

VOLUME 24, ISSUE 4

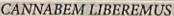






shall by and by want a world more of hemp

r our own consumption." John Adams, 1763





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Cannabis as Determinant in

Custody Cases

by Sara Arnold, aka Sahra Kant, Cannabis and the Family

One of the most common types of with cases heard in family court -- and one nal of the most bitterly fought -- is child This happens every day. custody. Spend a single day in one When one parent (or their attorney) court room at any courthouse in Mas- brings up the other's marijuana use, sachusetts or elsewhere in the coun- the individual judge asssigned to try and you'll hear a whole host of their case has substantial discretion allegations made by parents or their in how to respond. A judge can dislegal rep-resentatives about each regard it as a non-factor; some do.

cannabis for medicior recreational other. These accusations have to do But cannabis use of any kind has continued on page 6

Cannabis is Neuroprotective

by Kathryn Rifkin, Cannabis and Health

When I first ran across the word Yes, we are. 'neuroprotective' describing one of Surgeons have learned that cancannabis' medicinal properties, I was nabis protects the Central Nervous astounded - have we all not been System (CNS), the spinal cord and bombarded with loud news articles brain, not only after, but also before telling us the exact opposite, that we traumatic brain injury. Before inwould be instantly rendered retarded jury, you say? Yes, brain surgeons and insane with our very first toke? can anticipate brain injury from Indeed, here is a very recent shoutie lack of blood flow during open saying this very thing;

article-2377581/Teenagers-smoke- bis starting a week prior. Dr. Rafael cannabis-damage-brains-LIFE-like- Mechoulam and his team published ly-develop-schizophrenia.html So, are we being deceived? Yes.

heart surgery and they advise their http://www.dailymail.co.uk/health/ patients to start consuming cannain PubMed.gov, the website of the

continued on page 9

will hold its 24th Annual Boston \$50,000 every year (according to a Freedom Rally on Boston Common Freedom of Information Act discloon both Saturday, September 14 and sure) using both uniformed and un-Sunday, September 15. Though the dercover police to bust pot smokers Freedom Rally is 24 years old, this at the Freedom Rally. will be the first year when it will be a Now that marijuana possession has two day event.

Though the first three Freedom Ral- Arrests for possession were not the man Bandstand.

the Freedom Rally and for many

BOSTON - MASS CANN/NORML years Boston Police spent over

been decriminalized, since 2008, the A thrilling band line-up combined most the police can do is give you a with fascinating speakers , food, citation (ticket). Back in 1997 over glass and clothing vendors and lots of 150 Freedom Rally demonstrators friendly people to hang with should were arrested for possession. Money attract the large crowds seen at the from the Hemp Table was used to Freedom Rally every year again this pay for bail and cab rides for those who could not do so themselves.

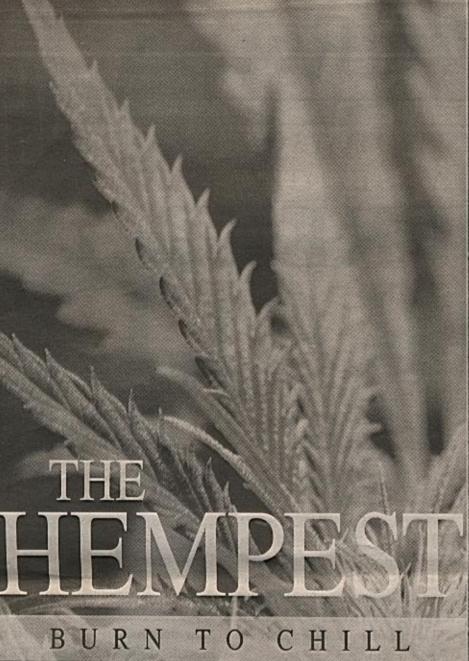
lies were held elsewhere - for 21 years only problem the City of Boston it has been held on Boston Common. brought down on the Freedom Rally. In 2009 the Freedom Rally expanded For many years MASS CANN/ to include a second stage - the Park- NORML fought in court against the city for its denial of permits and the Many rally goers smoke cannabis at City's illegal restrictions added to the continued on page 7

Marijuana Reform: Where Are We?

by Richard Evans, Esquire, Cannabis and the Law

campaign convinced Congress to enact, and FDR to sign, the federal law that morphed into prohibition. That year, 1937, is widely pointed to as the birth of marijuana

It's 2013, seventy-six years since prohibition in the U.S., but in fact 26 Harry Anslinger's reefer madness years earlier, in 1911, the Massachusetts legislature passed, and Governor Eugene Foss signed, the first state law imposing criminal penalties for the possession of cannabis, a significant continued on page 9



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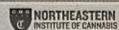


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masscann-activist and masscann-announce.

masscann-activist is for the discussion of issues arising in connection with the struggle to bring common sense to marijuana regulation in Massachusetts. To subscribe go to: http://groups.yahoo.com/group/masscannactivist/

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MASS GRASS

IS PUBLISHED BY THE MASSACHUSETTS CANNABIS REFORM COALITION, STATE AFFILIATE OF THE

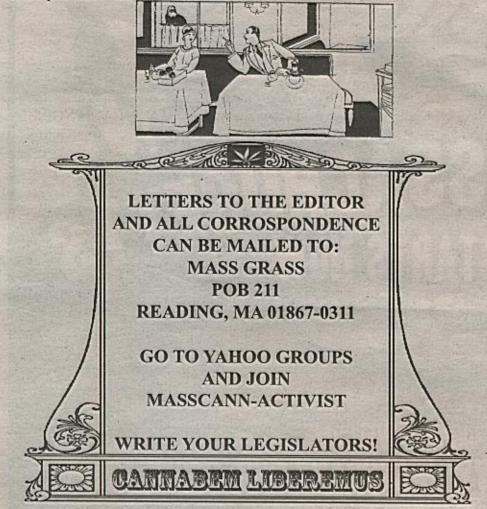
NATIONAL ORGANIZATION FOR THE REFORM OF MARIJUANA LAWS **EDITOR - BILL DOWNING** PRESS SECRETARY - ANDY GAUS

The official newsletter of the Massachusetts Cannabis Reform Coalition, Inc. the state affiliate of NORML (MASS CANN/NORML) is published four times a year. Subscriptions are \$15 and membership is \$25. Additional donations are gratefully accepted.

