makes under the screen name [TrackUltraLong](#), and check him out on Twitter, where he goes by the handle [@TMFUltraLong](#).



Opioid Addiction Disease Basics

- Opioids are prescription pain medications, like Oxycontin and Hydrocodone, and heroin
- Opioid addiction is federally described as a progressive, treatable brain diseaseⁱ
- *ASAM Addiction Definition:* Chronic, relapsing brain disease characterized by compulsive drug-seeking behavior and drug use despite harmful consequence
- Any type of opioid can trigger latent chronic addiction brain disease
- 22.2 million people 12 or older (8.5% of the population) live with substance dependence or abuseⁱⁱ
- 2.1 million Americans live with pain reliever opioid addiction disease, while 467,000 Americans live with heroin opioid addiction diseaseⁱⁱⁱ
- Roughly 329,000 new patients are diagnosed with opioid addiction disease each year^{iv}
- Opioid addiction disease occurs in every American State, County, socio-economic and ethnic group^v
- 23% of heroin users develop chronic opioid addiction disease^{vi}

National Opioid Overdose Epidemic

- Nearly 100 Americans die each day from opioid overdose — 60% men, 40% women^{vii}
- Drug overdose was the leading cause of injury death in 2011, greater than car accidents and homicide^{viii}
- 46 Americans die each day from prescription opioid overdoses; two deaths an hour, 17,000 annually^{ix}
- About 3,000 Americans die annually from heroin overdoses^x
- About 75% of opioid addiction disease patients switch to heroin as a cheaper opioid source^{xi}
- In 2012, 259 million opioid pain medication prescriptions were written, enough for every adult in America to have a bottle of pills^{xii}

Public Health Special-Populations Impact

Adolescents (12 to 17 years old)

- Every day, 2,500 American youth abuse a prescription pain reliever for the first time^{xiii}
- Nearly 1 in 12 high school seniors has taken Vicodin, 1 in 20 has abused OxyContin^{xiv}
- 70% of 12th graders report obtaining prescription narcotics from a friend or relative^{xv}
- Adolescent abuse of prescription drugs is frequently associated with other risky behavior, including abuse of other drugs and alcohol^{xvi}

Women

- Prescription opioid overdose caused five times as many women's deaths in 2010 than in 1999^{xvii}
- In 2010, more than 6,600 women died from prescription painkiller overdoses (18 each day)^{xviii}
- In 2010, women visited the ER more than 200,000 times for opioid misuse or abuse^{xix}

ASAM FACTS & FIGURES 2014: DATA SOURCES

ⁱ Opioid addiction is federally described as a progressive, treatable brain disease, according to the American Society of Addiction Medicine's definition of addiction.

ⁱⁱ In 2012, the *National Survey on Drug Use and Health (NSDUH)* estimated that, within the past year, 22.2 million people 12 or older (8.5 percent of the population) live with substance dependence or abuse, based on *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) criteria.

ⁱⁱⁱ In 2012, the National Institute on Drug Abuse estimated that 2.1 million Americans live with opioid pain reliever addiction and 467,000 are addicted to heroin.

^{iv} Approximately 329,000 new patients are diagnosed with opioid addiction annually, according to the Treatment Episode Data Set (TEDS) 2002-2012.

^v Opioid addiction disease occurs in every State and County in the United States and strikes members of every socio-economic demographic and ethnic group, according to the National Institute on Drug Abuse (NIDA).

^{vi} According to the National Institute on Drug Abuse (NIDA), about 23% of heroin users develop chronic opioid addiction disease.

^{vii} Nearly 100 Americans die each day from opioid overdose — 60% men, 40% women, according to the Treatment Episode Data Set (TEDS) 2002-2012.

^{viii} According to statistics from the Centers for Disease Control and Prevention's *Wide-ranging OnLine Data for Epidemiologic Research* (CDC Wonder), drug overdose was the leading cause of injury death in 2011, killing more than car accidents and homicide.

^{ix} According to the Centers for Disease Control and Prevention (CDC), 46 Americans die every day from opioid prescription drug overdoses; that translates to almost two deaths an hour and 17,000 annually.

