



## Members Of Congress Introduce First Federal Measure Since 1937 To Legalize The Adult Use Of Marijuana -- Bipartisan Coalition Backs The 'Ending Federal Marijuana Prohibition Act of 2011'

Washington, DC, USA: House lawmakers introduced legislation in Congress today to end the federal criminalization of the personal use of marijuana.

The bipartisan measure -- HR 2306, the 'Ending Federal Marijuana Prohibition Act of 2011' and sponsored by Massachusetts Democrat Barney Frank and Texas Republican Ron Paul along with Reps. Cohen (D-TN), Conyers (D-MI), Polis (D-CO), and Lee (D-CA) -- prohibits the federal government from prosecuting adults who use or possess marijuana by removing the plant and its primary psychoactive constituent, THC, from the five schedules of the United States Controlled Substances Act of 1970. Under present law, all varieties of the marijuana plant are defined as illicit Schedule I controlled substances, defined as possessing 'a high potential for abuse,' and 'no currently accepted medical use in treatment.'

Said Rep. Frank, "We do not believe that the federal government ought to be involved in prosecuting adults for smoking marijuana."

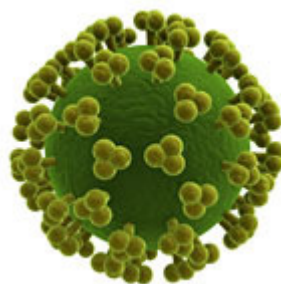
Said Rep. Cohen, "The federal government shouldn't be spending its time on marijuana." The 'Ending Federal Marijuana Prohibition Act' seeks to federally

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

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

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



Researchers reported, "Contrary to what we expected, ... delta-9-THC

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

**San Francisco, CA, USA:**

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

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

States California NORML in a [press release](#): "Because patients are not required to register in California, their exact number is uncertain. Under California's medical marijuana law, ... patients need only a physician's recommendation to be legal. Just a tiny fraction of the state's medical marijuana population is

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## The Willamette Valley NORML News Report

is an all-volunteer, not-for-profit project to record and broadcast news, announcements and information about cannabis law reform.

The W-V-NORML News Report is produced by the Eugene, OREGON chapter of NORML, the National Organization for the Reform of Marijuana Laws

----- Making contact -----

*You can Snail Mail:*

The W-V-NORML Newsletter team by writing to -

**P.O. Box 10957  
Eugene, OR 97440**

*E-mailing:*

newsroom@willamettevalleynorml.org

or phoning: **541-517-0957**

*Check 'em out on-line! visit:*

**WillametteValleyNORML.org**

## A Voice for Responsible Marijuana Smokers

Since its founding in 1970, NORML has provided a voice in the public policy debate for those Americans who oppose marijuana prohibition and favor an end to the practice of arresting marijuana smokers. A nonprofit public-interest advocacy group, NORML represents the interests of the tens of millions of Americans who smoke marijuana responsibly. During the 1970s, NORML led the successful efforts to decriminalize minor marijuana offenses in 11 states and significantly lower marijuana penalties in all others.

The oldest and largest marijuana legalization organization in the country, NORML maintains a professional staff in Washington, DC, and a network of volunteer state and local [NORML Chapters](#) across the country. Check 'em out, and find the one nearest you!

**The NORML mission is to move public opinion sufficiently to achieve the repeal of marijuana prohibition so that the responsible use of cannabis by adults is no longer subject to penalty.**

When marijuana is enjoyed responsibly, subjecting users to harsh criminal and civil penalties provides no public benefit and causes terrible injustices. For reasons of public safety, public health, economics and justice, the prohibition laws should be repealed to the extent that they criminalize responsible marijuana use. **NORML, the National Organization for the Reform of Marijuana Laws – is located at 1600 K Street, NW, Suite 501, Washington, DC 20006-2832. Phone (202) 483-5500, Fax: (202) 483-0057 or visit: [www.norml.org](http://www.norml.org)**

Willamette Valley NORML is your local network in the fight to reform state and federal marijuana laws, whether by voter initiative or through the elected legislatures. W-V-NORML will serve as an informational resource to media on marijuana-related stories, providing a perspective to offset the [anti-marijuana propaganda](#) from the government; lobby state and federal legislators in support of reform legislation; publish a regular [newsletter](#); host an informative web site; and serve as the umbrella group for a regional network of citizen-activists committed to ending marijuana prohibition and legalizing marijuana.