MASS CANN/NORML is a charitable, non-profit organization formed in 1990 to educate the public about the historic and potential uses of Cannabis. Dues and donations are not tax deductible.

MASS CANN/NORML does not advocate violating current law while seeking legalization of the plant for all its uses. The views expressed herein are not necessarily those of MASS CANN/NORML.

MASS GRASS readers are encouraged to contribute articles, letters, cartoons, drawings and photographs. Submissions for publication should be no more than 1,000 words in length. Submissions will be printed with the names signed unless otherwise requested, and may be edited for space, clarity and libel. Please send all submissions, membership and business correspondence to our address below.



Cannabis as Determinant of Custody

continued from page 1

resulted in forced cessation of parents. This even includes states medicine, random and regular drug where cannabis is now legal. testing, coerced drug rehabilitation programs, limited or discontinued Billy Fisher is a father who recently visitation time for the non-custodial moved from Idaho to Washington parent or only supervised visitation, state with his girlfriend and her the non-using parent granted sole 10-year-old son to fight for cuscustody, and reported to Child Pro- tody of his baby daughter Lilly. tective Services (CPS) by family He is a legal medical marijuana court. Even if a parent's cannabis patient for medically-documented use never comes up in court, raising intractable back pain with bulgthe topic in pre-hearing meetings ing discs in his lower spine and between the parties' lawyers can hips from a fall several years ago. be a successful threat to push a par- His girlfriend is Serra Frank, the ent's capitulation on sole or shared founder of Moms for Marijuana custody, child support, true allega- International as well as co-foundfactors of these cases.

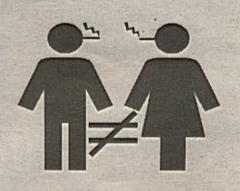
Those are the cases where both can deny custody or require changes to be made prior to placement. Billy willingly agreed to and passed family court.

manent custody of children. This is an issue in states with medical and / or decriminalization laws -- such as Massachusetts, where Chapter 94C clearly states that possession up to an ounce of marijuana on one's person, in one's home or in the body cannot be penalized by any instrument of the Commonwealth, and gives the explicit example of that being applied to foster or adoptive

tions of domestic violence, or other er of Compassionate Idaho, Idaho NORML & the Idaho HOPE Fest.

parents are battling over custody It's understandable that Billy beof their children. Sometimes there lieved CPS and family court was is only one parent, grandparents, there to help and protect his daughor other family members who are ter. He knew his daughter was in fighting to be the custodial parent an unsafe and unstable environor guardian against the state, when ment and his first priority was the children are already languishing Lilly's safety. In desperation, he in foster care. Anyone seeking le- sought help from them in the form gal custody of a minor is assessed of an emergency removal of baby for suitability and appropriate en- Lilly from her mother's home. He vironment by a team from CPS. If thought his daughter would soon the social workers or their supervi- be home with her family. At the sors feel that there are issues which time of writing, Lilly has been in counter a child's best interest, they foster care just shy of four months.

These decisions can be appealed to all CPS assessments. He agreed to accept services like counseling and Unfortunately, as you know from classes, if he must do them to be my previous columns, medicinal or able to be with his daughter. The recreational cannabis use is consid- only thing CPS and family court ered a huge problem by *both* CPS have a problem with is his mediand in family court for biological cal marijuana use, about which he parents. It also applies to guardians, has been upfront and honest, in a foster parents, adoptive parents, and state where it is legal and known anyone seeking temporary or per- that use is not abuse. He's been continued on page 7



Cannabis as Determinant of Custody

continued from page 6

drug tested several times and CPS demanded that he submit to a 30day inpatient substance abuse treatment program to be considered for custody of Lilly. In addition to the unacceptability of this requirement on a medical marijuana patient in a fully legalized state, it would cause the loss of his job, risk his family's housing, and financial catastrophe for his and Serra's family. Billy bravely said no.

The court in Spokane won't allow use of any studies on cannabis because they are "hearsay", even DEA Judge Francis Young's 1988 ruling on lack of toxicity. Only expert testimony given specifically for this case will be accepted. Billy has also been told the judge will make him stop using his medicine regardless of being a patient with a Washington state medical marijuana card. But Washington's medical marijuana statute, part RCW 69.51A.120 does cover this, and clearly requires that "parental rights and residential time not be restricted." Child Protective Services and family court do not seem to care about the law.

For most of his case, Billy had a state-assigned public defender who failed miserably to advocate for his client or even assist his client in navigating the complicated family court system. Due to his girlfriend's activism, he has access to something most parents in his position do not -a cannabis community who helped him get a private, pro bono legal team and advisors. This is another strong step towards final success in the fight for Lilly. It's a key difference between his case and the cases of so many others who don't or can't have any publicity.

a grandmother who legally uses medicinal cannabis for her back pain. After her grandchildren were removed from the home of their mother, this grandmother fulfilled all of the mandatory foster care training and home visits asked of her by CPS. She provided reports from multiple doctors who said she was capable of

taking care of the kids. She had and continues to have visits at her home with the kids every other weekend, but CPS won't place the children in her custody because she uses medical marijuana. Grandma has no legal help in Maine (and no right to a public defender like in Washington state) to handle CPS bureaucracy and contest the denial of custody in family court. The children have been in state custody for almost a year, which means that a permanency hearing may soon occur to adopt out the children without the judge ever hearing about this devoted grandmother and her unyielding attempts at gaining custody of her grandchildren.

juana patient in Cambridge District Court fighting their former spouse for shared custody. They are being forced by the judge to provide drug tests, have their parenting time in a supervised visitation center instead of at home or being able to take their child anywhere of their choosing, and are barely allowed to see their child having had their amount of visitation time reduced after testing positive for marijuana. There is another medical marijuana patient in the same court who has stopped using their medicine as recommended by their doctor to be on equal footing in their custody battle, and who now also has to fight against the returning symptoms of their conditions.