^x According to the Centers for Disease Control and Prevention (CDC), more than 3,000 Americans die annually from heroin overdoses.

^{xi} According to Leonard Paulozzi, a physician and researcher with the CDC, about 75% of heroin users say they started out by using prescription opioids.

^{xii} According to the CDC, in 2012, 259 million prescriptions were written for opioid pain medication; that's enough for every adult in America to have a bottle of pills.

^{xiii} Every day, 2,500 American youth abuse a prescription pain reliever for the first time, according to Foundation for a Drug-free World.

^{xiv} Nearly 1 in 12 high school seniors have taken Vicodin and 1 in 20 has abused OxyContin, according to the National Institute on Drug Abuse.

^{xv} According to the National Institute on Drug Abuse, 70% of 12th graders reported obtaining prescription narcotics from a friend or relative.

^{xvi} Adolescent abuse of prescription drugs frequently is associated with other risky behavior, according to the National Institute on Drug Abuse.

^{xvii} Prescription opioid overdose caused five times as many women's deaths in 2010 than in 1999, according to the Centers for Disease Control and Prevention.

^{xviii} The Centers for Disease Control and Prevention reported that, in 2010, more than 6,600 women died from prescription painkiller overdoses (18 a day).

^{xix} In 2010, women visited the ER more than 200,000 times for opioid misuse or abuse, according to the Centers for Disease Control and Prevention statistics.



Portugal decriminalized
all drugs eleven years ago
and the number of
addicts has been halved
since then. They treat
addiction as a public
health issue instead of a
crime

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from universities, journals, and other organizations

Medical cannabis provides dramatic relief for sufferers of chronic ailments, Israeli study finds

Date: January 24, 2013

Source: American Friends of Tel Aviv University

Summary: Though still controversial, medical cannabis has been gaining ground as a valid therapy for cancer, PTSD, and chronic pain. Now a specialist says that residents of an Israel nursing home experienced dramatic physical and mental improvements following cannabis therapy and that the therapy significantly reduced the need for chronic medications for many of them.



Cannabis plant.

Credit: © Opra / Fotolia

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Though controversial, medical cannabis has been gaining ground as a valid therapy, offering relief to suffers of diseases such as cancer, Post-Traumatic Stress Disorder, ALS and more. The substance is known to soothe severe pain, increase the appetite, and ease insomnia where other common medications fail.

In 2009, Zach Klein, a graduate of Tel Aviv University's Department of Film and Television Studies, directed the documentary Prescribed Grass. Through the process, he developed an interest in the scientific research behind medical marijuana, and now, as a specialist in policy-making surrounding medical cannabis and an MA student at TAU's Porter School of Environmental Studies, he is conducting his own research into the benefits of medical cannabis.

Using marijuana from a farm called Tikkun Olam -- a reference to the Jewish concept of healing the world -- Klein and his fellow researchers tested the impact of the treatment on 19 residents of the Hadarim nursing home in Israel. The results, Klein says, have been outstanding. Not only did participants experience dramatic physical results, including healthy weight gain and the reduction of pain and tremors, but Hadarim staff saw an immediate improvement in the participants' moods and communication skills. The use of chronic medications was also significantly reduced, he reports.



Klein's research team includes Dr. Dror Avisar of TAU's Hydrochemistry Laboratory at the Department of Geography and Human Environment; Prof. Naama Friedmann and Rakefet Keider of TAU's Jaime and Joan Constantiner School of Education; Dr. Yehuda Baruch of TAU's Sackler Faculty of Medicine and director of the Abarbanel Mental Health Center; and Dr. Moshe Geitzen and Inbal Sikorin of Hadarim.

Cutting down on chronic medications

Israel is a world leader in medical cannabis research, Klein says. The active ingredient in marijuana, THC, was first discovered there by Profs. Raphael Mechoulam and Yechiel Gaoni. Prof. Mechoulam is also credited for having defined the endocannabinoid system, which mimics the effects of cannabis and plays a role in appetite, pain sensation, mood and memory.

