

Politics v. Science: Understanding Cannabis Therapeutics Before it is Censored

by Kris Hermes

A milestone quietly occurred last month, and one the federal government would prefer to ignore. Yet, it could mean a step in the right direction for hundreds of thousands, if not millions, of people who use a centuries-old botanical medicine: cannabis, otherwise known as marijuana.

According to the Washington Independent, the National Cancer Institute (NCI) changed its website on March 17th and for the first time listed cannabis as a Complementary Alternative Medicine (CAM). At that time, the NCI website read:

"The potential benefits of medicinal Cannabis for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. In the practice of integrative oncology, the health care provider may recommend medicinal Cannabis not only for symptom management but also for its possible direct antitumor effect."

And just in case the issue of medical efficacy was in question, NCI further stated that:

"*Cannabis* has been used for medicinal purposes for thousands of years prior to its current status as an illegal substance."

Besides the obvious "It's about time" retort to the inclusion of cannabis in the CAM listing, there is definitely more here to this decades-long story of the struggle between politics and science. If the symptoms of cancer and the side effects from treatment can be ameliorated or fought-off with medical cannabis, wouldn't that be worth significant research investment? And, wouldn't the value of that research increase considerably if cannabis therapeutically benefited people with an array of other medical conditions? What if science showed that cannabis could halt or diminish the growth of tumors?

Unfortunately, despite promising studies on the effects of cannabis on tumor growth and a host of other scientific investigations into the therapeutic benefits of cannabis -- mostly conducted outside of the United States -- we have failed to rise to the occasion. Cannabis used for research in the U.S. is tightly controlled by the Drug Enforcement Administration (DEA) and the National Institutes on Drug Abuse (NIDA). The research that does occur is narrowly focused by NIDA on the supposed abuse potential of cannabis, bypassing vast areas of efficacy ripe for investigation.

In 2007, DEA Administrative Law Judge (ALJ) Mary Ellen Bittner ruled in a case attempting to expand and diversify the production of research cannabis in the U.S. that such research was "in the public interest." However, DEA Administrator Michele Leonhart ignored her own ALJ's recommendations and denied the petition that would have broken a 40-year old monopoly on federal research cannabis production, housed at the University of Mississippi. The federal monopoly on cannabis cultivation is complemented by a Byzantine approval process that would have made Franz Kafka proud.

With these tactics, the government has held a pretty tight lid on cannabis research over the years -- an obstructionist's approach really. But prioritizing politics over science is a tenuous affair, full of contradictions and hypocrisy.

Take for instance the revisions NCI made to its website not two weeks after it listed cannabis as a Complementary Alternative Medicine. Just to make sure its readers didn't think it was endorsing the use of medical cannabis, NCI reminded us that "The U.S. Food and Drug Administration (FDA) has not approved the use of Cannabis as a treatment for any medical condition..." However, more importantly, NCI removed reference to a "possible direct antitumor effect." They wouldn't want to give the impression that cannabis should be further researched, would they?

After feeling some heat from mainstream media outlets, NCI offered an explanation for its apparent shiftiness around cannabis. Craftily, NCI distanced itself from the Physician Data Query (PDQ) Editorial Boards, which are responsible for the website content (i.e. the content on cannabis). "PDQ Editorial Boards review current evidence," and "do not make recommendations," said NCI in a written response. "Their work is editorially independent of [NCI]," and "The summary on Cannabis and cannabinoids does not represent a policy statement of NCI or NIH (National Institutes of Health)."

Okay, this is where it gets interesting.

All of the government double-speak aside, the NCI website still states that cannabis has been used medicinally for millennia and that

oncologists may recommend it for cancer "symptom management." Pretty bold statements for a website, whether from an editorial department or not. Now, NCI happens to be one of 11 agencies within the National Institutes of Health (NIH), which is under the authority of the U.S. Department of Health and Human Services (HHS). The problem is that HHS has consistently maintained that cannabis is a dangerous drug with no medical value. Specifically, HHS has publicly stated that cannabis "has no currently accepted medical use in treatment in the United States."

The contradictions don't stop there. The same production facility at the University of Mississippi that selectively disburses research cannabis also mails out literally pounds of the dried plant each year to the remaining four patients who qualified for the federal Investigational New Drug program.