Child custody injustice over cannabis use happens every single day. It has happened to people you know. It could happen to you. Marijuana reform must include family court, including guaranteeing fegal protections by enforcing those that we summarily dismissed. There is a similar case in Maine of have already won as well as future The 1998 rally permit process was The End successes.

THE 24TH ANNUAL BOSTON FREEDOM RALLY

continued from page 1

permit once the court forced the Judge Carol Ball began in July, pur-City to issue them. The City was sued for injunctions, which were ute rush. At the first hearing the City granted. The injunctions were all was ordered to produce a list of regranted allowing the Freedom Rally to take place. During the court would have to meet in order to reproceedings the City of Boston was required to re-issue Freedom Rally permits that did not include "unconstitutional" requirements.

MASS CANN/NORML won an into issue a permit for their 1997 rally. After many years of abuse from Right now there is a medical mari- permitting process; the city's unconstitutional demands for cash and limits imposed on MASS CANN/ MASS CANN/NORML into court. In granting the injunction Judge Belvin Perry described MASS CANN/NORML's attempts to get permits as a, "... tortured history." Also in 1997, in an act of obvious spite, the City sued MASS CANN/ NORML and its president for \$17,000 in damages to the Common and fines. MASS CANN/ amount the city had asked for, almost \$2,000, to clean the Common. The city decided to sue MASS CANN/NORML rather than bother to even ask them for the money. MASS CANN/NORML countersued pointing out that the City's City's continued interference despite the injunction. Both suits were

similarly litigious. Massachusetts

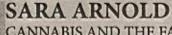
Superior Court hearings before posefully early to forefend a last minquirements MASS CANN/NORML

ceive a permit. At the second hearing the judge told the City their requirements didn't meet constitutional muster, ordered them to issue a permit, but mentioned that restrictions junction forcing the City of Boston that were not unconstitutional were

permissible.

The City issued a permit with many petty parks officials regarding the restrictions MASS CANN/NORML could or would not meet. The judge heard arguments and ordered all the restrictions MASS CANN/NORML NORML to the exclusion of all could or would not acquiesce to be others (such as a limit of 10,000 at- dropped. MASS CANN/NORML tendees and 8 food vendors) forced moved for summary judgment and the 1997 and 1998 suits were consolidated. On March 7, 2002 Justice Allan van Gestel found in MASS CANN/NORML's favor and awarded a judgment of over \$31,000.

In 2008, the city of Boston issued a permit for the nineteenth Freedom Rally that sought to illegally cut-off funding for the event by directing donations from food vendors at the rally NORML had already paid the away from MASS CANN/NORML and to the Boys and Girls Clubs of Boston instead. Again, on September 18, 2008, ACLU pro-bono attorney John Swomley testified in support of an injunction at a hearing before Massachusetts Superior Court Judge Carol Ball (who had granted the suit was prima-facie evidence of the 1997 injunction). The city attorney presented no evidence and no written testimony. Judge Ball was very unhappy with the city's permitting restrictions and while granting the injunction told the city attorney, "You people must be crazy." The End



CANNABIS AND THE FAMILY MASS GRASS COLUMNIST

Sara Arnold aka Sahra Kant is a hard-working drug policy advocate and activist committed to ending the persecution of pregnant women and parents (of both genders) for cannabis use.



A Publication of the Massachusetts Cannabis Reform Coalition, state affiliate of NORML

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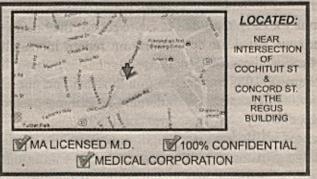
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Congressman Barney Frank speaking at Freedom Rally 2012

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Cannabis Is Neuroprotective

"Endocannabinoids and in young individuals. It triggers the [http://www.ncbi.nlm.nih.gov/pub accumulation of harmful media- med/21418185] Also published in tors, leading to secondary damage, PubMed.gov, in 2003; this article yet protective mechanisms are also mentions other maladies of the set in motion. The endocannabinoid brain where cannabinoids help (eCB) system consists of ligands,

continued from page 1 such as anandamide and 2-arachi-US National Library of Medi- donoyl-glycerol (2-AG), receptors cine National Institutes of Health; (e.g. CB1, CB2), transporters and in 2011, that eCBs (endo-Can- enzymes, which are responsible for naBinoids) also repair neurons the 'on-demand' synthesis and degtraumatic brain injury. radation of these lipid mediators. trau- There is a large body of evidence matic brain injury. Shohami E, showing that eCB are markedly in-Cohen-Yeshurun A, Magid L, Al- creased in response to pathogenic gali M, Mechoulam R., The In- events. This fact, as well as numerstitute for Drug Research, Fac- ous studies on experimental models ulty of Medicine, The Hebrew of brain toxicity, neuroinflammation University of Jerusalem, Israel. and trauma supports the notion that Traumatic brain injury (TBI) rep- the eCB are part of the brain's comresents the leading cause of death pensatory or repair mechanisms."

continued on page 10



Protect Yourself During a Police Encounter

What you say to the police is always important. What you say can be used against you, and it can give the police an excuse to arrest you, especially if you bad-mouth a police officer.

You don't have to answer a police officer's questions, but you must show your driver's license and registration when stopped in a car. In other situations, you can't legally be arrested for refusing to identify yourself to a police officer.

You don't have to consent to any search of yourself, your car or your house. If you DO consent to a search, it can affect your rights later in court. If the police say they have a search warrant, ASK TO SEE IT.

Do not interfere with, or obstruct the police -- you can be arrested for it.

Marijuana Reform: Where Are We?

fact of history that went unnoticed by scholars until revealed several years ago by MassCann member Steve Epstein.

So, where are we, to borrow the words of Martin Luther King, Jr., on that long arc of history that began with prohibition and will end with its repeal? Let's quickly trace its path so far.

