MEETING OF THE MEDICAL CANNABIS COMMISSION

City Hall
2180 Milvia Street
Redwood Room (Sixth Floor)

Thursday, July 21, 2016
2:00 PM

AGENDA

I. Call to Order
- A. Roll Call and Ex Parte Communication Disclosures
- B. Changes to Order of Agenda

II. Public Comment

III. Approval of Minutes
- A. June 2, 2016 Draft Action Minutes (Attachment)

IV. Planning Staff Report

V. Chairperson's Report

VI. Subcommittee Report

VII. Discussion and Action Items
- A. Discuss and give direction on selection process for cultivation businesses. One attachment:
  1. Staff proposal for cultivation selection process
  2. Pappas: Summary of the City of Richmond's cultivation selection process
- B. Discuss delivery services: what uses should be included in a definition of a "delivery-only dispensary" and the process for considering changes to the Municipal Code and Zoning Ordinance. One attachment:
  1. Draft ordinance language from City Attorney.
  2. City/County of San Francisco Department of Public Health information about delivery services
- C. Discuss the need to have an 11th meeting (in November) and possibly vote to request Council grant an additional meeting. Also vote on a change to the possible November date (currently November 3rd).
- D. Discuss and vote on support of Human Welfare and Community Action Commission resolution regarding management of commissions and the removal and appointment of commissioners.
  1. Human Welfare and Community Action Commission memo and resolution
- E. Discuss new Council priority process and impacts to work plan.
- F. Discuss and vote on changing the September 1st meeting date.

VIII. Information Items (*In compliance with the Brown Act, no action may be taken on these items. However, they may be discussed and placed on a subsequent agenda for action.)*
- A. Final Work Plan.
- B. Rice: Notes from Oakland Museum Cannabis Exhibit and possible talking points

IX. Correspondence

None.

X. Adjournment

Berkeley Medical Cannabis Commission website: http://www.cityofberkeley.info/medicalcannabis/)
Medical Cannabis Commission Secretary: Elizabeth Greene, 2120 Milvia Street, 2nd Floor, Berkeley CA 94704.
Phone: 510-981-7484 EGreene@cityofberkeley.info

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. **Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to a City commission, will become part of the public record.** If you do not want your e-mail address or any other contact information to be made public, do not include that information in your communication – you may deliver communications via U.S. Postal Service or in person to the Commission Secretary. Please contact the Commission Secretary for further information.

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at the Planning and Development Department located at 2120 Milvia Street, Berkeley CA. Please contact the Commission Secretary for further information.

This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6342 (V) or 981-6345 (TDD) at least three business days before the meeting date.

Attendees at public meetings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.

MEETING OF THE MEDICAL CANNABIS COMMISSION

City Hall
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Redwood Room (Sixth Floor)

Thursday, June 2, 2016
2:00 PM

DRAFT ACTION MINUTES

I. Call to Order – 2:05

A. Roll Call and Ex Parte Communications Disclosures

Commissioners present: Carlisle, Ferguson-Riffe, Lampach (left at 3:25), Pappas (arrived 2:07), Rice, Tims (left at 4:00).

Absent: Cooper (excused), Jones (not excused).

Staff present: Secretary Elizabeth Greene

B. Changes to Order of Agenda

None.

II. Public Comment

None.

III. Approval of May 5, 2016 Action Minutes

Motion/second to approve the minutes (Ferguson-Riffe/Tims). The motion carried 5-0-0-3. (Ayes: Carlisle, Ferguson-Riffe, Lampach, Rice, Tims. Noes: None. Abstain: None. Absent: Cooper, Jones, Pappas.)

(Pappas arrived at 2:07)

IV. Planning Staff Report

Secretary Greene made the following announcements:

- There is one excused absence (Cooper). There is still one open seat (the Mayor's appointee). People interested in filling this position should fill out a form with the City Clerk, and can also contact the Mayor's office to express interest.
- With the open seat, one excused absence and one unexcused absence, the number of appointed members of the MCC is 7. The quorum for action is 4 votes.
- Two late items:

V. Chairperson's Report

Chair Pappas announced that the Council selected iCANN as the fourth dispensary, and also sent a referral to the Planning Commission to increase the number of dispensaries. He attended another Bureau of Medical Marijuana Regulation (BMMR)-sponsored meeting and suggested that the MCC draft a letter with recommendations for the BMMR at the July meeting.