The NCI website recognition also comes as a petition to reclassify medical cannabis has nearly reached its 10th anniversary with no response from the federal government. Since the Coalition for Rescheduling Cannabis (CRC) filed its petition in 2002, dozens more studies have been conducted recognizing the therapeutic effects of cannabis, eight more states passed medical marijuana laws (bringing the total to 15), and the country's two largest physician groups -- American Medical Association and American College of Physicians -- have both called for a review of marijuana's status as a Schedule I substance.

Here is the chance for the federal government to come clean, recognize the evidence and reclassify cannabis so that patients in the U.S. can use it without fear of reprisal no matter where they live. Yet, based on historical precedent, the cards are stacked against patients. In 1988, the DEA denied a rescheduling petition despite strong judicial condemnation of marijuana's Schedule I classification. The DEA's own Administrative Law Judge Francis L. Young ruled on the petition, commenting that, "Marijuana in its natural form is one of the safest therapeutically active substances known to man." Although final determinations on rescheduling petitions are made by DEA, the review process relies heavily on recommendations from HHS, the federal department that oversees NCI.

Another lesser-known contradiction of federal cannabis policies has to do with the THC (tetrahydrocannabinol) pill Marinol. Though ineffective for many medical cannabis patients, Marinol will go off patent this year and a number of companies are vying for generic licenses. Companies are asking the government to allow them to grow cannabis in order to extract the natural form of THC, the primary active chemical in the plant used in the pill. Marinol is currently made with synthetic THC, but it is cheaper to extract the chemical from the plant.

The hypocrisy will soon be too much for even the federal government to bear. The science on cannabis will eventually prevail over politics. It's just not acceptable to hold millions of sick Americans hostage to such a political double standard. It's time for the Obama Administration to recognize the science, act with integrity, and reschedule cannabis.

About the author:

Kris Hermes

Media Specialist

Americans for Safe Access

www.AmericansForSafeAccess.org

Kris Hermes Media Specialist Americans for Safe Access www.AmericansForSafeAccess.org

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A broad new survey shows that a majority of American adults continue to support marijuana legalization in the United States, and that support appears to be growing.

The survey, released last week from online polling data company CivicScience, asked more than 450,000 U.S. adults over the last two years this question: "Would you support or oppose a law in your state that would legalize, tax, and regulate marijuana like alcohol?"

Fifty-eight percent of respondents said they support marijuana legalization -- with 39 percent saying they "strongly support" and 19 percent saying they "somewhat support" reformed marijuana laws in their states. Thirty-five percent oppose legalization of marijuana -- with 29 percent "strongly" opposing and 6 percent "somewhat" opposing laws that would regulate marijuana like alcohol. Seven percent of respondents had no opinion on the issue.

CivicScience then broke out the data from just the last three months of responses -- from May to August -- and saw an increase in support and decrease in opposition to the regulation of marijuana like alcohol. Of those who responded most recently, 61 percent said they strongly or somewhat support marijuana legalization, while only 30 percent were opposed. Men were found to be slightly more in favor of legalization than women were, by 60 to 55 percent, according to CivicScience's survey data. Support for legalization was strongest among people ages 25-34; the only age group in which the majority of people opposed legalization was those over 65.

The question, asked between November 2012 and August 2014, was hosted on as many as 400 different websites across the U.S. Each respondent was anonymous and answered the question "just for fun," according to CivicScience.

Jennifer Sikora, a spokesperson for CivicScience, explained to The Huffington Post that although the survey was online, the company uses browser cookies to keep respondents from answering the question more than once. In order to further hedge against a person answering the same question multiple times, the question is part of a pool of more than 1,000 rotating questions on multiple websites to further decrease the possibility that a respondent might happen upon the same question again. Still, Sikora says, there is a very small percentage of respondents who do repeat the answer (after all, cookies can be deleted), but the 453,653 U.S. adults in this survey are unique.