The arc originates in racism. Criminalizing marijuana was an effective way to oppress the people who used it, very few of whom, as it happens, were white, until the cultural revolution of the 60s, when President Nixon discovered a very useful weapon against the new counterculture that fiercely opposed his war in Vietnam: arrest them for pot. Nixon gave us the federal Controlled Substances Act, the current federal prohibition law, before he left office in disgrace. Keith Stroup and NORML came along in the early 70s, often recalled as "the golden age of prohibition," and masterfully engineered decriminalization legislation in a dozen states. Although still illegal, pot was starting to seem mostly just naughty, as it swept from anti-establishment and countercultural gatherings to back yards, having been introduced, as it turned out, by returning Viet Nam veterans. Every social gathering had a conspicuous cannabis contingent, and a modicum of caution would protect you from the police. Campuses were permeated with weed in the 70s, which didn't cause a lot of alarm until holidays, when suddenly little brothers and sisters gained a surreptitious introduction to this amazing new stuff. When the middle school kids started sneaking into the trees and retuning with funny grins, a few moms in Atlanta

continued from page 1 went ballistic, and thus emerged the "parents movement." Keep in mind that these moms all came of age before the cultural revolution. They had grown up in the Fifties, before the discovery of sex, drugs and rock and roll, and were aghast to learn what their kids were doing behind the tree. "Parents" quickly became an important political constituency, embraced by Nancy Reagan who needed to deflect adverse publicity she was getting about her monarchical style. To these parents, and millions of others and the mainstream press, protecting children from marijuana meant passing any law, proclaiming any lie, and spending limitless taxpayer dollars to demonize marijuana. The notion that young people could learn to use marijuana responsibly and with moderation, as young people learn with wine in France, was anathema. The parents movement put a stop to legal reforms like decriminalization, and fueled the frenzy of the drug war metastasizing throughout the land as Reagan, then Bush, then Clinton, piled on more and more police, prisons and punishment, castigating substances as proxies for the people who used them, creating the new underclass described so graphically in Michelle Alexander's The New Jim

The arc hiccupped in 1996 when California voters passed Proposition 19, the medical marijuana initiative. Our Question 3 last November became the 18th hiccup. A few weeks ago our neighbor New Hampshire joined the ranks of medical marijuana states, and today (8/1/13), the governor of Illinois signed a medical marijuana bill.

continued on page 10

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Marijuana Reform: Where Are We?

continued from page 9

by Atty. Richard Evans More than hiccups, however, were the victories in Colorado and Washington in 2012 to repeal prohibition altogether and replace it with a system of regulation and taxation, an approach that seems unremarkable to us, but radical to folks who don't think about this issue as much as we do. In another significant but little-noticed development, a few states have legalized the growing of industrial hemp, but of course federal prohibition stands in the way of implementation. There the arc stops, yet to its end, leaving us in an odd interval between prohibition and legalization. In Massachusetts, we await implementation of the new medical marijuana law. After last year's election, the Department of Public Health, having been given the duty of implementing the new law, responded promptly. After conspicuously inviting input from patients, doctors, prospective dispensary operators and others, and studying the rules in other states, they developed and adopted a thorough set of regulations. In recent days, the process of licensing dispensaries and issuing credentials to patients, caregivers and physicians seems to have slowed. We expect an announcement from the DPH any day now concerning the availability of applications and deadlines. note that the tone of courtesy and civility which has characterized the process up to now may be breached by frustrated patients and caregivers, and that is not necessarily a bad thing. The DPH may well need to hear some noise on this issue. The legislature remains silent. In recent months I have chatted with several legislators who have made it clear that they would welcome a legalization initiative in 2016, but would not consider getting out in front. Unfortunately, that's what passes for leadership on Beacon Hill these days.

On the federal level, there are a few members of Congress not afraid of saying in public what many say in private about the inefficacy of prohibition, notably Reps. Jared Polis of Colorado, Earl Blumenauer of Oregon and Steve Cohen of Tennessee, plus a prominent conservative, Rep. Dana Rohrabacher of California, but Congress will do nothing on this issue until voters force them to, and too few feel any, or hear any "noise" on this issue.

The singularly most remarkable feature of the arc today is the extraordinary silence of the Obama administration, especially the U.S. Justice Department, in response to the Colorado and Washington legalization initiatives last November. Will they bust the new pot shops, or the state functionaries who issue the licenses? Whenever Attorney General Holder is asked what his department will do, his answer is a vague brush-off, like "we're working on that." It's clear to me that Obama is simply kicking the can down the road, avoiding doing anything, and leaving the dirty work to his successor.

The arc is nearing its end. If the voters of three or four states, including Massachusetts, enact full legalization laws in 2016, look for Congress to wake up in January of 2017, and, with luck, the new president to sign a repeal measure. Revenue-hungry states will rush to tax and regulate this new industry, and the age of marijuana prohibition, in its demise, will earn a capital P.



RICHARD EVANS, ATTORNEY NORTHAMPTON, MASSACHUSETTS

Cannabis Is Neuroprotective

Cannabis and Health

60610,

dence suggests that patients with

related symptoms. Cannabinoids

can alleviate tremor and spasticity in

animal models of multiple sclerosis,

models of mechanical, thermal and

noxious pain suggest that cannabi-

noids may be effective analgesics.

Indeed, in clinical trials of postop-

erative and cancer pain and pain

associated with spinal cord injury,

cannabinoids have proven more ef-

fective than placebo but may be less

continued from page9 effective than existing therapies."

[http://www.ncbi.nlm.nih.gov/

pubmed/12617697]

"Therapeutic potential of cannabinoids in CNS disease. Croxford Note the usual disclaimer that can-JL., Department of Microbiolo- nabinoids MAY be less effective Northwestern that existing therapies. We will see University Medical School, Chi- other researchers (at the end of this USA article) saying that existing opi-The major psychoactive constituent oid therapies for pain have failed. of Cannabis sativa, delta(9)-tetrahy- One of the really tragic ramificadrocannabinol (delta(9)-THC), and tions of years of prohibition on endogenous cannabinoid ligands, cannabis is the ban on researching such as anandamide, signal through cannabis as a medicine. Instead, G-protein-coupled cannabinoid re- in this scientific vacuum, we have

ceptors localised to regions of the ignorant scare tactics frightening brain associated with important people who could benefit, leaving neurological processes. Signalling them in pain and injury unnecesis mostly inhibitory and suggests a sarily. After years of cannabis pro-

role for cannabinoids as therapeutic hibition and Reefer Madness, the agents in CNS disease where inhi- news that cannabis is actually mebition of neurotransmitter release dicinal, and an amazingly efficawould be beneficial. Anecdotal evi- cious one at that, can be startling

to some and horrifying to others disorders such as multiple sclerosis and they project their worst night-

smoke cannabis to relieve disease- mares onto public perception, medical practice, and law enforcement.