VI. Subcommittee Reports

Chair Pappas gave the report. The subcommittee discussed the M District and the Planning Commission meeting and developed application criteria. The next meeting will be held on June 13, 2016.

VII. Discussion and Action Items

A. Possible change to July 7th meeting date.

Public Comment: None.

Motion/second to change the date of the July meeting from July 7th to Thursday, July 21st (Pappas/Lampach). The motion carried 4-0-2-2. (Ayes: Ferguson-Riffe, Lampach, Pappas, Rice. Noes: None. Abstain: Carlisle, Tims. Absent: Cooper, Jones.)

B. Discuss action taken at May 18, 2016 Planning Commission (PC) meeting regarding expansion of cultivation beyond the M District.

Public Comment: Three public comments, expressing disappointment with the PC's jokey attitude toward medical cannabis, and its lack of information about the subject. The MCC should work with WEBAIC, since the PC seems to respond to that group. WEBAIC supports small businesses that pay a decent wage – cultivators do that.

Discussion: The three commissioners who were at the Planning Commission meeting agreed that the discussion was disappointing. WEBAIC concerns have to do with increased rents for existing businesses. The MCC needs to demonstrate that cultivation won't adversely impact rents. Commissioner Rice distributed a document (Important Facts IV) that she handed out at the PC meeting.

Brief discussion of memo included with VII.B. The MCC needs information regarding the vacancies in the manufacturing districts. If anyone has a contact for a realtor in that area, please contact Commissioner Rice. Should see if there is a way to protect existing art businesses.

C. Work Program: Discuss and vote on draft work plan.

Public Comment: Two public comments, expressing great interest in cottage cultivation and how this might address home-based cultivation, and an interest in reviving the list of studies that that Wendy Cosin gave to the previous commission, and distribute that information to the Council and PC.

Discussion: The MCC discussed the items on the list.
(Commissioner Lampach left at 3:25, during the discussion.)

Motion/second to have the following four items on the Work Program:

1. Cultivation (including equity access in the discussion)
2. Delivery services (including equity access in the discussion)
3. Cottage Cultivation Industry (including equity access in the discussion)
4. Federal Housing

(Ferguson-Riffe/Rice). The motion carried 4-0-0-4. (Ayes: Carlisle, Ferguson-Riffe, Pappas, Rice. Noes: None. Abstain: None. Absent: Cooper, Jones, Lampach, Tims.)

D. Discuss and possibly vote on selection process for cultivation businesses to forward to Council.

Public Comment: One public comment, giving kudos to the subcommittee for their work and recommending that that a letter be sent to the City Council reminding them that federal money can't be spent on enforcement.

Discussion followed regarding the subcommittee's proposed procedures (attached to agenda). Secretary Greene stated that staff would not support Item 1 – the city does not support particular types of businesses. Staff will not support preliminary building permit review for buildings that do not have the support of the property owner, but will look into the possibility of preliminary building permit reviews for projects that have building owner support. There was some support for allowing the first of the sites (for example, up to 60%) to be occupied without a selection process, and requiring the final sites (for example, up to 40%) to go through a process.

(Commissioner Tims left at 4:00)

E. Discuss delivery services: what uses should be included in a definition of a "delivery-only dispensary" and the process for considering changes to the Municipal Code and Zoning Ordinance.
Public Comment: One comment, stating that this would allow licenses to be issued for both delivery services to locate in Berkeley and to operate in Berkeley.

Discussion: Commissioner Carlisle suggested having requirements for 1) liability insurance and 2) background checks.

F. Vote on MCC representative for June 15, 2016 Planning Commission meeting (increasing dispensaries from 4 to 6).
Public Comment: None.

Motion/second for Chair Pappas to represent the MCC at the 6-18-16 Planning Commission meeting (Rice/Carlisle). The motion carried 5-0-0-3. (Ayes: Carlisle, Ferguson-Riffe, Lampach, Pappas, Rice. Noes: None. Abstain: None. Absent: Cooper, Jones, Tims.)