In the Hadarim nursing home, 19 patients between the ages of 69 and 101 were treated with medical cannabis in the form of powder, oil, vapor, or smoke three times daily over the course of a year for conditions such as pain, lack of appetite, and muscle spasms and tremors. Researchers and nursing home staff monitored participants for signs of improvement, as well as improvement in overall life quality, such as mood and ease in completing daily living activities.

During the study, 17 patients achieved a healthy weight, gaining or losing pounds as needed. Muscle spasms, stiffness, tremors and pain reduced significantly. Almost all patients reported an increase in sleeping hours and a decrease in nightmares and PTSD-related flashbacks.

There was a notable decline in the amount of prescribed medications taken by patients, such as antipsychotics, Parkinson's treatment, mood stabilizers, and pain relievers, Klein found, noting that these drugs have severe side effects. By the end of the study, 72 percent of participants were able to reduce their drug intake by an average of 1.7 medications a day.

Connecting cannabis and swallowing

This year, Klein is beginning a new study at Israel's Reuth Medical Center with Drs. Jean-Jacques Vatin and Aviah Gvion, in which he hopes to establish a connection between medical cannabis and improved swallowing. One of the biggest concerns with chronically ill patients is food intake, says Klein. Dysphagia, or difficulty in swallowing, can lead to a decline in nutrition and even death. He believes that cannabis, which has been found to stimulate regions of the brain associated with swallowing reflexes, will have a positive impact.

Overall, Klein believes that the healing powers of cannabis are close to miraculous, and has long supported an overhaul in governmental policy surrounding the drug. Since his film was released in 2009, the number of permits for medical cannabis in Israel has increased from 400 to 11,000. His research is about improving the quality of life, he concludes, especially for those who have no other hope.

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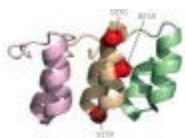
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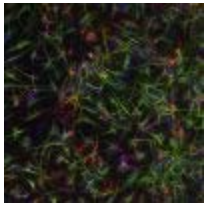
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- NEW YORK TIMES

Marijuana Is Far Less Toxic Than Alcohol or Cocaine



[Robert Gable](#) is an emeritus professor of psychology at Claremont Graduate University.

December 19, 2011

Twenty years ago, when my son was a teenager, his favorite recreational drug was ecstasy, or MDMA. He claimed that ecstasy was “as safe as alcohol,” and that there was nothing to worry about. Of course, I did worry.

My worry eventually led to a decade-long research project that compared the relative risk of 20 different recreational substances. Here’s the way scientists usually make comparisons of the risk (acute lethality) of various drugs:

No drug is good for teenagers. But when it comes to the chances of immediate death by chemical toxicity, marijuana is about a hundred times safer than alcohol.

First, determine the “effective” dose of the drug. In the case of alcohol, for example, two 12-ounce beers or two 1.5-ounce shots of 80-proof vodka will give a normally healthy teenager a substantial buzz. The beer or the vodka each contain about 33 grams of ethyl alcohol.

Second, determine the “lethal” dose of the drug. Again, in the case of alcohol, hospital records show that people who die from an alcohol overdose have usually ingested about 330 grams of alcohol — equivalent to 20 shots of vodka.

Third, divide the lethal dose by the effective dose. This gives the “safety margin” of the drug. For alcohol, the safety margin is 10 (330 divided by 33 equals 10). In other words, it takes 10 times as much alcohol to kill you as it does to give you a buzz. Note: All such calculations are very rough estimates, and severe toxic reactions can occur at much lower doses depending on the health of the individual.

Based on my research, the safety margin of recreational substances as normally used is: 6 for heroin; 10 for alcohol; 15 for cocaine; 16 for MDMA; 20 for codeine; and 1,000 for LSD or marijuana. Cigarettes have little immediate risk of death because most of the very lethal nicotine is destroyed in the smoke. The long-term risk of addiction and cancer from cigarettes is well known.

No drug is good for teenagers. But when it comes to the chances of immediate death by chemical toxicity, marijuana is about a hundred times safer than alcohol or cocaine.

