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## MAMA Looks Back on 2009

Another year has passed and I always like to take an inventory on what MAMA accomplished over the year. We started out 2009 with an opening of a new MAMA clinic in The Dalles. This allows people east of the Cascades easier access to our medical marijuana clinics, saving them at least 3 hours in driving time. We have been warmly embraced by the community and have gotten great press regarding our mission.

In January the legislature went into session and for the next few months we saw an all out attack on the OMMP by the WorkDrugFree Coalition and law enforcement. MAMA worked hard to be sure our members knew about the legislation and how to respond. Respond they did, telling their own stories about why access to medical cannabis is so important to them. The OMMP survived the session with no changes made to the Program.

More than 30 bills were submitted that mentioned cannabis, but not all were against the OMMP. In fact one introduced by Senator Prozanski passed, allowing the production of industrial hemp in Oregon. It will be interesting seeing how the administrative rules get worked out for this.

In February the Obama administration announced that it would no longer be harassing patients in states with medical marijuana laws. This contributed to an increase in the request for our services and in applications to the OMMP.

On April 13<sup>th</sup> MAMA sponsored an educational event in Salem at the Capitol. A display called "We are the faces of the OMMP" dominated the Galleria and patients and their supporters came from all over the state to meet with their legislators and to hear speakers talk about the issues of medical cannabis.

In May MAMA had the opportunity to host a meeting and reception with the Dutch Medicinal Cannabis Delegation at our Portland Office. They represent a company based in the Netherlands who produces the supply of medicinal cannabis for the Dutch Ministry of Health. While they were in Salem they provided a briefing to legislators and met with Law Enforcement and the Advisory Committee on Medical Marijuana (ACMM).

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# JANUARY 2010 CALENDAR

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 <b>New Years Day</b> MAMA CLOSED	2
3	4	5	6 <b>PORTLAND CLASS:</b> Joy of Life I	7 <b>BEND SOCIAL EVENT</b> <b>THE DALLES:</b> Joy of Life I	8	9
10	11	12	13 <b>PORTLAND CLASS:</b> Joy of Life I	14 <b>THE DALLES CLASS:</b> Joy of Life I	15	16
17	18 <b>MARTIN LUTHER KING DAY</b>	19 <b>PORTLAND CLASS:</b> Bubble Class	20 <b>PORTLAND:</b> Joy of Life I <b>THE DALLES:</b> Bubble Class	21 <b>THE DALLES CLASS:</b> Joy of Life I	22 <b>THE DALLES SOCIAL</b> <b>PORTLAND SOCIAL</b>	23
24	25	26	27 <b>PORTLAND CLASS:</b> Joy of Life II	28 <b>THE DALLES:</b> Joy of Life I <b>PORTLAND:</b> Chocolate Class	29	30

## EVENT SCHEDULE

## CLASS SCHEDULE

**Thursday, January 7: BEND POTLUCK SOCIAL.**  
Join MAMA at the Bend Community Center, 1036 NE 5th St, Bend, from 4:20 p.m. to 7:30 p.m., to network and socialize. Cardholders Only.

**Friday, January 22: THE DALLES POTLUCK LUNCH.**  
Bring a snack and join us for camaraderie and conversation at 319 E 7th St in The Dalles, from noon to 2 p.m.

**Friday, January 22: PORTLAND SOCIAL EVENT.**  
Join us at MAMA's Portland office, 5217 SE 28th Ave, from 4:20 p.m. to 6:00 p.m. **Cardholders Only.** Please do not arrive early.

