



## 2012: The Year In Review -- NORML's Top 10 Events That Shaped Marijuana Policy

**#1 > Colorado and Washington Vote To Legalize Marijuana** | Voters in Colorado and Washington [made history](#) by approving ballot measures allowing for the personal possession and consumption of cannabis by adults. Washington's [law](#), which removes criminal penalties for the possession of up to one ounce of cannabis for personal use (as well as the possession of up to 16 ounces of marijuana-infused product in solid form, and 72 ounces of marijuana-infused product in liquid form), [took effect](#) on December 6. Colorado's [law](#), which allows for the legal possession of up to one ounce of marijuana and/or the cultivation of up to six cannabis plants in private by those persons age 21 and over, [took effect](#) on December 10. Regulators in both states are now in the process of drafting rules to allow for state-licensed proprietors to commercially produce and sell cannabis.

**#2 > Most Americans Favor Legalization, Want The Feds To Butt Out** | A majority of Americans support legalizing the use of cannabis by adults, according to national polls by

<continued on page 3 >

### Study: Cannabis Use Associated With Decreased Prevalence Of Diabetes

**Los Angeles, CA:** Adults with a history of marijuana use have a lower prevalence of type 2 diabetes and possess a lower risk of contracting the disease than do those with no history of cannabis consumption, according to clinical trial [data](#) published in the *British Medical Journal*.

<continued on page 4 >

### Arizona: Judge Rules That State-Licensed Dispensing Of Medical Cannabis Is Not Preempted By Federal Law

**Phoenix, AZ, USA:** A 2010 voter-approved [Arizona state law](#) authorizing "the local cultivation, sale, and use, of medical marijuana" is [not preempted](#) by the federal Controlled Substances Act, according to the Superior Court of Arizona, Maricopa County. The ruling, issued earlier this month by Superior Court Judge Michael Gordon, allows for the establishment of state-licensed

<continued on page 4 >

### Possessing And Cultivating Cannabis Now Legal In Colorado

**Denver, CO, USA:** Governor John Hickenlooper [signed an executive order](#) on Monday amending the state Constitution to allow for those age 21 or older to legally possess and cultivate cannabis in private.

<continued on page 5 >

### Cannabis Possession Now Legal In Washington

**Olympia, WA, USA:** A citizens' initiative allowing for adults to legally possess personal use amounts of cannabis in private [became law](#) last week. Fifty-six percent of voters on Election Day approved [Initiative 502](#), permitting an adult to possess up to one-ounce of cannabis (and/or up to 16 ounces of marijuana-infused product in solid form, and 72 ounces of marijuana-infused product in liquid form) for

<continued on page 5 >



## 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 2012: THE YEAR IN REVIEW -- NORML'S TOP 10 EVENTS THAT SHAPED MARIJUANA POLICY, page 1

> [Public Policy Polling](#), [Angus Reid, Quinnipiac University](#),



and others. A record high [83 percent](#) of US citizens favor allowing doctors to authorize specified amounts of marijuana for patients suffering from serious illnesses. And nearly two-thirds of Americans [oppose federal interference](#) in state laws that allow for legal marijuana use by adults.

**#3 > Connecticut, Massachusetts Legalize Cannabis Therapy** | Connecticut and Massachusetts became the 17th and 18th [states](#) to allow for the use of cannabis when recommended by a physician. Connecticut lawmakers in May [approved](#) Public Act 12-55, [An Act Concerning the Palliative Use of Marijuana](#). The new law [took effect](#) on October 1. On Election Day, 63 percent of Massachusetts voters [approved Question 3](#), eliminating statewide criminal and civil penalties related to the possession and use of up to a 60-day supply of cannabis by qualified patients. The law [takes effect](#) on January 1, 2013.

**#4 > Schedule I Prohibitive Status For Pot "Untenable," Scientists Say** | The classification of cannabis and its organic compounds as [Schedule I](#) prohibited substances under federal law is [scientifically indefensible](#), according to a [review](#) published online in May in *The Open Neurology Journal*. Investigators at the University of California at San Diego and the University of California, Davis reviewed the results of several recent clinical trials assessing the safety and efficacy of inhaled or vaporized cannabis. They concluded: "Based on evidence currently available the Schedule I classification is not tenable; it is not accurate that cannabis has no medical value, or that information on safety is lacking."