Along with their parent organization, W-V-NORML will sponsor public advertising campaigns to better educate the public about marijuana and alternatives to current marijuana policy; provide legal assistance and support to victims of the current laws; and promote relevant research.

W-V-NORML supports the right of adults to use marijuana responsibly, whether for [medical](#) or [personal](#) purposes. All penalties, both civil and criminal, should be eliminated for responsible use. W-V-NORML also advocates the legalization of [hemp](#) (non-psychoactive marijuana) for industrial use. **To find out more, like how you can help, call, write or visit our website. You'll be glad you did!**

<continued from ENDING FEDERAL MARIJUANA PROHIBITION ACT OF 2011, page 1 > deregulate the personal possession and use of marijuana by adults. It marks the first time that members of Congress have introduced legislation to eliminate the federal criminalization of marijuana since the passage of the Marihuana Tax Act of 1937.



Language in this Act mimics changes enacted by Congress to repeal the federal prohibition of alcohol. Passage of this measure would remove the existing conflict between federal law and the laws of those sixteen states that allow for the limited use of marijuana under a physicians' supervision. It would also allow state governments that wish to fully legalize and regulate the responsible use, possession, production, and intrastate distribution of marijuana for all adults to be free to do so without federal interference.

Speaking today at a press conference in support of the measure, NORML Executive Director Allen St. Pierre said, "The federal criminalization of marijuana has failed to reduce the public's demand or access to cannabis, and it has imposed enormous fiscal and human costs upon the American people. It is time to end this failed public policy and to provide state governments with the freedom to enact alternative strategies -- such as medicalization, decriminalization, and/or legalization -- without running afoul of the federal law or the whims of the Department of Justice."

NORML, along with representatives from the Drug Policy Alliance (DPA), Students for Sensible Drug Policy (SSDP), and the Marijuana Policy Project (MPP), worked closely with members of Congress in drafting the measure.

For more information, please contact Allen St. Pierre, NORML Executive Director, or Keith Stroup, NORML Legal Counsel, at (202) 483-5500. Additional information regarding this measure is available online at: [http://www.norml.org/index.cfm?Group\\_ID=8600](http://www.norml.org/index.cfm?Group_ID=8600).

## Congressional House Members Introduce Multiple Medical Marijuana Reform Measures

Washington, DC, USA: A bi-partisan coalition of United States House lawmakers have [introduced](#)

multiple measures in Congress to reform federal marijuana laws.

[House Bill 1983, The Medical Marijuana Patient Protection Act](#), ensures that medical cannabis patients, caregivers, or third-party providers in states that have approved its use will no longer have to fear arrest or prosecution from federal law enforcement agencies. It states, "No provision of the Controlled Substances Act shall prohibit or otherwise restrict in a State in which marijuana may be prescribed or recommended by a physician for medical use under applicable State law." Says the bill's primary sponsor, Rep Barney Frank (D-MA): "The time has come for the federal government to stop preempting states' medical marijuana laws. For the federal government to come in and supersede state law is a real mistake for those in pain for whom nothing else seems to work. This bill would block the federal prosecution of those patients who reside in those states that allow medical marijuana."

[House Bill 1984, The Small Business Banking Improvement Act of 2011](#), provides that state-authorized medical marijuana businesses have full access to banking services by amending the federal Bank Secrecy Act. The measure is sponsored by Rep. Jared Polis (D-CO), who states: "When a small business, such as a medical marijuana dispensary, can't access basic banking services they either have to become cash-only -- and become targets of crime -- or they'll end up out-of-business. In states that have legalized medical marijuana, and for businesses that have been state-approved, it is simply wrong for the federal government to intrude and threaten banks that are involved in legal transactions."

