



## Federal Drug Agency Denies Marijuana Is Less Toxic Than Alcohol

The National Institute on Drug Abuse released an eyebrow-raising statement to PolitiFact on Monday, denying that marijuana is less toxic than alcohol.

"Claiming that marijuana is less toxic than alcohol cannot be substantiated since each possess their own unique set of risks and consequences for a given individual," wrote the institute.

NIDA, part of the National Institutes of Health, funds government-backed scientific research and has a stated mission "to lead the nation in bringing the power of science to bear on drug abuse and addiction."

The statement was in response to a declaration by the pro-pot policy group Marijuana Policy Project that marijuana is less harmful than alcohol -- a claim that was the centerpiece of a controversial pro-marijuana commercial aired during a NASCAR race last month.

PolitiFact took the claim to task, comparing marijuana-related deaths to alcohol-related deaths and toxicity

<continued on page 3 >

### Study: Marijuana Smoking Poses "Relatively Small" Risk To Lungs, Associated With Far Fewer Adverse Effects Than Tobacco

**Los Angeles, CA:** Pulmonary complications associated with the smoking of cannabis are "relatively small" and far lower than those associated with tobacco smoking, according to a recent [review](#) published in the June edition of the scientific

<continued on page 3 >

### Maine: Portland Voters To Decide This Fall On Marijuana Depenalization Measure

**Portland, ME:** Portland voters [will decide](#) on a municipal initiative this fall that seeks to eliminate penalties citywide for adult residents who possess small quantities of cannabis and/or marijuana paraphernalia. Sponsors of the measure, [Citizens for a Safer Portland](#), collected over 2,500 certified signatures from Portland voters in support of the plan.

<continued on page 3 >

### Oregon: Lawmakers Approve Measure To License Medical Marijuana Dispensaries

**Salem, OR:** State lawmakers have [approved](#) legislation, [House Bill 3460](#), to license medicinal cannabis dispensaries statewide. The measure, publicly [backed](#) by Oregon Attorney General Ellen Rosenblum, has been signed by Democrat Gov. John Kitzhaber. The department has until March

<continued on page 4 >

### National Lawyers Guild Calls For Ending Marijuana Prohibition

**New York, NY:** The criminalization of cannabis is an abject failure and should be ended as a federal public policy, according to the findings of a new report issued by the [National Lawyers Guild](#). States the [report](#): "[E]nding the prohibition of cannabis would offer multiple benefits. Legalization would help transform the marijuana

<continued on page 4 >



## 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 FEDERAL DRUG AGENCY DENIES

MARIJUANA IS LESS TOXIC THAN ALCOHOL, page 1 >

levels of the two substances. As noted by PolitiFact, the Centers for Disease Control and Prevention's National Center for Health Statistics reported **41,682 alcohol-related deaths in 2010. The center had no reports listing marijuana as a cause of death.** PolitiFact also noted a study by Robert Gable, an emeritus professor of psychology at Claremont Graduate University, that measured the toxicity levels of substances ranging from heroin to marijuana. The study showed that "marijuana is about 100 times safer than alcohol or cocaine."

PolitiFact noted that evidence surrounding the long-term effects of marijuana use is murky. Still, the fact-checker ruled the claim that marijuana is less toxic than alcohol "mostly true."

Mason Tvert, director of communications at Marijuana Policy Project, said NIDA's claim is a new low for the agency.

"Our federal government has been exaggerating the harms of marijuana for decades, but at this point it has gone off the deep end," Tvert told The Huffington Post. "NIDA's statement that marijuana can be just as toxic as alcohol would be on par with the FDA announcing sushi is as fattening as fried chicken."

"This is gross negligence on the agency's part and should be addressed immediately by the White House," Tvert continued. "It is one thing for our federal officials to convey their opposition to marijuana policy reform. It is an entirely different and more disturbing situation when they are conveying opposition to scientific evidence." \* SOURCE = [Federal Drug Agency Denies Marijuana Is Less Toxic Than Alcohol](#), **By Robin Wilkey for HuffPost**

<continued from MARIJUANA SMOKING RISK TO LUNGS LESS THAN TOBACCO, page 1 >

journal *Annals of the American Thoracic Society*. The paper - authored by [Donald P. Tashkin, MD](#), emeritus professor of medicine and medical director of the Pulmonary Function Laboratory at the David Geffen School of Medicine at University of California, Los Angeles

- is "the most comprehensive and authoritative review of the subject ever published," according to an accompanying [commentary](#). Donald Tashkin



conducted US-government sponsored studies of marijuana and lung function for over 30 years. His review finds that although smoking cannabis may be associated with symptoms of chronic bronchitis, studies do not substantiate claims that it is positively associated with the development of lung cancer, chronic obstructive pulmonary disease (COPD), emphysema, or bullous lung disease. "[H]abitual use of marijuana alone does not appear to lead to significant abnormalities in lung function," Tashkin writes. "[F]indings from a limited number of well-designed epidemiological studies do not suggest an increased risk of either lung or upper airway cancer from light or moderate use. ... Overall, the risks of pulmonary complications of regular use of marijuana appear to be relatively small and far lower than those of tobacco smoking."