"This huge poll is yet another indication that marijuana legalization is officially a mainstream issue," Tom Angell, chairman of Marijuana Majority, told HuffPost. "With ending prohibition polling better with voters than most elected officials do these days, it'll be really interesting to see which 2016 contenders realize that supporting marijuana reform is good politics and which still don't get it." This isn't the first recent poll to show a majority of Americans supporting marijuana legalization. In April, a survey from Pew found that 54 percent of Americans support legalizing marijuana use, and about three-quarters of Americans told Pew that if marijuana use isn't legalized, those found in possession of small amounts of the substance should not go to jail. Just last year, Gallup found for the first time that a clear majority of Americans -- 58 percent -- say marijuana should be legalized.

To date, 23 states and the District of Columbia have legalized marijuana for medical purposes and two states -- Colorado and Washington -- have legalized marijuana for adult, recreational use. Voters in three states and our nation's capital will also decide on new marijuana laws in November. Oregon and Alaska voters will decide on the legalization of recreational marijuana, while voters in Florida will decide on a medical marijuana ballot measure. D.C. voters will decide on a measure that would legalize the adult possession of small amounts of marijuana as well as limited home cultivation; however, the sale of marijuana would still be prohibited under the measure.

Originally published September 24 2014

Cannabis dissolves cancerous tumor in young infant, deemed a 'miracle baby' by physician

by Carolanne Wright

(NaturalNews) Instead of opting for chemotherapy and radiation in an attempt to shrink an inoperable brain tumor, the father of an eight-month-old baby pushed for alternative treatment with cannabis oil. The baby's physician, Dr. William Courtney, was initially skeptical early in his career about cannabis as medicine but has since seen such impressive results that he's now a staunch advocate for its use.

"They were putting cannabinoid oil on the baby's pacifier twice a day, increasing the dose... And within two months there was a dramatic reduction, enough that the pediatric oncologist allowed them to go ahead with not pursuing traditional therapy," said Dr. Courtney in an interview with *The Huffington Post*.

At four months, the tumor was completely gone. And after eight months of treatment, the brain tissue was considered completely normal.

Dr. Courtney notes that the successful application of cannabis to heal means that "this child, because of that, is not going to have the long-term side effects that would come from a very high dose of chemotherapy or radiation... currently the child's being called a miracle baby, and I would have to agree that this is the perfect response that we should be insisting is frontline therapy for all children before they launch off on all medications that have horrific long term side effects."

A healing phenomenon

Cannabis has a wide range of reported therapeutic uses -- from cancer to asthma, as well as from neurodegenerative diseases to autoimmune disorders. Several U.S. states have recognized the beneficial healing aspects of cannabis and have therefore made it available for medicinal purposes. On the other hand, two states, Washington and Colorado, have taken this a step further and legalized cannabis for recreational use.

Numerous studies support the incredible healing capacity of cannabis, especially regarding cancer. The National Cancer Institute alone has documented 25 studies on the exceptional power that cannabis possesses to halt the progression of cancer. In animal tests, two forms of liver cancer -- hepatic adenoma tumors and hepatocellular carcinoma -- decreased when cannabis was given. Benign tumors in other organs, such as the pancreas, testes, uterus and mammary and pituitary glands, were diminished as well. Several reviews also found that cannabinoids appear to encourage cancer cell death (apoptosis), while preserving normal cells. Moreover, cannabis induces programmed cell death in breast cancer cell lines and offers protection against both colorectal and lung cancer.

The list of benefits could seemingly go on forever. To learn more about the wonder of cannabis, have a look at this comprehensive documentary by leading researchers and physicians in the field.

If we want to see change in the world, we need to be the change.

Perverse U.S. Drug Policies Promote Drug Addiction and Deaths

Huffington Post Posted: 10/05/2014

To get your mind around just how dumb and perverse are our drug policies, you first have to absorb these astounding facts:

1. The U.S. has more deaths from drug overdoses than from car accidents.
2. Most are due to prescription narcotics, not street drugs.
3. Heroin deaths have also doubled in the past two years because patients first hooked on prescription narcotics often have to switch to cheaper street drugs.
4. States that have legalized medical marijuana have many fewer prescription narcotic overdoses than those that haven't.
5. Prescription narcotics are gateway drugs creating a new demographic of drug addiction -- older, whiter, suburban, and more female.
6. The Sackler family is famous and widely admired for its museum philanthropy; but is also infamous and deserves to be widely despised for its irresponsible drug pushing. Their drug company has been fined more than 600 million for its criminal marketing of narcotics. Its pills cause more overdoses than any drug cartel.
7. Careless, sometimes criminal, MDs serve the same role for drug companies as corner pushers serve for drug cartels. Just one doctor in California was responsible for 400 emergency room visits. Solutions are simple. Tighten the screws on the drug companies that make the pills that addict and kill people. Re-educate well meaning doctors and strongly discipline the crooks. Educate patients that those magic pills can destroy their lives. Develop a real-time computerized pharmacy control system that prevents patients from filling multiple prescriptions. Legalize pot, a much less dangerous drug than prescription narcotics.