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

In May, Rep. Ron Paul (R-TX), a co-sponsor of both H.R. 1984 and H.R. 1985, also reintroduced

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<continued from previous page> [H.R. 1831, The Industrial Hemp Farming Act of 2011](#), which would exclude low potency varieties of marijuana from the federal Controlled Substances Act. The measure has 25 Congressional co-sponsors and is presently before the both the House Judiciary and the Energy and Commerce Committees. *For more information, please visit NORML's 'Take Action Center' online at: <http://www.capwiz.com/norml2/issues/>.*

## Connecticut: Lawmakers Approve Legislation Removing Criminal Penalties For The Limited Possession Of Marijuana By Adults

**Hartford, CT, USA:** State lawmakers this week [approved legislation](#), Senate Bill 1014, that 'decriminalizes' the possession of small, personal use amounts of marijuana by adults.

House lawmakers on Tuesday voted 90 to 57 in favor of the measure. Members of the Senate had previously passed the measure on Saturday after Democratic Lt. Gov. Nancy Wyman broke an 18 to 18 tie vote.

Newly elected Democrat Gov. Dannel Malloy had backed the measure and is expected [to sign it into law](#) imminently.

[Senate Bill 1014](#) reduces the penalties for the adult possession of up to one-half ounce of marijuana from a [criminal misdemeanor](#) (punishable by one year in jail and a \$1,000 fine) to a non-criminal infraction, punishable by a fine, no arrest or jail time, and no criminal record. This measure would similarly reduce penalties for the possession of marijuana paraphernalia.

[Stated](#) Gov. Malloy: "Final approval of this legislation accepts the reality that the current law does more harm than good -- both in the impact it has on people's lives and the burden it places on police, prosecutors and probation officers of the criminal justice system. ... In modifying this law, we are recognizing that the punishment should fit the crime, and acknowledging the effects of its application. There is no question that the state's criminal justice resources could be more effectively utilized for convicting, incarcerating and supervising violent and more serious offenders."

Following the Governor's signature, the measure will go into effect on July 1, 2011. Connecticut's new law will be similar to the existing 'decriminalization' laws in [California](#), [Colorado](#), [Maine](#), [Massachusetts](#), [Nebraska](#), [New York](#), and [Oregon](#) where private,

non-medical possession of marijuana is treated as a civil, non-criminal offense.

Five additional states -- [Minnesota](#), [Mississippi](#), [Nevada](#), [North Carolina](#), and [Ohio](#) -- treat marijuana possession offenses as a fine-only misdemeanor offense. [Alaska](#) law imposes no criminal or civil penalty for the private possession of small amounts of marijuana by adults.

Since 1977, only California, Nebraska, and Nevada have enacted decriminalization laws legislatively. Massachusetts enacted its law via ballot initiative in 2009.

*For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or Erik Williams of Connecticut NORML at (860) 805-3243 or via e-mail at: [ewilliams@campaignswon.com](mailto:ewilliams@campaignswon.com).*

## Criminal Justice Referrals Driving Pot 'Treatment' Admissions, Ten-Year Federal Analysis Finds

**Rockville, MD, USA:** The percentage of individuals admitted into drug treatment programs for their use of marijuana increased from 13.5 percent of all admissions in 1999 to 18 percent of all admissions in 2009, according to statistics [compiled](#) by the Substance Abuse Mental Health Services Administration (SAMHSA). The percentage change is similar to the [proportional increase](#) in marijuana arrests [reported](#) over the same period of time.



According to SAMHSA, over 56 percent of those admitted to drug treatment for marijuana were referred by the criminal justice system. Only 15 percent of those admitted into treatment for marijuana were self-referred.

By contrast, 38 percent of those admitted to drug or alcohol treatment for the use of substances *other* than marijuana were referred by the criminal justice system and 33 percent were self-referred.

Eighty-seven percent of those in treatment for marijuana had been arrested in the 30 days prior to their admissions.

SAMHSA reported that 74 percent of those admitted to treatment for marijuana were male and 48

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Between 1999 and 2009, the annual reported number of marijuana arrests rose from just over 700,000 to nearly 860,000 -- an increase of almost 20 percent.

For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500, or Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Additional information on marijuana treatment admission data is available from NORML here: [http://www.norml.org/index.cfm?Group\\_ID=8198](http://www.norml.org/index.cfm?Group_ID=8198).