and clinical trials of the use of these compounds for these symptoms are But, a medical researcher, Rafael in progress. The [KR; synthetic] Mechoulam in Israel, was curicannabinoid nabilone is currently lious and scientifically researched censed for use as an antiemetic agent the question, "Why do hippies get in chemotherapy-induced emesis. high?" Dr. Mechoulam followed Evidence suggests that cannabinoids good western practice and first isomay prove useful in Parkinson's lated and synthesized THC, the acdisease by inhibiting the excitotoxtive agent in cannabis, and it is now ic neurotransmitter glutamate and marketed as Marinol, a treatment counteracting oxidative damage to for AIDS and chemo-related vomitdopaminergic neurons. The inhibiing. But, recently, Dr. Mechoulam tory effect of cannabinoids on rewent back to researching how THC active oxygen species, glutamate works and found the Endocanand tumour necrosis factor suggests nabinoid Regulatory System, how that they may be potent neurothe bodies of vertebrates produce protective agents. [KR; my bold] cannabinoids in order to regulate Dexanabinol (HU-211), a synthetic themselves and come back to hocannabinoid, is currently being asmeostasis. Humans produce two sessed in clinical trials for traumatcannabinoids, or 'endogenous canic brain injury and stroke. Animal

nabinoids,' shortened to 'endocan-

nabinoids,' or real short to eCB,

substances our bodies use to main-

tain an optimally healthy state.

But the ignorant scary stories re-

mained here, getting absorbed into

the conventional wisdom of every-

day life, and every aspect of how

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We shall by and by want a world more of hemp for our own consumption." John Adams, 1763

Cannabis Is Neuroprotective

Cannabis and Health

we treat pregnant women, sick chil- Researchers figured this out by dren, and the aging. I was very con- blocking cannabinoid receptors durscious and responsible about health ing these times, and observing the when I got pregnant, to the point of resulting infertility, mental retardagiving up the weed. I was told by tion, and failure-to-thrive; evidence excellent authorities in the health that these three developmental profield that one does not pollute one's cesses failed. Like ushers escortbody if one wants a healthy baby, ing you to your proper seat, canand this warning went out to both nabinoids help the brain develop: parents - marijuana causes mental "During foetal life, the cannabinoid retardation. We have been misin- CB(1) receptor plays a major role in are essential to the body's happy ral progenitor differentiation into and healthy functioning, not least of neurones and glia and guiding axowhich is the development of healthy nal migration and synaptogenesis." neurons. And if your endocannabinoid system is running a quart low, phytocannabinoids are the per- Women have used cannabis for milfect supplement. Humankind has lennia to quell morning sickness, known this since forever, and have to prevent miscarriage, to relax spent generations over the millen- muscles during birth, and to reduce nia selecting for the best strains, post-partum bleeding, but today, macologists." [KR; my bold]

the earliest stages of embryonic development and throughout pre- and postnatal development. In addition, the endocannabinoids, notably 2-arachidonyl glycerol, are also present in maternal milk.

During three stages (embryonic implantation, prenatal brain development and postnatal suckling), the endocannabinoid system appears to play an essential role for development and survival."

formed. It turns out, cannabinoids brain development, regulating neu-

[http://www.ncbi.nlm.nih.gov/ pubmed/18426504]

Yet all this effort can be undone by families can be torn apart if lawignorance. "Many of the modern enforcement hears of women using physicians of the 30s, 40s and 50s this herb, with devastating consedid not believe that plants which quences. Many women still won't grew naturally and were used by tell researchers even years after primitives could be as effective as birth whether they consumed canmanufactured pharmaceuticals nabis or not. So, in 1994, Dr. Melaproduced by chemists and phar- nie Dreher went to Jamaica to study the effect of cannabis on new-born Research done in the Department children, in a community where of Behavioural Sciences, Ariel Uni-ganja is socially acceptable. The versity, Ariel, Israel, in 2008, entit- women used cannabis to varying iled "Multiple roles for the endocan- degrees, but used alcohol and tonabinoid system during the earliest bacco minimally. Dr. Dreher found stages of life: pre- and postnatal de- no difference between the user and velopment" is pretty definite. "The non-user babies - no difference in endocannabinoid system, including birth weight, number of fingers and its receptors (CB(1) and CB(2)), toes, no unnatural cravings, nothing. endogenous ligands ('endocannabi- But a wonderful attribute showed noids'), synthesising and degrad- up at the 30 day check-up - ganja ing enzymes, as well as transporter babies were mellow. "The results of molecules, has been detected from the comparison of neonates of the



heavy-marijuana-using mothers and those of the nonusing mothers were even more striking. The heavily exposed neonates were more socially responsive and were more autonomically stable at 30 days than their matched counterparts. The quality of their alertness was higher; their motor and autonomic systems were more robust; they were less irritable; they were less likely to demonstrate any imbalance of tone; they needed less examiner facilitation to become organized; they had better self-regulation and were judged to be more rewarding for caregivers than the neonates of nonusing mothers at 1 month of age."

[http://druglibrary.org/schaffer/ hemp/medical/can-babies.htm]

Since humankind has been using cannabis since forever, one suspects someone already noticed this, and this knowledge had been passed down from mother to daughter; that cannabis is, not only a community's herb, but also a woman's herb. Autism is something that has shown up, coincidentally I'm sure, since cannabis prohibition and whether this is correlation or causation remains to be proven. However, just [http://www.realfarmacy.com/overas we see cannabinoids helping, the brain develop prenatally, we see phyto-cannabinoids augmenting and helping the brain in autistic children. "Thomas Sudhof, a cellular physiologist at Stanford University, tested mutations associated adhesion protein led to deficits in prolonged endocannabinoid signaling in mice. This suggests that autism could caused by a disruption of the brain's ability to send clear signals." All these articles end with a similar paragraph; "The researchers involved in these studies do not advocate giving medical marijuana to children with autism, but they do concede that these findings may lead to medications and treattreatments that can increase the natural endocannibinoids already

found in the human brain. These treatments may also be useful for many other debilitating illnesses, including anxiety, pain, depression, and obesity." That is to say, they found something that works, a medicinal herb, but they aren't going to recommend it. Instead, they want funding to develop a synthetic and patent it. And charge a bundle.