We are fighting the wrong war on drugs.

The last 40 years prove conclusively that interdiction can't possibly win the war against the cartels. Illegal drugs are more available, stronger, and cheaper than ever. We have encouraged lawlessness and civil strife in every drug-producing nation. And we have cruelly and uselessly filled our prisons with people who might otherwise have had productive lives. The key to containing the cartels is to reduce demand for their products by legalization and by providing easy access to treatment and rehabilitation. The big losers if pot is legalized will be the drug cartels and the drug companies.

We couldn't possibly lose a battle to control Big Pharma -- if only our politicians and bureaucrats had the political will to engage in the fight. Big Pharma controls Washington now the way Big Tobacco did 25 years ago. Despite its lobbying billions, Big Tobacco lost its power when its behavior could no longer pass the political smell test. Isn't it past time that Pharma got the same treatment?

How can politicians face their consciences and constituents sitting back while drug companies cause more deaths than drug cartels?

Allen Frances is a professor emeritus at Duke University and was the chairman of the DSM-IV task force.

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Wednesday, October 08, 2014 4:41 PM
To: Diana Lejins
Cc: Heidi Eidson; Jeffrey Winklepleck
Subject: Root Rot in California

The Green Pulpit:
Oct 06 2014
Root Rot in California

It's A Trap!

California is under attack; there is just simply no other way to put it. The Medical Marijuana industry of this state, while appearing to flourish on the surface, has a problem in its roots that has gone widely unseen by the public eye. Medical Marijuana farmers, growers and cultivators know about it. Since the fall of SB1262, the Correa Bill, the Medical Marijuana producing regions of California have been under open siege by an aligned consortium of rapacious law enforcement and corporate entities that seek to deprive the growers of their land, their right to individually cultivate and their ability to compete with the Legalization States that have already fallen under the control of this insidious corporate cabal.

SB 1262 itself was a failed coup attempt by the same ravenous false prophets that divided and conquered the spirit of the medical marijuana movement with Proposition 19. The Correa Bill was openly sponsored by Consortium entities including The League of California Cities, The California Peace Officers Association, The California Correctional Peace Officers Association, George Soros and the Marijuana Policy Project, Pharma, The Drug Enforcement Agency w/ Americans For Safe Access and silent partners from the Alcohol & Tobacco industries that have been targeting California growers for years. This consortium of out-of-state corporate interests and in-state law enforcement interests have proved to be the greatest obstruction to the normalization of California Marijuana Laws that have been in legal existence for almost 18 years. We have discussed the Consortium's activities against California growers at length in our previous "Narc vs. Narc" series, where we have identified members of this so-called Marijuana Mafia led by powerful members of the 1%. SB1262 was defeated through the combined effort of the Pioneers of Medical Marijuana, Jeff Patterson & His Patient Coalition, the American Patient's Rights Association and many others to inform the public of the poison pills contained within the bill.

"In a court of law within the United States, especially in regards to Medical Marijuana laws, it must be made clear to the public that when we say 'Medical', we are asking for Regulation by a Public Health Department or a Public Health official, who is a Medical Doctor. When we ask for 'Legalization', we are inherently asking for regulation by Law Enforcement. When Law Enforcement makes medical decisions we see growers, operators and patients go to jail, we see drugged driving and entrapment, and we see that only the large corporate interests get a fair shake. This hasn't happened in California because we are protected by our medical rights; HIPAA, ADA, ACA and so on. You also cannot tax a medication without an Act of Congress, it's federally prohibited. People need to remind themselves that it is much easier and more seemly to prosecute a fraudulent physician than a corrupt policeman for violating our civil rights. Anyone who supports an agenda that limits the availability of strains, demands scientific constraints, regulation by a law enforcement entity and corporatization of the industry should be looked at very carefully and with great skepticism, especially by California growers and operators"