Motion/second for Commissioner Cooper to represent the MCC at the Council when the cultivation ordinance is placed on the Council agenda (Rice/Ferguson-Riffe). The motion carried 5-0-0-3. (Ayes: Carlisle, Ferguson-Riffe, Lampach, Pappas, Rice. Noes: None. Abstain: None. Absent: Cooper, Jones, Tims.)

X. Adjournment
Motion to adjourn at 4:20.

Two late item were distributed at the meeting:

a. MCC: Letter to Council re. Status of Revisions to the Medical Cannabis Ordinances
b. Commissioner Rice: Medical Cannabis Cultivation, Important Facts – Parts I-IV

Commissioners in attendance: 6
Members of the public in attendance: Approximately 11
Public speakers: 7
Length of meeting: 2 hour, 15 minutes

APPROVED: _____
Elizabeth Greene
Medical Cannabis Commission Secretary

TO: **Medical Cannabis Commission**

FROM: **Elizabeth Greene, Secretary**

SUBJECT: **Staff Recommendation for Cultivation Selection Process**

DATE: **July 21, 2016**

The MCC is developing a new ordinance which would allow cultivation facilities to locate in Berkeley. When a similar ordinance was developed for dispensaries, the Commission developed a selection process to determine how the single dispensary location would be allocated.

The question now is what kind of process should be considered for the cultivation process. Cultivation considerations are different from dispensary considerations in some significant ways:

	Dispensary	Cultivation
Available slots	1	unlimited
Possible businesses	1	Unlimited (area of cultivation is limited to 180,000 sf citywide)
Available locations	Any C district	Manufacturing (M) District only

The cultivation process in theory offers more opportunities for businesses to operate in the City than the dispensary process, because there is no restriction on the number of sites, and the possibility of cultivators sharing sites. Locations, however, could be just as restricted as the dispensary process due to the limitation to a single District (the M District) and the limited opportunities to locate within that district, as determined by MCC research.

The location restriction could change if cultivation opportunities are expanded beyond the M District – the change that could result has not been studied and is therefore uncertain. Additionally, any expansion of the area in which cultivation could occur might not be approved, or might be approved after the cultivation selection process has started. For the purpose of this memo, therefore, staff is assuming that cultivation will only occur in the M District.

Staff has developed a recommended selection process for MCC consideration:

1. Allocate a portion of the 180,000 sf total cultivation area to each of the three different state cultivation categories: Type 1A, Type 1B and Type 1C. Example:
    a. Type 1A (indoor, up to 5,000 sf): 60,000 sf
    b. Type 2A (indoor, between 5001 – 10,000 sf): 60,000 sf
    c. Type 3A (indoor, between 10,001 and 22,000 sf): 60,000 sf

2. Open an application period with a limited time frame. During this time, Business License and Zoning Certificate applications will be submitted for specific types of cultivation and locations.
3. Staff will review the Zoning Certificate applications and approve those which conform to the Zoning Ordinance. Applications will be reviewed in the order received. If the applications received for a specific cultivator size exceed the space allotted for that category, only those received first will be approved.
4. Applicants with approved Zoning Certificates must submit a Building Permit application within __ days of the close of application period.
5. Applicants must commence construction within __ days of submitting a building permit.
6. In cases where an applicant does not meet the deadline for either applying for Building Permit or commencing construction, the square-footage of the site will be added back to the available area for that cultivation category.
7. Staff would re-open an application period every six months for a two year period. After two years, the MCC would evaluate the need for this process.

This process has the following features:

- No application forms would need to be developed for this process.
- Applicants would apply for a business license and zoning certificate like any other business.
- No discretionary review of the applications by the MCC, Zoning Adjustments Board, City Council or any other group is proposed.
- The application period would allow staff to track the applications received and ensure that the 180,000 square foot limit, and the allocation limit for each cultivation category, are not exceeded.
- This period would also allow property owners to interview potential tenants and select the one/s that are most compatible for the site.