**#5 > Marijuana Arrests Decline, But Still Total Half Of All Illicit Drug Violations** | Police made [757,969 arrests](#) in 2011 for marijuana-related offenses, according to the Federal Bureau of Investigation's annual [Uniform Crime Report](#). The total marked [a decline](#) from previous years. Of those charged in 2011 with marijuana law violations, 663,032 (86 percent) were arrested for marijuana offenses involving possession only. According to the report, approximately 43 percent of all drug

violations in 2011 were for cannabis possession.

**#6 > Long-Term Cannabis Exposure Not Associated With Adverse Lung Function** |

Exposure to moderate levels of cannabis smoke, even over the long-term, is [not associated](#) with adverse effects on pulmonary function, according to clinical trial [data](#) published in January in the *Journal of the American Medical Association* (JAMA). Investigators at the University of California, San Francisco analyzed the association between marijuana exposure and pulmonary function over a 20-year period in a cohort of 5,115 men and women in four US cities. They concluded: "With up to 7 joint-years of lifetime exposure (e.g., 1 joint/d for 7 years or 1 joint/wk for 49 years), we found no evidence that increasing exposure to marijuana adversely affects pulmonary function. ... Our findings suggest that occasional use of marijuana ... may not be associated with adverse consequences on pulmonary function."

**#7 > Cannabis Use Associated With Decreased Prevalence Of Diabetes** |

Adults with a history of marijuana use have a lower prevalence of type 2 diabetes and possess a [lower risk](#) of contracting the disease than do those with no history of cannabis consumption, according to clinical trial [data](#) published in the *British Medical Journal*. Investigators at the University of California, Los Angeles assessed the association between diabetes mellitus (DM) and marijuana use among adults aged 20 to 59 in a nationally representative sample of the US population of 10,896 adults. Investigators concluded, "Our analysis of adults aged 20-59 years ... Showed that participants who used marijuana had a lower prevalence of DM and lower odds of DM relative to non-marijuana users."

**#8 > Medical Cannabis Dispensaries Not Associated With Neighborhood Crime** |

The establishment of medical cannabis dispensaries [does not](#) adversely impact local crime rates, according to a federally funded [study](#) published in the July issue of the *Journal of Studies on Alcohol and Drugs*. Researchers reported: "There were no observed cross-sectional associations between the density of medical marijuana dispensaries and either violent or property crime rates in this study."

**#9 > Rhode Island Becomes The 15th State To Decriminalize Pot Possession Penalties** |

Governor Lincoln Chafee [signed legislation](#) into law in June amending marijuana possession penalties for those age 18 or older from a [criminal misdemeanor](#) (punishable by one year in jail and a \$500 maximum fine) to a non-arrestable civil

<continued on next page>

<continued from previous page> offense - punishable by a \$150 fine, no jail time, and no criminal record. The decriminalization law takes effect on April 1, 2013.

**#10 > Cannabis Reduces Symptoms In Patients With Treatment-Resistant MS** | Cannabis inhalation [mitigates spasticity and pain](#) in patients with treatment-resistant multiple sclerosis (MS), according to clinical trial [data](#) published online in May in the *Journal of the Canadian Medical Association* (CMAJ). Investigators at the University of California, San Diego assessed the use of inhaled cannabis versus placebo in 30 patients with MS who were unresponsive to conventional treatments. "Smoked cannabis was superior to placebo in symptom and pain reduction in patients with treatment-resistant spasticity," authors concluded.

Investigators at the University of California, Los Angeles assessed the association between diabetes mellitus (DM) and marijuana use among adults aged 20 to 59 in a nationally representative sample of the US population of 10,896 adults. The study included four groups: non-marijuana users (61.0%), past marijuana users (30.7%), light (one to four times/month) (5.0%) and heavy (more than five times/month) current marijuana users (3.3%). Diabetes was defined based on self-report or abnormal glycaemic parameters.



**<continued from STUDY: CANNABIS USE ASSOCIATED WITH DECREASED PREVALENCE OF DIABETES, page 1 >**

Researchers hypothesized that the prevalence of type 2 diabetes would be reduced in marijuana users because of the presence of various [cannabinoids that possess immunomodulatory and anti-inflammatory properties](#). Investigators reported that past and present cannabis consumers possessed a lower prevalence of adult onset diabetes, even after authors adjusted for social variables (ethnicity, level of physical activity, etc.), despite all groups possessing a similar family history of DM. Researchers did not find an association between cannabis use and other chronic diseases, including hypertension, stroke, myocardial infarction, or heart failure compared to nonusers.