- **Patrick Rohde, American Patient's Rights Association™**

Working to make the World a better place,

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Wednesday, October 08, 2014 1:01 PM
To: Amy Bodek; Jeffrey Winklepleck; Heidi Eidson
Cc: Kendra Carney; Michael Mais; Robert Luna; Jim McDonnell;
doug.haubert@longbeach.gov
Subject: Where there is a will; there is a way.....Minnesota Med Cannabis

Minnesota Medical Cannabis: Open For Business In Record Time By Emily Hackman on October 5, 2014 Posted in Events, Legal Issues, Licensing, Medical Cannabis, Minnesota

Minnesota is moving quickly to provide limited access to medical marijuana. Marijuana legalization is generally a slow process, with most states taking a couple of years to go from legalization to having product available for purchase. Yet Minnesota this week announced that it plans to make it possible for medical marijuana patients to be able to purchase cannabis in less than a year.

Its Office of Medical Cannabis also announced that it has already hired a doctor to oversee cannabis research and that it will be working for Minnesota patients be to able to receive medical marijuana beginning in July 2015. The state first needs to select two registered medical cannabis manufacturers from the twelve that actually completed the application and paid the \$20,000 registration fee. The state is saying that it will be narrowing the field to two by December 1, 2014. The two chosen cannabis producers will in the first part of 2015 be able to establish four retail sites each around the state so that patients can begin applying in February and March and then purchase medicinal marijuana in July.

Working with local Minnesota counsel our cannabis business lawyers oversaw the filing of a Minnesota producer application. We would have liked to have done more than one, but with only two applicants eligible to go forward as producers, we concluded that we could only represent one applicant without engendering an ethical conflict.

Minnesota hired Dr. Thomas Arneson to oversee research on the effects of marijuana for Minnesota's upcoming medical marijuana program. He will serve as the state's expert on medical marijuana, researching and detailing its risks and benefits. Dr. Arneson is an internal medicine specialist who will conduct his research under the auspices of the Minnesota Department of Health's Office of Medical Cannabis. He will collect and interpret data from patients that use cannabis pills, oils, or vapors for specific conditions. The Office of Medical Cannabis stated that the program Dr. Arneson will run "strives to answer questions related to dosage, side effects, delivery methods, compound interactions, and other considerations specific to various diseases and conditions."

Conducting cannabis research outside of government has proven to be difficult. A professor of medicine at the University of Minnesota, Dr. Kalpna Gupta, spent four years waiting for approval to study "whether vaporized cannabis was an effective pain relief treatment for patients with sickle cell disease," before finally receiving the necessary federal government approvals. Dr. Gupta believes that her research itself will take another four years to complete. Though the University of Minnesota hosts one of only two labs in the United States licensed by the federal Drug Enforcement Agency to grow and study cannabis, such privilege matters little if securing approval for a study still takes four years. Minnesota Whatever happened to the idea that scientific inquiry is a good thing, no matter what it ends up proving in the end? It would certainly be nice if our own government supported the pursuit of truth and knowledge. Scientific studies on the efficacy of marijuana for various different medical conditions are essential, no matter whether they prove its efficacy or not.

Minnesota's new medical cannabis laws are very restrictive in terms of the conditions for which a patient will be eligible for usage. They also allow cannabis in only non-smokable forms and prohibit any home growing of marijuana.

Though its laws are too strict, we are impressed by Minnesota's efforts to quickly implement its medical marijuana program and we are fairly confident that these already enacted laws are just going to be the first step towards a massive liberalization of marijuana access in Minnesota.

Working to make the World a better place, diana

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Friday, October 03, 2014 5:13 PM
To: Council District 6; Council District 8; Laura Doud; Mayor; Douglas Haubert; Council District 2; Council District 5; Council District 3; Council District 9; Council District 7; City Manager
Cc: Diana Lejins; Jim McDonnell; Heidi Eidson; Amy Bodek; Jeffrey Winklepleck
Subject: Fw: Philadelphia Becomes Largest US City to 'Decriminalize' Marijuana!

It could happen in Long Beach.....the majority of LB voters voted to legalize in the form of Prop 19.....isn't it time the "powers that be" adhered to the will of the people??