Writing in an accompanying commentary, McGill University's Dr. Mark Ware concludes: "Cannabis smoking is not equivalent to tobacco smoking in terms of respiratory risk. ... [C]annabis smoking does not seem to increase risk of chronic obstructive pulmonary disease (COPD) or airway cancers. In fact, there is even a suggestion that at low doses cannabis may be protective for both conditions. ... This conclusion will affect the way health professionals interact with patients, parents with teenagers, and policy makers with their constituents. ... Efforts to develop cleaner cannabinoid delivery systems can and should continue, but at least for now, [those] who smoke small amounts of cannabis for medical or recreational purposes can breathe a little bit easier." *For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Effects of marijuana smoking on the lung," appears in *Annals of the American Thoracic Society*.*

<continued from MAINE: PORTLAND TO DECIDE THIS FALL ON MARIJUANA DEPENALIZATION, page 1 >

Members of the Portland City Council on Monday voted 5 to 1 to place the measure on a citywide ballot this fall. Passage of the measure would eliminate civil penalties for adults who possess up to 2.5 ounces of cannabis and/or cannabis paraphernalia within city limits.

Public consumption of the substance would remain a punishable offense.



Under present state law, the possession of 2.5 ounces of marijuana or less is classified as a civil offense punishable by a fine of up to \$600. Portland voters will decide the measure on November 5, 2013. *For more information, please contact Erik Altieri, NORML Communications Director, at (202) 483-5500 or visit: <http://www.facebook.com/SensiblePortland>.*

<continued from **OREGON MEDICAL MARIJUANA DISPENSARIES, page 1** > 2014 to draft rules regulating dispensaries. House Bill 3460 "directs [the] Oregon Health Authority to establish a registration system for medical marijuana facilities." Such facilities presently exist in several regions of the state but are unregulated and remain subject to state and local prosecution. Officials [expect to register](#) an estimated 225 dispensaries in the first two years.

Oregonians initially [authorized](#) the physician-supervised use of cannabis in 1998. However, the law limits patients' access to cannabis to either home-cultivation or cultivation by a designated caregiver.



Arizona, Colorado, New Jersey, Maine, New Mexico, and Rhode Island have state-licensed medical cannabis dispensaries up and running. (California dispensaries are not licensed by the state.) Similar dispensary outlets are in the process of opening in Connecticut, Massachusetts, Nevada, Vermont, and Washington, DC. *For more information, please contact Allen St. Pierre, NORML Executive Director, or Erik Altieri, NORML Communications Director, at (202) 483-5500.*

<continued from **NATIONAL LAWYERS GUILD CALLS FOR ENDING MARIJUANA PROHIBITION, page 1** > industry ... into a stable regulated one. It would significantly reduce infringements on civil liberties and lower the arrest and incarceration rates of people of color. Changing the criminal status of marijuana would lower the costs of law enforcement and protect people from entering the criminal justice system. Finally, legalization would remove restrictions currently impeding [the] study of medical marijuana and allow more users to acquire treatment if necessary. Each of these goals is consistent with sound economic, criminal justice, and public health policies."

The report's authors recommend reclassifying cannabis from its present [Schedule I](#) illicit

classification, revisiting the United State's involvement in international drug control treaties, and ending the practice of civil asset forfeiture by law enforcement agencies. They also call for the passage of additional statewide legislative and initiative efforts depenalizing marijuana use and possession.

*For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500. Full text of the report, "High Crimes: Strategies to Further Marijuana Legalization Initiatives," appears online at: <http://www.nlg.org>.*



## Study: Blacks Disproportionately Arrested For Drug Possession Violations In Washington, DC

**Washington, DC:** African Americans in the District of Columbia are arrested for illicit drug offenses at significantly higher rates than those of other ethnicities, according to an analysis of non-juvenile arrests for the years 2009 to 2011 by the Washington Lawyers' Committee for Civil Rights and Urban Affairs.