[http://www.autismdailynewscast. com/studies-finds-link-betweenautism-and-cannabinoids/921/ laurel-joss/]



Also, unfortunately, our pharmaceutical-besotted society considers obesity a malady, and developed a drug that blocked cannabinoid receptors, supposedly to suppress the munchies. Unfortunately, there was so much depression and so many suicides, that the drugs, Rimonabant, and Acomplia from Senofi in France, had to be removed from the market. And, for more pharmaceuticals that should be removed, please check out

the-counter-brain-damage/] There are some studies behind a paywall, but one has been liberated here; [http://www.thctotalhealthcare. com/would-some-cannabinoidsameliorate-symptoms-of-autism/] where animal models have diswith autism in mice. Two mutations played autistic symptoms when associated with autism in a synapse-The late Dr. Bernard Rimland of Autism Research Institute, recommended marijuana as a safer choice to help children than the usually prescribed Risperdal. continued on page 12



Reform Coalition, state affiliate of NORML

"We shall by and by want a world more of hemp for our own consumption." John Adams, 1763

Cannabis is Neuroprotective

Kathryn Rifkin continued from page 11 There are other possible causes for autism; immune dysfunction, and any proof is mired in controversy - vaccines and thimerosal, the mercury-based preservative found in various things, including contact lens wetting solutions and vac cines. Some studies say the MMR antibodies are to blame and other studies blame mercury poisonling, although mercury damage to the brain doesn't resemble autism. Turns out, the mechanism of cleaning up and expelling infections and toxins is the endocannabinoid regulatory system, maintaining homeostasis. Adapting the advice of brain surgeons to anticipate damage and prepare by imbibing cannabinoids beforehand, it may be good practice to load your child up with phytocannabinoids before getting vaccinations.

nabis since antiquity. "Sir William likelihood or severity of a migraine". Osler, M.D., considered the founder of modern medicine, wrote the first textbook of internal medicine in the late 1890s. In his textbook, Osler recommending cannabis to relieve point of view on that sensory input. the symptoms of migraines."

[http://www.davidbearmanmd.com/ docs/abstract2.pdf]

It's the off switch, the enough signal, the permission to rest and recover.

"How does cannabis exert its medicinal effects? The medicinal effects of cannabis are mediated by the endocannabinoid system. An increase in cannabinoids either endogenous or exogenous, increases the amount of the neurotransmitter dopamine in the brain. We know that dopamine acts in a different way to any other neurotransmitter. Instead of stimulating the next neuron on the pathway up the CNS, dopamine actually doubles back on itself and de-polarizes the neuron that just released it by reversing the concentration of sodium and potassium inside and outside the cell. The effect of this is that The blood-brain barrier has stymied it slows down neurotransmission. doctor's efforts in treating mala- So, if a person is having migraines dies of the brain, as medicine in caused by an overload of the electri the blood stream doesn't pass into cal circuits in a certain part of the the brain's blood stream, but to our brain, slowing down the speed of neudelight, THC does pass that barrier. rotransmission leads to fewer neural Migraine has been treated by can-impulses, which in turn decreases the



wrote that cannabis was the most "The same thing is true of people that effective treatment for migraine have panic attacks; if you have negaheadaches. That opinion was held tive thoughts that are moving at warp for many years by numerous promi- speed to the midbrain, you are overnent physicians. As late as 1942, Dr. whelming the emotional control center Morris Fishbein, long-time editor of of the brain, the limbic system. Canthe Journal of the American Medi- nabis slows down the speed of neucal Association, wrote an article rotransmission exposing the cerebral stating that cannabis was the most cortex to fewer slower moving neural effective treatment available for stimuli. This allows the higher centers migraine headaches. And as can- of the brain to have time to more ranabis is reemerging as a therapeutic tionally assess the relative danger or agent, physicians are once again the negativity and put a more rationale

One suggestion is that cannabis and cannabinoids increase the amount of free dopamine in the brain by freeing dopamine from binding to another neurochemical, dopamine transporter. The dopamine transporter and dopamine bond form an electrochemical bond. This ties up the dopamine so the dopamine is not free to act as one of the brain's 'off switches'. We were all taught in medical school that 70% of the brain is there to turn off the other 30% - dopamine is one of the 'off switches' that helps modulate sensory input. Therefore, if there is not enough dopamine present in the brain, certain parts of it become overloaded, and the illness you have depends upon the part or parts of the mid-brain In England, Multiple Sclerosis pa that is being overloaded.

mine for the binding sites on the do- effort was in response to the 1997 pamine transporter, and in sufficient report of the House of Lord's Sci quantity it wins, thus freeing up more dopamine to help slow down and a growing need to address the the speed of neurotransmissions, medical needs of British Multiple This, in my opinion and many oth- Sclerosis (MS) patients who were ers, is responsible for much of the being arrested for possession o therapeutic value of cannabis." marijuana in embarrassing num

[http://www.davidbearmanmd. com/docs/abstract2.pdf]

KKKKKKKKKK

Post Traumatic Stress Disorder is a huge concern among our veterans, especially since suicides outnumber deaths in the battlefield. They are being pumped full of pharmaceuticals for anxiety and depression and report that they cannot function. They also report that cannabis s the only treatment that allows them to carry on. Cannabis helps by allowing the patient to stop remembering stressor events and to rest and recover. Vets are pleading with the Veterans Administration to allow cannabis consumption instead of refusing treatment f cannabis use is discovered. Even though a new ruling allows Vets to use cannabis in states where Medical is now law, many Vets report the hassle just isn't worth it

Cannabis has been successfully used for Epilepsy for millennia first mentioned in the Materia Medca of ancient China and used everywhere since. Just now, research s confirming in scientific studies hat thousands of years of anecdotal evidence is accurate - that CBD can reduce seizures by 99% [http://www.businessweek.com/ articles/2013-07-19/medical-pot-adrug-maker-bets-on-marijuana-totreat-diabetes-epilepsy-and-more] (KR: In the comments is Granny Storm Crow's recipe for homemade whole-plant Satevix)



tients were being arrested in embar-Cannabinoids compete with dopa- rassing numbers; "GW's research ence and Technology Committee bers. The MS patients were us ing marijuana because it was pro viding relief from muscle spasn and pain with few side effects.