Past and current cannabis users did report engaging in more frequent physical activity than nonusers, but also possessed higher overall levels of total cholesterol and triglycerides. By contrast, the

highest prevalence of marijuana consumers were found among those with the lowest glucose levels. Investigators concluded, "Our analysis of adults aged 20-59 years ... Showed that participants who used marijuana had a lower prevalence of DM and lower odds of DM relative to non-marijuana users." They caution, however: "Prospective studies in rodents and humans are needed to determine a potential causal relationship between cannabinoid receptor activation and DM. Until those studies are performed, we do not advocate the use of marijuana in patients at risk for DM."

Previous studies in animals have indicated that certain cannabinoids possess anti-diabetic properties. In particular, a preclinical trial published in the journal *Autoimmunity* reported that injections of 5 mg per day of the non-psychoactive cannabinoid CBD [significantly reduced the incidence of diabetes in mice](#) compared to placebo. Investigators reported that control mice all developed adult onset diabetes at a median of 17 weeks (range 15-20 weeks), while a majority (60 percent) of CBD-treated mice remained diabetes-free at 26 weeks.

Full text of the study, "Decreased prevalence of diabetes in marijuana users: cross-sectional data from the National Health and Nutrition Examination Survey (NHANES) III," appears in the *British Medical Journal*.

<continued from ARIZONA: JUDGE RULES THAT STATE-LICENSED DISPENSING OF MEDICAL CANNABIS IS NOT PREEMPTED BY FEDERAL LAW, page 1 > medicinal cannabis dispensaries within Arizona -- the first of which [opened its doors](#) last week. State-licensed medical marijuana facilities now operate in several states, including Colorado, New Jersey, New Mexico, and Maine.

A majority of Arizona voters approved the Arizona Medical Marijuana Act in 2010. Under the law, qualified patients may possess and, depending on where they reside, cultivate cannabis. The [program](#) also mandates the state to license citizens to form not-for-profit dispensaries to grow and dispense cannabis. AMMA requires that each of the state's 126 Community Health Care Analysis Areas permit at least one dispensary

**<continued on next page>**

**<continued from ARIZONA: JUDGE RULES THAT STATE-LICENSED DISPENSING OF MEDICAL CANNABIS IS NOT PREEMPTED BY FEDERAL LAW, page 1 >** medicinal cannabis dispensaries within Arizona -- the first of which [opened its doors](#) last week. State-licensed medical marijuana facilities now operate in several states, including Colorado, New Jersey, New Mexico, and Maine.

A majority of Arizona voters approved the Arizona Medical Marijuana Act in 2010. Under the law, qualified patients may possess and, depending on where they reside, cultivate cannabis. The [program](#) also mandates the state to license citizens to form not-for-profit dispensaries to grow and dispense cannabis. AMMA requires that each of the state's 126 Community Health Care Analysis Areas permit at least one dispensary



that each of the state's 126 Community Health Care Analysis Areas permit at least one dispensary

<continued from previous page> operator. Maricopa County's prosecutor sought to block the establishment of local dispensaries by claiming that federal anti-drug laws preempted the state's law.

Writing for the Court in *White Mountain Health Center, Inc. v. Maricopa County*, Judge Gordon declared that nothing in the Arizona Medical Marijuana Act circumvents federal law since Justice Department officials, if they wished to do so, could still continue to locally enforce the Controlled Substances Act. "No one can argue that the federal government's ability to enforce the CSA is impaired to the slightest degree [by Arizona's medical marijuana law]," Gordon opined, adding that the new law "affirmatively provides a roadmap for federal enforcement of the CSA, if they so wished to" since the statute requires patients and proprietors to register their activities with the state.

Judge Gordon further suggested that Arizona's law did not conflict with the federal lawmakers' intentions when they enacted the federal Controlled Substances Act. He declared, "Instead of frustrating the CSA's purpose, it is sensible to argue that the AMMA furthers the CSA's objectives in combating drug abuse and the illegitimate trafficking of controlled substances."

He concluded: "The Court rejects ... arguments that the [law] violates public policy simply because marijuana use and possession violate federal law. Eighteen states and the District of Columbia have passed legislation permitting the use of marijuana in whole or in part. The Court will not rule that Arizona, having sided with the ever-growing minority of States, and having limited it to medical use, has violated public policy."