**Joy of Life, Level I:** Learn how to make your own cuttings and clones. Portland: 4:20 pm; The Dalles: 2:00 p.m.

**Joy of Life, Level II:** This class explores more advanced cultivation methods. Portland: 4:20 pm

**Bubble Class:** Learn how to glean medicine from waste using water and ice. Portland, 4:20 p.m.

**Chocolate Making:** Learn how to make delicious medicated chocolate truffles. Portland, 4:20 p.m.

**THERE IS A \$5 SUGGESTED DONATION FOR ALL MAMA SOCIAL EVENTS**



## *A Message from Sandee Burbank*

Continued from Page One



MAMA's Kids Camp in August was a great success. The kids went to lots of fun places in Oregon and Washington and donated back to the community by helping feed the hungry and working at the "Home at Last", an animal shelter.

Our girls came back from the shelter and begged us to adopt Moose, a pit bull they met. Moose is now a happy member of our family.

In August a series of three hearings were held to consider adding five new qualifying conditions to the OMMP. They were depression, anxiety, insomnia, severe agitation and PTSD. Leland Berger attorney represented the petitioner, retired nurse Ed Glick. They did a great job of presenting their case in spite of a negative environment. Public input was only allowed at the last hearing and the room was packed, forcing the meeting to extend two hours past its original schedule. Unfortunately the vote was 4-3 against adding any of the conditions. Dr. Mel Kohn, the state health officer, is to review the report and rebuttal and make a recommendation to Dr. Bruce Goldberg, the head of DHS for his decision.

September 11<sup>th</sup> MAMA gave a presentation to the Oregon and Washington attorneys attending the Oregon Criminal Defense Lawyers Association seminar, "All Things Cannabis" at the Red Lion Inn in Portland.

October brought surprises as Daniel Candler, Clinic Director in Portland, gave us the news that he was moving to Colorado to pursue a dream there. This came at a time when requests for our services was rapidly expanding and we were already in the process of adding a new phone system to make us more efficient and keep our costs down. The reorganization is almost complete and we apologize for any inconvenience it has caused. We have most of the glitches worked out and this will allow our staff to be more effective at attending to the needs of our patients. Thank you all for your patience while we make this transition.

In October the Feds formally announced that they would not be using financial resources to pursue patients or those who supplied patients with their medicine in states with medical marijuana laws. Again this caused a surge in the number of patients applying for the OMMP and put the Program 3 to 4 months behind in processing applications. By December there were more than 30,000 patients registered with the state of Oregon.

November brought more good news as the American Medical Association voted to reverse its 72-year position that cannabis had no medical value. The AMA acknowledged that cannabis does have therapeutic value and called for more research. 14 states now have laws allowing the use of medical cannabis.

We end the year by announcing that we have moved The Dalles office to a new location that is on the ground floor, handicapped accessible and has a kitchen. This will allow us to have the 'Preparations' and 'Bubble' classes in addition to the 'Joy of Life' classes. Our new address is 319 E 7<sup>th</sup>, which is only two blocks up the hill from the former site. Our extreme gratitude goes out to the many volunteers that helped us get this location ready and the office moved. We were able to settle in before the end of the December.

In the New Year we hope to find a full time clinic location in Bend and places in both The Dalles and Portland that will accommodate the need for a place to socialize. The clinics are busy with the medical services we offer, but there is still a big need for a place where cardholders can meet, network and socialize on a regular basis.

Thank you to all who have helped MAMA by volunteering time, energy and expertise or by donating goods and funds to help us help you. Together we are accomplishing great things.

Happy New Year to all from Sandee and all the MAMA staff.

## CANNABIS AND CANCER: emerging science in 2009

By Amelia Schlusser

Cannabis research made headlines this past year, particularly in regards to cancer, that horrific and indiscriminate family of diseases that affects millions of Americans each year. You may have been one of the millions of Americans alarmed by headlines implying that cannabis use causes testicular cancer, or perhaps you stumbled across an article in *Forbes* announcing cannabis's promise as a treatment for prostate cancer, or an article in *Reuters* stating that cannabis use may prevent cancer of the head and neck. A series of studies were released this past year that provide conflicting conclusions regarding the relationship between cannabis and cancer.