> [http://www.davidbearmanmd. com/docs/abstract2.pdf]

> > continued to page 1.



KATHRYN RIFKIN CANNABIS AND HEALTH

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Cannabis Is Neuroprotective

Cannabis and Health

Kathryn Rifkin continued from page 12

Institute, CSIC, Madrid, Spain

unknown."

[http://www.sciencedirect. com/science/article/pii/ S09699961130019391

In research papers for many agerelated maladies, just about all of them advised early intervention to prevent loss of receptors or damage to neurons in order to keep the malady from showing up or becoming worse. These maladies include Huntingtons, where 50% of cannabinoid receptors are lost before symptoms are noticeable. Published in the Journal of Neuroscience in 2012, "Cannabinoid receptor 2 signaling in peripheral immune cells modulates disease onset and severity in mouse models of Huntington's disease. Bouchard J, Truong J, Bouchard K, Dunkelberger D, Desrayaud S. Moussaoui S, Tabrizi SJ, Stella N. Muchowski PJ. Neuroscience Program, University of California San Francisco, California 94158, USA

"Peripheral immune cells and brain microglia exhibit an activated phe-Published in 2013 in Science Direct; notype in premanifest Huntington's Cannabidiol provides 'long-lasting disease (HD) patients that persists protection against the deleterious chronically and correlates with effects of inflammation in a viral clinical measures of neurodegenmodel of multiple sclerosis: A role eration. However, whether activafor A2A receptors.' Open Access tion of the immune system contrib-Article. M. Mecha, A. Feliú, P.M. utes to neurodegeneration in HD, or Iñigo, L. Mestre, F.J. Carrillo-Sali- is a consequence thereof, remains nas, C. Guaza, Department of Func- unclear. Signaling through cannational and Systems Neurobiology, binoid receptor 2 (CB(2)) dampens Neuroimmunology Group, Cajal immune activation. Here, we show that the genetic deletion of CB(2) re-"Inflammation in the central ner- ceptors in a slowly progressing HD vous system (CNS) is a complex mouse model accelerates the onset process that involves a multitude of of motor deficits and increases their molecules and effectors, and it re- severity. Treatment of mice with a quires the transmigration of blood CB(2) receptor agonist extends life leukocytes across the blood-brain span and suppresses motor deficits, barrier (BBB) and the activation of synapse loss, and CNS inflammaresident immune cells. Cannabidiol tion, while a peripherally restricted (CBD), a non-psychotropic canna- CB(2) receptor antagonist blocks binoid constituent of Cannabis sa- these effects. CB(2) receptors regutiva, has potent anti-inflammatory late blood interleukin-6 (IL-6) levand immunosuppressive properties. els, and IL-6 neutralizing antibodies Yet, how this compound modifies partially rescue motor deficits and the deleterious effects of inflamma- weight loss in HD mice. These findtion in TMEV-induced demyelinat- ings support a causal link between ing disease (TMEV-IDD) remains CB(2) receptor signaling in peripheral immune cells and the onset and severity of neurodegeneration in HD, and they provide a novel therapeutic approach to treat HD."

[http://www.ncbi.nlm.nih.gov/ pubmed/23238740 1

as a treatment for AD."

[http://www.sciencedirect.com/science/article/pii/ S104474311300064X]

One lasting benefit of therapy cannabis that the benefits are continuously effective and non-addictive, unlike the only temporary efficacy of opioids.



Here is the science behind that statement; "The increases in cannabinoid receptor expression result in increased potency or efficacy of the exogenously applied cannabinoids, depending on whether the ligand is a full (e.g., WIN 55,212-2)[KR; a synthetic] or a partial agonist (e.g., Δ9-THC)[KR; from the natural whole plant] " (Pertwee 2008).

By the way, 'exongenous' is 'from outside the body' as opposed to 'endogenous' as 'produced by the body'. So, the body makes endocannabinoids, and we raise from seed and grow plants that contain phytocannnabinoids and consume them as supplements to augment our system.

"It is also likely that increased cannabinoid receptor expression contributes to the effectiveness of cannabinoids in providing relief from painful neuropathy symptoms after Alzheimers Disease (AD) is char- repeated administration. By conacterized by plaque clogging up the trast, several studies demonstrated brain, causing inflammation. Can- that morphine has only limited efnabis is shown to carry away the fectiveness in alleviating peripheral plaque (A beta) across the Blood- neuropathy symptoms, possibly Brain Barrier; "The current studies due to the decreased expression of demonstrate, for the first time, a role peripheral opioid receptors (Mao for the cannabinoid system in the et al. 1995; Ossipov et al. 1995; transit of Aß across the BBB. These Rashid et al. 2004).). In addition, findings provide insight into the chronic opioid treatment leads to mechanism by which cannabinoid considerable analgesic tolerance treatment reduces A\beta burden in the and development of hyperalgesic AD brain and offer additional evi- effects, which together with the dence on the utility of this pathway well-known respiratory depressant effects have led to the failure of opioid therapy to successfully treat chronic pain populations (see Horvath et al., this volume).

By contrast, recent clinical studies have reaffirmed that long-term treatment with cannabinoids for symptomatic relief of peripheral neuropathy symptoms does not result in any appreciable decrement in clinical effectiveness after longterm administration" (Nurmikko et al. 2007). [KR; bolding is mine.]

This same evaluation shows that cannabis is better than opioids;

"Furthermore, cannabinoids are effective in alleviating chronic pain symptoms after prolonged repeated treatment, unlike opioids, which have only limited effectiveness.