The [report](#), entitled 'Racial Disparities in Arrests in the District of Columbia, 2009-2011: Implications for Civil Rights and Criminal Justice in the Nation's Capital,' found that African Americans comprised nearly 90 percent of all District drug possession arrests. District police made far fewer drug possession arrests in neighborhoods that consisted of mostly white residents than they did in neighborhoods that consisted of mostly black residents. By contrast, survey data shows little disparity in overall illicit drug use rates among whites and blacks residing in the District.

Marijuana arrests were the most commonly reported illicit drug arrest the study found. Under Washington, DC [law](#), simple marijuana possession is classified as a criminal misdemeanor punishable by up to six months in jail and a \$1,000 fine.

A [previous study](#) by the American Civil Liberties Union, released in June, reported that nationwide

<continued on next page>

<continued from previous page> blacks are approximately four times as likely as whites to be arrested for marijuana possession offenses. Authors of the latest study recommend that District policymakers make it "an immediate priority" to consider decriminalizing or legalizing certain illicit substances, including cannabis. [Legislation](#) is presently pending before the DC Council that would reduce the penalties for marijuana possession offenses involving up to one ounce of marijuana to a \$100 civil violation. Nine of the 13 members of the Council are co-sponsoring [the measure](#). [Survey data](#) released in April by Public Policy Polling reported that 75 percent of DC voters favor such a change in law.

For more information, please contact Allen St. Pierre, NORML Executive Director, or Erik Altieri, NORML Communications Director, at (202) 483-5500. Full text of the report is available online at: <http://www.washlaw.org/>.

### **Study: Marijuana Use Associated With Decreased Symptoms Of Opiate Withdrawal In Subjects Undergoing Methadone Treatment**



**Philadelphia, PA:** The use of cannabis is associated with mitigated symptoms of opiate withdrawal in subjects undergoing methadone maintenance treatment, according to a [data](#) published online in *The*

*American Journal on Addictions*.

Investigators at the Farber Institute for Neurosciences at Thomas Jefferson University in Philadelphia assessed the use of cannabis in 91 opiate-dependent subjects undergoing methadone maintenance treatment.

Researchers found that subjects seeking methadone treatment who acknowledged a history of cannabis use reported "significantly less daily expenditure on acquisition of opiates."

Authors additionally reported that subjects' use of cannabis during treatment was associated with less severe symptoms of withdrawal on the clinical opiate withdrawal scale (COWS), an index designed to serve as an objective measure of opiate withdrawal. "[I]ncreased cannabis use was found to be associated with lower severity of [opiate] withdrawal

in a subset of the sample with available chart data," authors wrote. "These results suggested a potential role for cannabis in the reduction of withdrawal severity during methadone induction." They concluded, "The present findings may point to novel interventions to be employed during treatment for opiate dependence that specifically target cannabinoid-opioid system interactions." A [2009 study](#), also published in *The American Journal on Addictions*, reported that moderate cannabis use improved retention in naltrexone treatment among opiate-dependent subjects.

For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Impact of cannabis use during stabilization on methadone maintenance treatment," appears online in *The American Journal on Addictions*.

### **Study: Cannabis Compound Reduces Cigarette Consumption In Tobacco Smokers**

**London, United Kingdom:** The inhalation of the non-psychoactive cannabinoid CBD ([cannabidiol](#)) significantly mitigates tobacco smokers' desire for cigarettes, according to clinical trial [data](#) published online in the journal *Addictive Behaviors*.



Investigators at University College London conducted a double blind pilot study to assess the impact of the ad-hoc consumption of organic CBD versus placebo in 24 tobacco-smoking subjects seeking to quit their habit. Participants were randomized to receive an inhaler containing CBD (n=12) or placebo (n=12) for one week. Trial investigators instructed subjects to use the inhaler when they felt the urge to smoke.

Researchers reported: "Over the treatment week, placebo treated smokers showed no differences in number of cigarettes smoked. In contrast, those treated with CBD significantly reduced the number of cigarettes smoked by [the equivalent of] 40 percent during treatment." Moreover, participants who used CBD did not report experiencing increased cravings for nicotine during the study's duration. Investigators concluded, "This is the first study, as far as we are aware, to demonstrate the impact of CBD on cigarette smoking...."

<continued on next page>

<continued from previous page> These preliminary data, combined with the strong preclinical rationale for use of this compound, suggest CBD to be a potential treatment for nicotine addiction that warrants further exploration." Previously published clinical trials on CBD have found cannabidiol to be "[safe and well tolerated](#)" in healthy volunteers. Separate investigations of CBD have [documented](#) the cannabinoid to possess a variety of therapeutic properties, including anti-inflammatory, anti-diabetic, anti-epileptic, anti-cancer, and bone-stimulating properties.