> From: The Marijuana Forum <groups-noreply@linkedin.com>
> Subject: Philadelphia Becomes Largest US City to 'Decriminalize' Marijuana!
> To: "Diana Lejins" <dianalejins@yahoo.com>
> Date: Friday, October 3, 2014, 12:54 PM
Lori Clayton

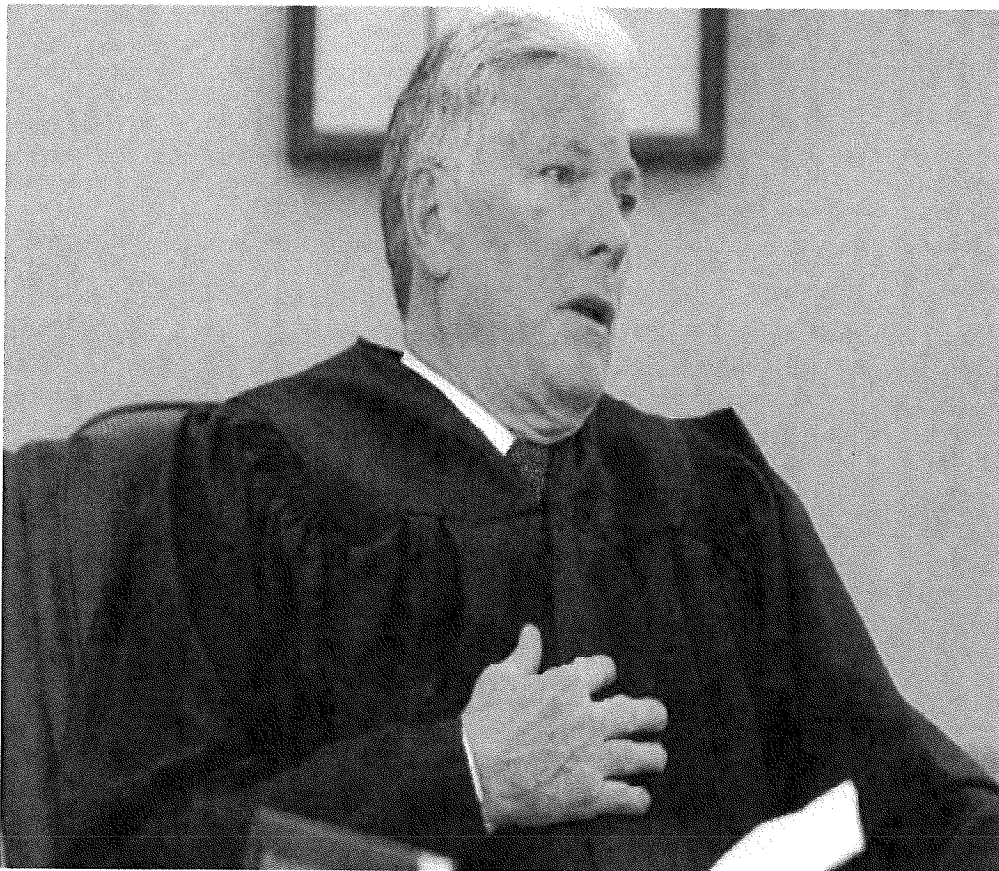
Philadelphia
> Becomes Largest US City to 'Decriminalize'
> Marijuana!
>
>
>
><http://www.undergroundworldnews.com>
> Philadelphia has decriminalized small amounts of marijuana in the
> city, reducing penalties for possession and public use to minor fines
> and community service. The move makes Philadelphia the largest city in
> the United States to decriminalize pot. Mayor Michael Nutter signed
> the legislation on Wednesday, makin...
>

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Thursday, October 09, 2014 6:00 PM
To: Charles Parkin; Amy Bodek; Jeffrey Winklepleck; Michael Mais
Cc: Diana Lejins; Heidi Eidson; Kendra Carney; Council District 6; Council District 7; Council District 8; Council District 9; Daryl Supernaw; Robert Garcia LB; Robert Mayor Garcia; Council District 4; Council District 2; Fred Sparrevohn; Council District 3; Council District 5; Mayor; City Manager; Laura Doud; Larry Herrera; Jeff Becker; Robert Luna; Jim McDonnell; Douglas Haubert
Subject: Pot Law called unconstitutional

Posted March 2, 2012 - Las Vegas Review - Journal

Nevada's pot distribution law called unconstitutional



image

By Francis McCabeLAS VEGAS REVIEW-JOURNAL

A District Court judge declared the state's law allowing medical marijuana distribution unconstitutional on Friday, calling it "ridiculous" and "absurd."