Full text of the report, "Treatment Episode Data Sets (TEDs) 1999-2009: National Admissions to Substance Abuse Treatment Services," is available online at: <http://www.dasis.samhsa.gov/teds09/teds2k9nweb.pdf>.

## Cannabis Compound Induces Death Of Cells Associated With Liver Fibrosis

**New York, NY, USA:** The administration of the non-psychoactive cannabinoid CBD ([cannabidiol](#)) induces selective apoptosis in hepatic stellate cells (HSCs), according to preclinical [findings](#) reported in the journal *Cell Death and Disease*. The activation of HSCs is considered to be a key cellular event underlying hepatic fibrogenesis (excessive tissue build up), a condition that can result in liver failure.

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

They concluded, "These promising findings warrant future investigation evaluating the anti-fibrotic effect of CBD *in vivo*. The prospect of CBD as a new anti-fibrotic compound is rendered more appealing by the fact that CBD is a non-psychoactive small drug-like molecule already approved for clinical use in many countries."

Liver fibrosis is the tenth leading cause of death in the United States.

[Previous studies](#) have consistently reported that cannabinoids can selectively promote cell suicide in various malignant cell lines, including [breast cancer](#), [lung cancer](#), and [glioma](#).

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

<continued from THC ADMINISTRATION HALTS DISEASE, page 1 > treatment clearly did not increase disease progression, and indeed resulted in generalized attenuation of classic markers of SIV disease." Authors also reported that THC administration was associated with "decreased early mortality from SIV infection" and "retention of body mass."

Investigators concluded, "These results indicate that chronic delta-9-THC does not increase viral load or aggravate morbidity and may actually ameliorate SIV disease progression."

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

For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Cannabinoid administration attenuates the progression of simian immunodeficiency virus," is available online here: <http://www.liebertonline.com/doi/pdf/10.1089/aid.2010.0218>.

Additional studies documenting the disease modifying potential of marijuana is available in the NORML handbook, *Emerging Clinical Applications For Cannabis & Cannabinoids: Fourth Edition*, available online at: [http://norml.org/index.cfm?Group\\_ID=7002](http://norml.org/index.cfm?Group_ID=7002).

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

**Madrid, Spain:** The combined administration of the plant cannabinoids THC and [CBD](#) (cannabidiol) provide neuroprotection in rat models of Huntington's Disease (HD), according to [experimental data](#) to be published in *The Journal of Neuroscience Research*. [Huntington's Disease](#) is an inherited degenerative brain disorder characterized by motor abnormalities and dementia produced by selective lesions in the cerebral cortex and, in

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<continued from previous page> particular, the [striatum](#). There are presently no known conventional therapies available to alleviate HD symptoms or delay HD-associated striatal degeneration.

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

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

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

## Vermont Legalizes Establishment Of Medical Marijuana Dispensaries

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

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

The Department is in the process of developing rules

to carry out the new law. It is anticipated to begin issuing licenses within six or seven months and is required by law to begin doing so within one year.

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

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

*For more information on Vermont's medical marijuana laws, please visit: [http://www.norml.org/index.cfm?Group\\_ID=3391#Vermont](http://www.norml.org/index.cfm?Group_ID=3391#Vermont).*

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

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

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

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

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

The new law takes effect in October.

In March, Safe Alternatives, the [first](#) state-regulated medical marijuana dispensary on the East

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<continued from previous page> Coast, began operations in Frenchville, Maine. Since then, [two additional](#) dispensaries have opened their doors. The state expects to have eight licensed dispensaries up and running before the end of the year. *Full text of the measure is available online via Maine's legislative website here: [http://www.mainelegislature.org/legis/bills/bills\\_125th/billtexts/HP095102.asp](http://www.mainelegislature.org/legis/bills/bills_125th/billtexts/HP095102.asp).*

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

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

The majority [determined](#): "Washington courts have recognized that [the] purpose [of the Washington State Medical Use of Marijuana Act] is to protect the rights of qualifying patients to use medical marijuana in accordance with the advice and supervision of their physicians. ... Washington court decisions do not recognize a broad public policy that would remove any impediment to medical marijuana use or impose an employer accommodation obligation."