Maricopa County Attorney Bill Montgomery is [appealing](#) Judge Gordon's ruling.

Full text of the ruling is available online at:  
<http://www.aclu.org/criminal-law-reform/white-mountain-health-center-v-maricopa-county>.

<continued from POSSESSING AND CULTIVATING CANNABIS NOW LEGAL IN COLORADO, page 1 > Fifty-five percent of Colorado voters on Election Day approved [Amendment 64](#), which legalizes the adult personal use of cannabis and calls on state lawmakers to enact regulations licensing its commercial production and sales.

"Voters were loud and clear on Election Day," Gov. Hickenlooper [said](#) in a prepared statement. "We will begin working immediately with the General Assembly and state agencies to implement

Amendment 64." Under the new law, the possession by adults of up to one ounce of cannabis, and/or the non-commercial cultivation of up to six marijuana plants in private is no longer subject to criminal or civil penalty.



The Governor also announced the formation of a 24-member [task force](#) to oversee the eventual implementation of regulations regarding the commercial production, distribution, and taxation of cannabis. A representative of [Colorado NORML](#) sits on the task force.

Stated NORML Deputy Director Paul Armentano: "To be clear, this is not decriminalization -- a policy change that amends criminal penalties for minor marijuana offenses, but that continues to define cannabis as illegal contraband under the law and subjects its consumers to civil penalties. Today in Colorado, like in Washington, cannabis -- when possessed in private by an adult in specific quantities -- is a legal commodity."

The new law does not amend the state's existing [medical cannabis law](#) or regulations.

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).

<continued from CANNABIS POSSESSION NOW LEGAL IN WASHINGTON, page 1 > their own personal use in private. The new law does not amend existing criminal penalties for the personal cultivation of cannabis for non-medical purposes. Public consumption of cannabis is a civil offense punishable under the new law by a \$100 fine. Rules regarding the regulated production and sale of cannabis to adults are to be codified later next year.

A specific provision in I-502 amends the traffic safety laws by instituting a *per se* THC/blood standard for drivers age 21 or older who operate a vehicle with the presence of active THC in whole blood at levels above 5ng/ml. This change in law does not lower the probable cause requirements that must presently be met before the state can legally demand a suspect's blood, which can only take place following a DUI arrest. It does amend

<continued on next page>

<continued from previous page> the legal standard necessary for a criminal DUI cannabis conviction from one that requires the state to show recency of marijuana use and a positive relationship between that use and behavioral impairment to one that merely requires prosecutors to prove that a defendant operated a motor vehicle with specific levels of THC in his or her blood. The former 'effect-based' standard will apply to those DUI suspects who test positive for THC in blood at levels below 5ng/ml.

To date, [few states](#) have enacted such *per se* standards for THC because its presence at low levels in blood is viewed by some experts to be [an inconsistent predictor](#) of behavioral impairment, particularly in more frequent consumers who may potentially [test positive for trace, residual THC levels](#) in their blood for periods of time exceeding any period of acute impairment. Occasional cannabis consumers will typically test positive for the presence of THC in the blood at levels above 5 ng/ml only for a period of [one to three hours](#) after smoking.



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).

## Gallup: Most Americans Want Feds To Butt Out Of State Marijuana Laws

**Princeton, NJ, USA:** Nearly two-thirds of Americans oppose federal interference in state laws that allow for the legal use of the substance by adults, according to a [random sampling](#) of 1,015 adults by Gallup.



On Election Day, voters in Colorado and Washington approved measures allowing for the personal use of cannabis by those age 21 and older. Both of those state laws took effect in recent days.

According to Gallup, 64 percent of respondents do not believe that the federal government "should take steps to enforce federal anti-marijuana laws in those states." Only 34 percent of respondents agree that the federal government should take

actions to interfere with the implementation of these laws.

Gallup also reported that more than four out of ten respondents who oppose legalizing cannabis believe that the Administration should nonetheless respect state laws allowing for its legal possession, use, and sale. This week, US Attorney General Eric Holder said the Justice Department [will announce](#) "relatively soon" its policy on the recently passed state measures.

The Gallup poll found Americans to be evenly divided on whether or not cannabis ought to be legal. Forty-eight percent of respondents endorse marijuana legalization while 50 percent of respondents oppose it -- an [increase in opposition of four percent](#) since 2011.