One of the most alarming questions to arise from this emerging research is whether cannabis has the potential to increase cancer risk among medical marijuana patients. A study published in the journal *Cancer* on February 6, 2009, found that cannabis use may increase the risk of developing a specific type of testicular cancer. The cancer, called nonseminoma, is an aggressive form of testicular cancer that is typically diagnosed in young men between the ages of 15 to 34, and accounts for roughly 40% of all testicular cancer diagnoses. Researchers at the Fred Hutchinson Cancer Research Center in Seattle analyzed data on 369 testicular cancer patients residing in the Seattle area, and found that current cannabis use coincided with a 70% increased risk of developing nonseminoma. The risk was particularly high among young men who had started using cannabis during their teenaged years, and had continued to use the drug at least once a week.

The researchers speculate that the increase in risk may be associated with the presence of THC receptor sites inside the testes. There are some cancer specialists, however, who are not convinced that cannabis plays a causal role in the development of testicular cancer. Gary Schwartz, an associate professor of cancer biology at Wake Forest University, suggests that cannabis use may simply be a marker associated with an unrelated genetic or environmental increase in risk, rather than being directly responsible for the development of the disease. In either event, it appears that cannabis use among young men could indicate an increased risk of testicular cancer. The disease itself is relatively rare, but the correlation is something that young male cannabis users should be aware of.

On the other end of the spectrum, a recent study published in the August issue of *Cancer Prevention Research* suggests that cannabis use may contribute to a decrease in risk for developing a type of head and neck cancer. Researchers at Brown University found that people who use cannabis one or two times a week had a 48% reduction in risk of developing head and neck squamous cell

carcinoma (HNSCC) compared to non-users. The study found that individuals who began using cannabis after the age of 20 had a 61% reduction in the risk of developing the disease, while those who began using cannabis between the ages of 15 and 19 were 47% less likely to develop HNSCC. The researchers cannot explain why cannabis use may potentially prevent the development of HNSCC, but they did note that unrelated studies have shown that certain cannabinoids appear to have anti-tumor effects.

A number of studies have been performed outside of the United States in order to investigate the anti-cancer potential of cannabinoids. Most recently, scientists at the University of Alcala in Madrid found that synthetically-produced cannabinoids were able to slow down cellular growth and instigate the death of prostate cancer cells. Researchers in the Department of Pharmaceutical Sciences at the University of Salerno, Italy, reported similar findings in the February 2009 issue of *Best Practice & Research: Clinical Endocrinology & Metabolism*. These scientists found that cannabinoids were not only effective in slowing cell growth and triggering cell death, but were also able to prevent the growth of new blood vessels connecting to malignant tumors, and were able to deter the metastasis, or spread, of cancer cells to other parts of the body. These recent findings contribute to the growing body of preliminary evidence illustrating the effectiveness of cannabinoids in treating certain types of cancer, which to date include brain cancer, breast cancer, lung cancer, pancreatic cancer, prostate cancer, skin cancer, and lymphoma.

Researchers do emphasize that their studies utilize purified cannabinoid chemicals, *not* plant-based cannabis or cannabis extracts. These studies show that specific individual cannabinoids may hold great promise in the future treatment of many kinds of cancers, but do not imply that smoked or orally administered cannabis and cannabis extracts would be effective cancer treatments. Every study performed to date has been performed on tissue cultures and in animal trials; human trials may still be years away. While there is no legitimate scientific evidence to support the theory that personal cannabis use has the potential to cure cancer, these new cannabinoid discoveries may significantly affect the advancement of cannabis therapeutics worldwide.