For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Cannabidiol reduces cigarette consumption in tobacco smokers: Preliminary findings," appears online in the journal *Addictive Behaviors*.

## Study: Marijuana Smoking Not Linked With Liver Disease Progression In Hep C Patients

**Montreal, Canada:** Marijuana smoking is [not associated](#) with the promotion of liver disease in subjects infected with both hepatitis C and the human immunodeficiency virus (HIV), according to [data](#) published online in the journal *Clinical Infectious Diseases*.



A team of investigators from McGill University in Montreal and the University of Toronto

assessed the impact of marijuana smoking on liver disease progression longitudinally in a cohort of nearly 700 subjects with HIV and the hepatitis C virus (HCV). Study participants at baseline reported having previously used cannabis, on average, some seven times per week, with 40 percent of subjects acknowledging having consumed cannabis daily. Participants were monitored over a median period of 32 months.

Investigators reported, "In this prospective analysis we found no evidence for an association between marijuana smoking and significant liver fibrosis progression in HIV/HCV coinfection." Authors speculated that [previously reported positive associations](#) between cannabis smoking and liver disease progression were likely the result of "reverse causation due to self-medication."

Authors concluded: "[I]n this first prospective evaluation of liver disease progression among HIV- HCV infected persons, we could not demonstrate any important effect of marijuana on liver disease outcomes. A causal association is unlikely: hazard ratios were weak and ... there was no dose-response relationship. It is likely that previous studies have been biased by reverse causality as patients use more marijuana to relieve symptoms as liver disease progresses." Subjects diagnosed with HIV and/or hepatitis C [frequently report](#) using cannabis to treat disease symptoms as well as the side effects associated with conventional drug therapies, such as nausea and appetite loss.

For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "Marijuana Smoking Does Not Accelerate Progression of Liver Disease in HIV-Hepatitis C Coinfection: A Longitudinal Cohort Analysis," appears online in *Clinical Infectious Diseases*.

## Cannabinoid Produces Beneficial Metabolic Effects In Animal Model Of Diabetes

**Buckingham, United Kingdom:** The administration of the organic cannabinoid [tetrahydrocannabivarin](#) (THCV) is associated with positive metabolic effects that may potentially be beneficial to subjects with adult-onset diabetes, according to preclinical [data](#) published in the scientific journal *Nutrition & Diabetes*.

Investigators at the University of Buckingham in England and the Institute for Biomolecular Chemistry in Italy assessed the effects of THCV administration on dietary-induced and



genetically modified obese mice. Authors reported that although THCV administration did not significantly affect food intake or body weight gain in either of the models, it did produce several metabolically beneficial effects, including improved glucose tolerance, improved liver triglyceride levels, and increased insulin sensitivity.

Researchers concluded: "Based on these data, it can be suggested that THCV may be useful for the treatment of the metabolic syndrome and/or type 2

<continued on next page>

<continued from previous page> diabetes (adult onset diabetes), either alone or in combination with existing treatments. Given the reported benefits of another non-THC cannabinoid, CBD in type 1 diabetes, a CBD/THCV combination may be beneficial for different types of diabetes mellitus."

In May, Harvard Medical School researchers published observational data in *The American Journal of Medicine* [reporting](#) that subjects who regularly consume cannabis possessed favorable indices related to diabetic control as compared to occasional consumers or non-users of the substance. Separate observational [trial data](#) published in 2012 in the *British Medical Journal* previously [reported](#) that adults with a history of marijuana use had a lower prevalence of type 2 diabetes and possess a lower risk of contracting the disease than did those with no history of cannabis consumption.

For more information, please contact Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org). Full text of the study, "The cannabinoid *delta-9-tetrahydrocannabinol* (THCV) ameliorates insulin sensitivity in two mouse models of obesity," appears in *Nutrition & Diabetes*.

## Illinois is 20th Medical Cannabis State

On August 1 in a ceremony at the University of Chicago, Illinois Gov. Pat Quinn (D) signed HB1 into law, making the state the 20th to legalize the use of cannabis for medical purposes. Nearly 40 percent of Americans now live in a state where medical use of cannabis is permitted.

The "Compassionate Use of Medical Cannabis Pilot Program" Act creates a framework to protect physicians and qualified patients from arrest and prosecution and establishes a licensed network of cultivation and distribution centers across the state.