Pediatric Doctors Support Cannabis Rescheduling, Research, Access

A professional organization representing more than 62,000 pediatricians in the US last month endorsed the use of cannabis for some seriously ill children and called on the federal government to conduct more research and change the classification of the drug to recognize its medical uses.

The American Academy of Pediatrics (AAP) issued the new policy statement in its journal *Pediatrics*. The group reiterated its opposition to outright legalization and said that cannabis should undergo FDA clinical trials but noted that "some children who may benefit from cannabinoids cannot wait for a meticulous and lengthy research process." For that reason, "the Academy recognizes some exceptions should be made for compassionate use in children."

The AAP also recommends that cannabis be changed from a Schedule 1 controlled substance -- defined as having "no currently accepted medical use in the United States" -- to Schedule II, where it would be classified with drugs such as oxycodone that may be used in treatment under a doctor's supervision. That change, the AAP notes, would enable more research and development of pharmaceutical cannabinoids.

More Information:

[AAP Statement on Medical Cannabis](#)

Jan 2015

Thousands of Rapists Are Not Behind Bars Because Cops Focus on Marijuana Users

Drug Policy Alliance



A recent piece in the *Washington Post* highlights the growing backlog of untested rape test kits that are sitting in police storage units while rapists run free and victims suffer. Missing from the story, however, is one of the biggest contributors to this backlog, the enormous amount of police and tax resources spent targeting drug crimes, particularly marijuana possession.

The backlog is a disgrace. The total number of rape test kits that have never been sent to laboratories for testing exceeds 100,000. In some cases, the kits have been sitting in storage for decades. From the *Washington Post*:

“In 2009, authorities found more than 11,000 unprocessed kits at the Detroit crime lab after it was closed for improperly handling weapons evidence. After testing the first 2,000 kits, authorities identified 127 serial rapists and made 473 matches overall to known convicts or arrestees, or to unknown people whose genetic material was found at crime scenes.”

The real question is why does this backlog exist at all? Cities and states claim they don't have the money or other resources, but they sure do have plenty of time and money to arrest people for drugs.

About 1.5 million Americans are arrested for drugs annually – about 660,000 for nothing more than possession of marijuana for personal use. It takes up to three hours to process someone after an arrest. And since most arrests involve multiple officers in multiple police cars it's potentially dozens of lost police hours just to arrest one person for marijuana.

It costs an estimated \$10,000 to arrest, process, and convict someone for marijuana possession. Then there's the cost of keeping thousands of drug task forces operational, most of which do nothing but bust people for marijuana or other low-level drug offenses. New York City claims to not have enough money to test all its rape test kits but spends millions each year **randomly searching** young people of color for marijuana.

Worse, police have a financial incentive to focus on drugs. Federal grant programs, such as the Edward J. Byrne Justice Assistance Grant (JAG) program, reward local and state police for the number of people they arrest. Through asset forfeiture laws police agencies are allowed to keep money, cars, houses and other proceeds from the drug trade. Busting nonviolent drug offenders allows them to line their own agency's coffers. They don't get anything for arresting rapists or other violent criminals.

When the Drug Policy Alliance did an asset forfeiture reform ballot measure in Utah that directed forfeiture proceeds to the state's general treasury instead of police budgets, police said that if the measure passed they would have no reason to go after drug offenders. The initiative passed and drug arrests and seizures decreased. Police eventually convinced the legislature to gut the initiative and let them return to profiting from drug cases.

At least one national policymaker gets the connection between the war on drugs and the increasing backlog in rape kit testing: Rep. Steve Cohen (D-TN). He recently offered an amendment on the U.S. House floor shifting \$5 million from the Drug Enforcement Administration (DEA) to a rape test kit testing program. It passed overwhelmingly.

Polling shows that voters support legalizing or decriminalizing marijuana because they want to stop wasting police resources. They want police to focus on real crime, like rape, instead of ruining people's lives with an arrest record for marijuana possession. Unfortunately there are still politicians and police officers supporting the failed war on drugs. It's time we start calling them out.

Every dollar and police hour spent on nonviolent drug offenders is money and time not spent on real crime.

Bill Piper is the director of national affairs for the Drug Policy Alliance.