Support for legalization was highest among those aged 18 to 29 (60 percent) and weakest among those over age 65 (36 percent).

The Gallup findings regarding legalization are lower than those reported by other polls, including surveys by [Public Policy Polling](#) (58 percent support for legalizing cannabis), [Angus Reid](#) (54 percent), and [Quinnipiac University](#) (51 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).

## Congressional Lawmakers Introduce Legislation To Halt Federal Interference In State Marijuana Laws

**Washington, DC, USA:** United States Representatives have introduced bipartisan legislation in Congress -- [House Bill 6606](#), The Respect States' and Citizens' Rights Act of 2012 -- to amend the US Controlled Substances Act to provide that federal law shall not preempt state marijuana laws.

The measure is sponsored by [Rep. Diana DeGette](#) of Colorado, and is [co-sponsored](#) by Reps. Blumenauer (OR), Coffman (CO), Cohen (TN), Farr (CA), Frank (MA), Grijalva (AZ), Lee (CA), Paul (TX), Pingree (ME), and Polis (CO). It has been referred to the House Committee on the Judiciary.

"I am proud to join with colleagues from both sides of the aisle on the 'Respect States' and Citizens' Rights Act' to protect states' rights and immediately resolve any conflict with the federal government,"

<continued on next page>

<continued from previous page> said Rep. DeGette upon the bill's introduction in a prepared [statement](#). "In Colorado we've witnessed the aggressive policies of the federal government in their treatment of legal medicinal marijuana providers. My constituents have spoken and I don't want the federal government denying money to Colorado or taking other punitive steps that would undermine the will of our citizens."



[Added](#) Rep. Polis, "The people of Colorado and Washington voted in overwhelming numbers to regulate the sale of marijuana. Colorado officials and law enforcement are already working to implement the will of Colorado voters, and I look forward to continuing to work with my colleagues in Congress and officials in the administration to deliver clear guidance that ensures the will of the people is protected."

House Bill 6606 [states](#), "In the case of any State law that pertains to marihuana, no provision of this title shall be construed as indicating an intent on the part of the Congress to occupy the field in which that provision operates, including criminal penalties, to the exclusion of State law on the same subject matter, nor shall any provision of this title be construed as preempting any such State law."

While it is unlikely that members of Congress will address this measure in the final days of the 112th session, it is anticipated that Representatives will reintroduce the measure in 2013. *For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500 or visit: <http://www.capwiz.com/norml2/issues/>.*

## **Government Waste and the DEA – by Dr. David Bearman**

The 2012 presidential race is finally over. Both candidates campaigned on eliminating waste in the government. This makes it timely to offer a rather obvious executive branch reorganization that would both save money and help the government be more effective.

This can be done by eliminating the DEA and placing their two principle functions (scientific evaluation and law enforcement) under the oversight of two other more appropriate government agencies. Place the DEA's criminal justice functions with the ATF. Take

the scientists in the DEA, such as they are, and put them with the NIH. The elimination of the DEA would eliminate duplicative administrative duties, save money and possibly get a scientific assessment of a plant, cannabis, that has been shown to cure cancer.

### **DEA Accused of Being Arbitrary and Capricious**

The timeliness is underscored by the Washington D.C. Circuit Court hearing oral arguments in the Americans for Safe Access (ASA) lawsuit against the DEA for arbitrarily and capriciously rejecting the rescheduling cannabis. The ASA lawsuit points out that this was a haphazard, unscientific action by the DEA.

The DEA not only did not reclassify cannabis as requested by the AMA, but not appropriately evaluate the science supporting the medicinal value of cannabis. This callous approach is after 20,000 scientific studies, 5,000 years of medical use, recommendations for the medical use, by over 10,000 U.S. physicians, and medicinal use of cannabis use by millions of patients including tens of thousands of veterans suffering from PTSD.

### **DEA Ignores Relative Harm of Alcohol**

The American Academy of Cannabinoid Medicine (AACM) respectfully suggests that the President recognize that the DEA is a deeply flawed agency. At the Washington D.C. Circuit Court hearing on ASA's lawsuit, the DEA displayed their criminal justice mindset. They said that marijuana was the most abused drug in America. Members of Alcoholics Anonymous and the Salvation Army would be surprised to hear that, considering how beneficial medicinal cannabis is to patients.

Alcohol is by far the most abused drug in America, followed by tobacco. It is clearer now than ever that the agency making decisions regarding the medicinal value of a drug should be done by the FDA, a medical organization and not a law enforcement agency.