While the specific alterations appear to depend on the type of injury/pathology, an overall emerging view is that the up-regulation of the endocannabinoid system is the organism's compensatory mechanism designed to alleviate the negative consequences of tissue injury and facilitate repair." (Di Marzo and Petrocellis 2006; Mechoulam and Shohami 2007; Pertwee 2005b).

[http://www.ncbi.nlm.nih.gov/ books/NBK57261/]

In fact, this function of cleaning up and maintaining homeostasis is the long-term strategy for good health. The Olympics banned marijuana as a performance enhancer, in that it helped with muscle relaxation, recovery after strenuous exercise, reduces anxiety, and improves sleep. That just sounds like good health strategy and that cannabis should be considered a health supplement.

FOR FURTHER REFERENCE:

The Royal Society Publishing B put out a special issue of 15 articles, all devoted to eCBs;

http://rstb.royalsocietypublishing. org/content/367/1607.toc

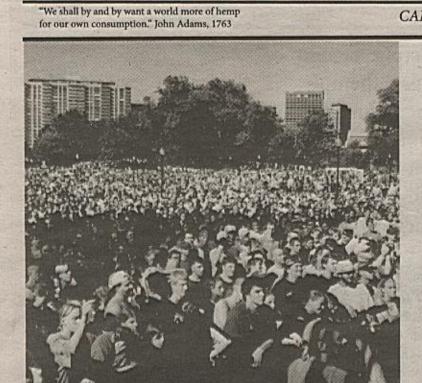
NORML library has a good webpage;

http://norml.org/library/item/introduction-to-the-endocannabinoid-

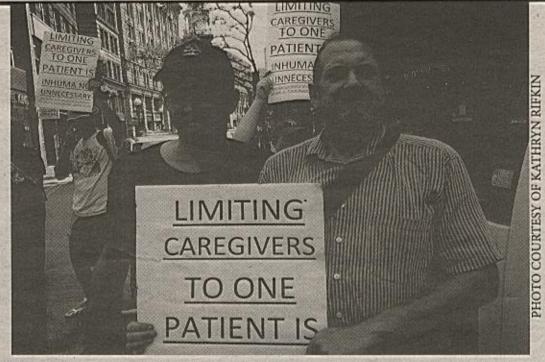
http://norml.org/component/zoo/ category/cannabis-and-the-brain-auser-s-guide

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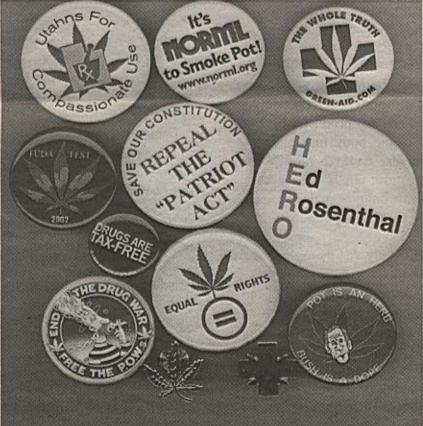
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FREEDOM RALLY 1999 FROM STAGE

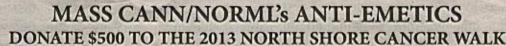


MIKE CANN AND BILL D OUTSIDE DEPARTMENT OF HEALTH HEADQUARTERS PROTESTING AGAINST THEIR LIMITATION OF EACH CARE GIVER TO ONE PATIENT





PHIL D, BILLY BONES, SUE FROM NO. SHORE MEDICAL CENTER, BILL D & HARRISON



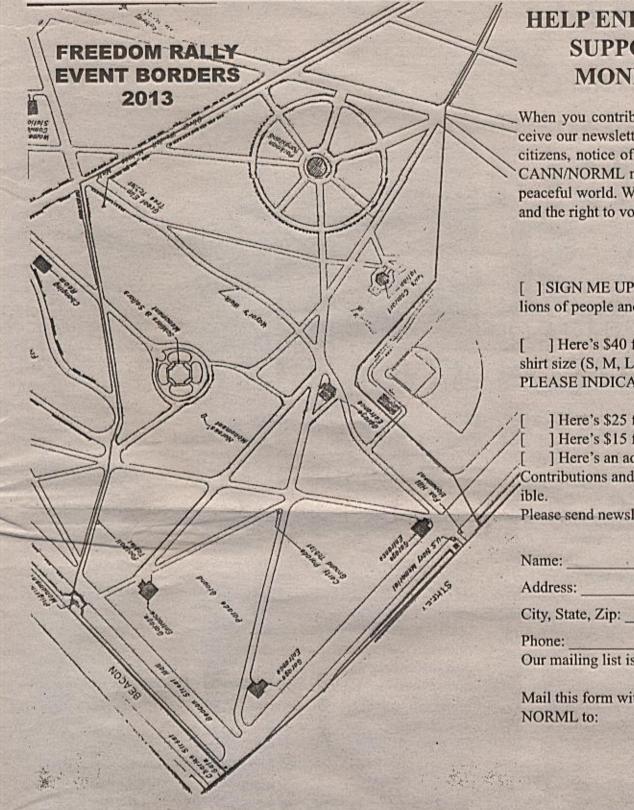




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FREEDOM RALLY, SATURDAY & SUNDAY SEPTEMBER 14 &15

CALENDAR

AUGUST - BAND BATTLE FOR THE RALLY PRELIM #5

AUGUST - STARVING ARTIST MASS CANN/NORML HIP HOP BATTLE

AUGUST 28 - BOARD OF DIRECTORS MEETING, 6:30PM UNOS, 276 WASHINGTON ST., NEWTON, PUBLIC WELCOME

SEPTEMBER 5 - HIP HOP BATTLE FINALS AT THE MIDDLE EAST, CENTRAL SQ., CAMBRIDGE

SEPTEMBER 14 - FREEDOM RALLY #24, BOSTON COMMON, NOON UNTIL 8:00PM

SEPTEMBER 14 - MID-FREEDOM RALLY VIP PARTY

SEPTEMBER 15 - FREEDOM RALLY #24 DAY TWO, BOSTON COMMON, NOON UNTIL 6:00PM

SEPTEMBER 25 - BOARD OF DIRECTORS MEETING, 6:30PM UNOS, 276 WASHINGTON ST., NEWTON, PUBLIC WELCOME