**For more information, please visit the following links:**

Cannabis and Testicular Cancer: <http://www.healthfinder.gov/news/newsstory.aspx?docid=623888>

Cannabis and HNSCC: <http://www.cancerpage.com/news/article.asp?id=13739>

Cannabis and Cancer Report: <http://www.ncbi.nlm.nih.gov/pubmed/19285265>

## Notes from the Advisory Committee on Medical Marijuana (ACMM) Meeting

Monday, December 14<sup>th</sup> 2009, Eugene, Oregon

By Christine McGarvin, MSSW

The Advisory Committee on Medical Marijuana met in Eugene on December 14, 2009 to make recommendations to the DHS Oregon Medical Marijuana Program (OMMP). Many people in attendance were unhappy about the recent preliminary decisions by Department of Human Services (DHS) to deny expanding qualifying conditions to include psychological conditions. Dr. Holland from the Compassion Center in Eugene spoke regarding the inhumanity of not allowing returning Oregon war veterans suffering from PTSD to benefit from *Cannabis* medicine.

Members of the OMMP Administration reported that the new database being developed to streamline the registry process would be tested in about three weeks, with the hopes that it will be successfully implemented by February 2010. OMMP Admin also reported that they hired additional support to help reduce the number of pending applications, and they believe that the current waiting period is now approximately two months from the time an application is received until the time the patient receives their cards. The newest OMMP statistics (12/14/09) reports that there are currently 31,019 patients (including pending applications), 16,118 caregivers, and 3,162 physicians signed the Attending Physician's Statement.

Dr. Grant Higginson asked the ACMM to vote on a Legislative request for \$1-\$2 million cash that the OMMP would provide to other state programs. It was suggested that while 37% of current OMMP patients qualify for the reduced fee of \$20, that the other 63% of the patients would be subject to fees determined by a "variable fee scale, based on a means test," which would generate the additional money. The ACMM voted against this proposal arguing that patients can barely afford the \$100 fee as it is: that the OMMP should have its database system running smoothly so there are no more delays on processing applications before it considers making fee changes, and that the OMMP should consider expanding the list of debilitating conditions as a way to increase the program's revenue.

The ACMM officially requested that the OMMP purchase a PA system and LCD projector for use at public


meetings. Dr. Higginson agreed that the OMMP would respond to complaints about Assisted Care Facilities not allowing their patients to use Cannabis medicine by sending them a letter asking them what their official policies are.


Committee Reports: The Legislative Advisory Committee reported that, to their knowledge, none of the Legislators have plans to address medical marijuana legislation this February. The Horticulture and Safety Committee recommended increasing mature plant limits to make basic and applied plant breeding research possible.


The Outreach Committee had a number of recommendations:

1. Add Outreach Committee info to the OMMP/ACMM website was approved;
2. A video presentation explaining what the OMMP does and doesn't do was approved and sent to OMMP Administration for their approval;
3. Fact sheets about the OMMP, one for citizens, and one for physicians, were approved for public distribution;
4. A letter to the Port of Portland requesting information about their written policies regarding allowing medical marijuana patients to board the airplane with their medicine was signed by the Chair
5. A letter to the Oregon Department of Veterans' Affairs requesting information and suggesting they consider following the Battle Creek Michigan VA's policy stating the "presence of marijuana in a urine drug screen is acceptable" was signed by the Chair
6. Request for a twice yearly ACMM Newsletter to be posted on the OMMP/ACMM website was approved and sent to DHS for their approval;
7. Request for DHS to post the OMMP website as a link on the DHS website and that ACMM meeting notices be distributed through DHS electronic "News Releases" was also approved and sent to DHS for their approval.

### MAMA's MESSAGE BOARD

 In a cost cutting effort, MAMA will now only mail the quarterly newsletters for January, April, July and October. The monthly newsletter, calender, events schedule and class schedule will be available online at [mamas.org](http://mamas.org) under "What's Happening". For those without internet access, call 503-233-4202, extension 305, for a recording of the information.

 Remember, renewal patients must produce current medical records every year to renew. Don't wait until the last minute before your registration expires to get your records in order.

 Now is the time of year for Outdoor Growers to talk to Indoor Growers and make arrangements for clones to be ready to go outdoors in April or May.