### **DEA Is Inconsistent and Hypocritical**

The DEA is nothing if not hypocritical. The DEA claims we need more research before they can act on rescheduling cannabis. Then they block research at home and ignore research findings from abroad. The administrator of the DEA, Michelle Leonhardt, turned down an application for researching cannabis as one would any other botanical medicine. This comes from University of Massachusetts Professor of Botany, Dr. Lyle Craker. What makes denial of this request most egregious is that the DEA's own Administrative Law Judge, Judy Bittner, said that Dr. Craker should be allowed to study cannabis as a botanical medicine. Even worse the rejection goes against the promise by President Obama that when it came to cannabis, he would depend on scientific research when deciding to support its use.

<continued on next page>



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

<continued from GOVERNMENT WASTE AND THE DEA,  
previous page>

### **It's the Economy, Stupid.**

Today there are five non-U.S. pharmaceutical companies with the right to either manufacture or market Sativex (tincture of cannabis) a whole cannabis plant alcohol extract. Sativex is produced by an English company and the marketing rights for various places in the world are held by Spanish, Japanese, Swiss and German pharmaceutical companies. The DEA is also standing in the way of profits for American companies, by rejecting a potential market.

That is not the first time of the DEA ignoring their own Administrative Law Judge findings. In 1988 Chief DEA Administrative Law Judge Francis Young said that cannabis should be schedule II. This is the DEA's own judge's recommendation after a two year hearing. Overruled by the DEA head John Law under George H.W. Bush.

### **Nixon Marijuana Commission**

At a press conference on June 17, 1971, Nixon officially declared "War on Drugs." Nixon called drug abuse **"public enemy number one in the United States"** and announced the creation of the Special Action Office for Drug Abuse Prevention (SAODAP). The office was headed by Dr. Jerome Jaffe, a top pharmacologist, medical school professor, author and a leading methadone treatment specialist.



During the Nixon era, for the only time in the history of the war on drugs, the majority of federal funding went toward treatment, rather than law enforcement. Amazingly, compared to his successors, Nixon's application of his war on drugs policy appears almost reasonable - 75% of his drug budget went toward treatment and his Drug Czar, Dr. Jerome Jaffe, is, to this day, by far the most qualified man to ever fill that position.

His war on drugs was front page news. One of the unlikeliest of celebrities, Elvis Presley, volunteered to help the President deal with substance abuse. Nixon made Elvis an honorary special narcotics agent. Since Elvis' death has been reported as due to prescription

drug abuse, this is ironic in the extreme. In 1971 President Nixon and Congress appointed a 13-member commission to develop effective drug policies. Notwithstanding as the Commission commenced its work, Nixon had publicly admonished the commission not to legalize marijuana, the Nixon Marijuana Commission final report recommended legalizing marijuana for recreational use.

### **National Commission on Marijuana and Drug Abuse - 1972**

The National Commission on Marijuana and Drug Abuse chaired by the former Republican Governor of Pennsylvania, Raymond Schafer issued their report on March 22, 1972. They concluded, "The most notable statement that can be made about the vast majority of marijuana users - experimenters and intermittent users - is that they are essentially indistinguishable from their non-marijuana using peers by any fundamental criterion other than their marijuana use."

Nixon's National Commission on Marihuana (sic) and Drug Abuse (also known as the Shafer Commission) called for ending the criminal arrest and prosecution of adults who possess or use small amounts of marijuana. The commission concluded:

***"The criminal law is too harsh a tool to apply to personal possession even in the effort to discourage use. ... It implies an overwhelming indictment of the behavior which we believe is not appropriate. The actual and potential harm of use of the drug is not great enough to justify intrusion by the criminal law into private behavior, a step which our society takes only with the greatest reluctance."***

Nixon's marijuana commission also found that neither the marijuana user nor the drug itself could be said to constitute a danger to public safety. No matter. On an Oval Office tape, Nixon says to his Chief of Staff Robert Haldeman, "You know, it's a funny thing. **Every one of the bastards that are out for legalizing marijuana is Jewish. What the Christ is the matter with Jews, Bob? What is the matter with them? I suppose it is because most of them are psychiatrists.**" (Nixon Tapes)

\* **SOURCE = December 2012 AAMC newsletter. AAMC News · 44500 Tide Ave · Arch Cape, OR 97102**