In a strongly worded order, Judge Donald Mosley dismissed a drug trafficking case against Nathan Hamilton and Leonard Schwingdorf, who said they had supplied the herb to patients unable to grow it themselves.

"It is apparent to the Court that the statutory scheme set out for the lawful distribution of medical marijuana is either poorly contemplated or purposely constructed to frustrate the implementation of constitutionally mandated access to the substance," Mosley wrote in his decision.

Mosley, who retired from his judgeship Friday, added that he "is not a proponent of medical marijuana" but that he was sworn to uphold the state's constitution.

Mosley, who has long suggested the medicinal herb law is "mind boggling," previously had dismissed the case over a legal technicality before the district attorneys recharged the two men.

Defense attorney Bob Draskovich, whose firm represents both men, was not available for comment, his office said. A news conference is scheduled for Monday morning.

Prosecutor Chris Laurent did not return a call requesting comment.

Draskovich has said the only way a patient can now legally possess marijuana is to first commit a crime to obtain it. By not clearing the way for a patient to legally obtain marijuana, the Legislature failed to abide by the amendment to the state constitution that led to the enactment of the law, the lawyer has said.

Mosley agreed. **"The law falls short however in providing a realistic manner in which a qualified purchaser and a qualified distributor of marijuana may function, thus frustrating the clear intent of the Nevada Constitutional Amendment," the judge's decision read.**

Under the amendment, ratified by Nevada voters in 2000, "the Legislature shall provide by law for ... appropriate methods for supply of the plant to patients authorized to use it."

As it stands, one Nevada law allows medical marijuana cardholders to possess, deliver or produce minute amounts of marijuana for pain relief. But other state laws make it illegal to buy or sell marijuana, leaving no realistic way for patients to obtain the herb.

Prosecutors say local marijuana dispensary staff, such as Hamilton and Schwingdorf, suggested a specific cash donation for the marijuana, which under state law qualifies as "consideration" and is illegal. Also, the dispensaries were growing an abundance of marijuana plants, more than the seven plants allowed under the medical marijuana law.

By disallowing any payment for the herb, patients must rely on the good will of others to obtain the substance, which Mosley found ludicrous.

"It is absurd to suppose that from an unspecified source 'free' marijuana will be provided to those who are lawfully empowered to receive it," Mosley wrote.

Mosley also criticized the amount of marijuana allowed to be produced by a purveyor. The law allows someone registered to possess 1 ounce, three mature plants and four immature plants at one time, meaning a person could arguably only hold one dose at a time.

"This arrangement is of course ridiculous and in effect would make impossible any commercial distribution of medical marijuana," Mosley said.

Mosley's decision contradicts another from a Clark County judge allowing prosecution of six defendants from Jolly Green Meds. That co-op was busted by Las Vegas police, who alleged it was distributing marijuana for compensation in the form of donations. District Judge Douglas Smith had earlier denied a motion to dismiss the case, acknowledging the Legislature did not appropriately address "methods of supply of medicinal marijuana to patients authorized to use it." Smith halted the prosecution because he expected an appeal of his decision.

With Smith allowing that case to go forward and Mosley tossing another, the Supreme Court is expected to hear the appeals and resolve the clash of legal opinions.

The state's high court either could direct the district courts to move forward with trials based on the criminal statutes or force the Legislature to review the medical marijuana law.

More than a dozen defendants in several cases are facing criminal charges for distributing medical marijuana. The defendants say they were trying to fill a void left by the Legislature and supply medical marijuana to patients unable to grow it themselves.

But authorities have cracked down and closed nearly all the local entities distributing marijuana to state-registered patients because, the authorities allege, the cooperatives are violating Nevada law.

Contact reporter Francis McCabe at fmccabe@reviewjournal.com or 702-380-1039.

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diana ☺