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

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

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

"California's voters merely exempted medical users and their primary caregivers from criminal liability under two specifically designated state

statutes. Nothing in the text or history of the Compassionate Use Act suggests the voters intended the measure to address the respective rights and obligations of employers and employees." *Full text of the decision, Roe v. Teletech Customer Care Management LLC, is available here: <http://seattletimes.nwsourc.com/ABPub/2011/06/09/2015278482.pdf>.*

<continued from ONE MILLION PATIENTS, page 1 > enlisted in the state's voluntary ID card program, which issued just 12,659 cards in 2009-10. Therefore, California patient numbers must be estimated from other sources. Among the most salient are medical marijuana registries in Colorado and Montana, which report usage rates of 2.5% and 3.0%, respectively. Because California's law is older and has more liberal inclusion criteria than other states, usage here is likely to be higher."

It adds: "Despite this, there is no evidence that liberal access to medical marijuana has spurred overall marijuana use in California. According to U.S. SAMHSA [data](#), the total number of users in the state, including non-medical ones, amounts to 6.7% of the population (2.5 million) within the past month, or 11.3% (4.1 million) within the past year. This places California only slightly above the national average in marijuana use (6.0% monthly and 10.4% yearly), and below several states with tougher marijuana laws. Use of marijuana by California school youth has declined since Prop. 215 passed, according to data from the [Attorney General's Survey of Student Drug Use in California](#). The increase in medical marijuana use therefore appears to reflect a tendency for existing users to 'go medical,' rather than the enlistment of new users."

California NORML estimates that the total retail value of medical marijuana consumed in California is "between \$1.5 and \$4.5 billion per year, assuming a market of 2% to 3% of the population, average use of 0.5 to 1 gram per day, and an average cost of \$320 per ounce." *For more information, please contact Dale Gieringer, California NORML Coordinator, at: (415) 563-5858. Full text of California NORML's press release is online at: <http://www.canorml.org/news/cbcsurvey2011.html>. State medical marijuana use estimates for other states is available online from NORML here: <http://blog.norml.org/2011/05/31/americas-one-million-legalized-marijuana-users/>.*



News From *your* local affiliate of the National Organization for the Reform of Marijuana Laws

### Attorney General Pledges To "Clarify" Administration's Position Regarding State Medical Marijuana Laws



**Providence, RI, USA:** The US Department of Justice (DOJ) will soon "clarify" its position in regards to those who use, possess, produce, and distribute cannabis for medical purposes in compliance with state law, United States Attorney General Eric Holder stated last week at a press conference in Providence, Rhode Island.

Holder had been questioned regarding the Administration's stance after US Attorneys in various states sent letters to lawmakers threatening to sanction state-licensed medical marijuana providers. Those letters persuaded lawmakers in several states, including New Jersey and Rhode Island, to suspend programs allowing for the state-licensed production and dispensing of marijuana. In Arizona, state attorney general Tom Horne, at the request of Republican Gov. Jan Brewer, has filed a lawsuit requesting a federal judge to determine whether state officials can legally license private entities to dispense marijuana under the state's newly enacted medical cannabis law.

Holder stated, "We're going to bring clarity so that people understand what [the federal] policy means and how this policy will be implemented." He added: "We are in the process of working [on] these issues with the U.S. Attorney for Rhode Island and other U.S. Attorneys across the country. My hope is that sometime in the not too distant future ... it will be addressed."

In 2009, the United States DOJ issued a memorandum to selected US Attorneys that stated, in part, "As a general matter, pursuit of these priorities should not focus federal resources in your States on individuals whose actions are in clear and unambiguous compliance with existing state laws providing for the medical use of marijuana."

**\* NOTE!** The Willamette Valley NORML Member meeting happens **every 2nd Sat. of the month** and will be at The Voter Power Office. For more info on meeting visit: <http://w-v-norml.org/Members/meeting.html>



The Willamette Valley NORML Public meeting happens (most!) **every 4th Sat. of the month** (Excepting Holidays - Nov., Dec. - when it takes place 3rd Sat.!).

and will also be at The Voter Power Office at **687 River Av, Eugene, Oregon** \* For more info on meeting call: **541.517-0957** -or- visit: <http://w-v-norml.org/meeting.html>

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