The new law allows patients with one of 33 debilitating medical conditions, such as cancer, multiple sclerosis, or HIV, to obtain approval from a physician to use medical cannabis. Qualifying patients may possess 2.5 ounces for a 2-week period which they will be required to obtain one of what will be 60 "registered dispensing organizations" that will be supplied by 22

"licensed cultivation centers." Producers and distributors of medical cannabis will pay a tax of 7 percent and patients an additional 1% sales tax. All participants in the program will have to undergo background checks and be fingerprinted. The four-year trial program takes effect January 1, 2014, when state regulators will establish rules for licensing producers and distributors, subject to approval of a panel of state lawmakers. The program is not likely to be fully operational until late 2014. The bill passed 35-21 in the Illinois House, and 61-57 in the Senate and will need to be renewed to continue.

### More Information:

Text of Illinois HB1 -

<http://www.ilga.gov/legislation/98/HB/PDF/09800HB0001v.pdf>

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

## New Hampshire Becomes 19th State To Legalize Medical Use Of Marijuana

**Concord, NH:** Governor Maggie Hassan has [signed](#) legislation, [House Bill 573](#), into law making New Hampshire the 19th state to authorize the physician-recommended use of cannabis for qualified patients.

[Stated](#) Hassan: "HB 573 legalizes the use of medical marijuana in a way that makes

sense for the State of New Hampshire and gives health providers another option to help New Hampshire's seriously ill patients. ... By providing strong regulatory oversight and clear dispensing guidelines, this bill addresses many of the concerns that were expressed throughout the legislative process. The new law creates four state-sanctioned dispensing facilities to produce and distribute cannabis to state-qualified patients

<continued on next page>



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

<continued from previous page> who possess a doctor's recommendation. Patients must have a preexisting relationship of [at least three months](#) with their physician prior to receiving a recommendation for cannabis therapy. Patients diagnosed with one of approximately twenty qualifying conditions - including cancer, hepatitis C, muscular dystrophy, Crohn's disease, or multiple sclerosis - will be permitted to legally possess up to two-ounces of cannabis. Under the law, patients must obtain cannabis only from a state-licensed facility. Qualified patients will not be provided with any legal protections to possess or use cannabis prior to the establishment of such facilities.

It has been estimated that it may take state regulators up to [two years](#) to get the nascent program up and running. As originally passed by the House, the measure allowed qualified patients the option to grow their own cannabis. It also allowed physicians to recommend cannabis for the treatment of post-traumatic stress. Both provisions were stripped from the bill by the Senate at the request of the Governor. *For more information, please contact Allen St. Pierre, NORML Executive Director, or Erik Altieri, NORML Communications Director, at (202) 483-5500.*

### **Maine: Medical Cannabis Program Amended To Include Patients With Post-Traumatic Stress, Other Debilitating Conditions**

**Augusta, ME:** Patients diagnosed with post-traumatic stress, Crohn's disease, and other debilitating disorders will be eligible for cannabis therapy under legislation [approved](#) last week absent the Governor's signature. The new [law](#) expands the list of [qualifying conditions](#) for which a Maine physician may legally recommend cannabis to include "post-traumatic stress disorder," "inflammatory bowel disease" (such as

Crohn's and/or ulcerative colitis), and "dyskinetic and spastic movement disorders and other diseases causing severe and persistent muscle spasms" (such as Parkinson's disease and/or Huntington's disease). It is the second time that Maine legislators have acted to expand the pool of patients who may have access to medicinal cannabis.

The law takes effect in approximately 90 days.

Four states -- Connecticut, Delaware, New Mexico, and



Oregon -- explicitly allow for the use of cannabis to treat symptoms of post-traumatic stress. [Clinical trial data](#) published in the May issue of the journal *Molecular Psychiatry* theorized that cannabinoid-based therapies would likely comprise the "next generation of evidence-based treatments for PTSD (post-traumatic stress disorder)."

[Survey data](#) published in 2011 in the *European Journal of Gastroenterology and Hepatology* [reported](#) that the use of cannabis therapy is common among patients with inflammatory bowel disorders. In May, researchers at the Meir Medical Center in Israel reported that inhaling cannabis reduces symptoms of Crohn's disease compared to placebo in patients non-responsive to traditional therapies. Investigators concluded, "Our data show that 8-weeks treatment with THC-rich cannabis, but not placebo, was associated with a significant decrease of 100 points in CDAI (Crohn's Disease and activity index) scores." Five of the eleven patients in the study group also reported achieving disease remission (defined as a reduction in patient CDAI score by more than 150 points). *For more information, please contact Erik Altieri, NORML Communications Director, at (202) 483-5500, or Paul Armentano, NORML Deputy Director, at: [paul@norml.org](mailto:paul@norml.org).*