Redaction of Richmond Cultivation Licensing Procedures

Permit required; mandatory permit fee; to commence operations; medical marijuana product manufacturer permit **from the Chief of Police**. The **annual permit fee** that has been set by the Master Fee Schedule, and as amended by resolution.
Manufacturing permit fee shall be made in **quarterly installments** and is due and payable no later than 10 days from the due date. In order to maintain a permit issued under this chapter, the manufacturer must timely pay every quarterly payment. Failure to remit the quarterly permit fees shall result in revocation of the permit.
The City shall send written notice to the permittee of the revocation for failure to pay the mandatory permit fees.
No appeal of the revocation for non-payment of permit fees shall be granted until the appellant remits the full amount of the delinquent permit fees, including any late penalties or interest imposed by ordinance or law.

Permit Expiration.
If a medical marijuana product has not opened at the approved location and **begun operations within six (6) months** of being issued/granted a permit under this chapter, the **permit shall be deemed expired and void**.
The City shall provide written notice to the manufacturer that the permit has expired and is void.
A manufacturer may appeal the permit expiration as set forth in the appeal section of this chapter.
Upon a factual showing of good cause by the manufacturer for its failure to commence operations within the required time, the hearing body may grant a one-time only 60-day maximum extension based upon its factual finding of good cause for the extension. That determination shall be final.
"Good cause" includes, but is not limited to, termination of the manufacturer's lease or collective's lease by the property owner; a change in federal, State or local law that now prohibits use of the previously approved location as a medical marijuana medical marijuana product manufacturer; foreclosure or sale of the approved location resulting in the manufacturer's inability to enter into a new lease; damage to or deterioration to the building that prevents the safe use and/or occupation of the structure until all required repairs are made in conformity with a notice and order to repair issued to the property owner by the City's Building Official. However, if the manufacturer was responsible for the condition, including any non-permitted construction or alteration of the structure, or non-permitted electrical, mechanical or plumbing, "good cause" shall not be found.

Delivery of Medical Marijuana Is Not Permitted. Deliveries of medical marijuana and marijuana infused products designed to be consumed or ingested in any manner is prohibited in all zoning districts and anywhere within the City limits.
All other delivery service is banned. This ban includes deliveries by State licensed dispensaries.

The Department of Food and Agriculture shall not issue a State license to cultivate medical marijuana since such cultivation is prohibited under principals of permissive zoning. This subsection reaffirms that the **City's Zoning Code** is adopted and operates under the principals of permissive zoning and cultivation of marijuana is not expressly permitted in any district under the Zoning Code, and is expressly prohibited in this chapter, which regulates zoning for medical marijuana. Therefore the **State is not allowed to issue a license for the cultivation** of medical marijuana.

Location and number.
All **medical marijuana product manufacturers** shall be required to **obtain a conditional use permit** and such permit may require more restrictive requirements than other permitted uses in those zoning districts as required by the Chief of Police. Any such determination that more restrictive requirements are necessary for the medical marijuana product manufacturer shall be final.
All medical marijuana product manufacturers shall be a **minimum of one thousand five hundred feet (1,500') from any public or private high school** and a minimum of **six hundred feet (600') from any, kindergarten, elementary, middle or junior high school**, pursuant to State law.
All medical marijuana product manufacturers shall be a minimum of **five hundred feet (500') from any park**, community center, youth center, public or private child-care center or nursery school, without exception.

Permit application process.
Any medical marijuana medical marijuana product manufacturers desiring a permit required by this chapter shall complete and file an application on a form supplied by the Chief of Police, and shall submit with the completed application payment of a nonrefundable processing and notification fee, as established by the City Council by resolution.
The medical marijuana product manufacturer permit application is established to provide a review process for each medical marijuana product manufacturing

The medical marijuana manufacturer shall **provide the following information**:
The **address of the property** where the proposed medical marijuana manufacturer will operate.
A **site plan** describing the property with fully dimensioned interior and exterior floor plans including electrical, mechanical, plumbing.
Exterior photographs of the entrance(s), exit(s), street frontage(s), parking, front, rear and side(s) of the proposed property.
Photographs depicting the entire interior of the proposed property.
A **security plan**, the number, location and hours of security guards; and a theft prevention plan.
If the property is being rented or leased or is being purchased under contract, a **copy of** such **lease or contract**. If the property is not being rented or leased, written proof that the property owner has been notified that the property will be used for medical marijuana manufacturing.
If the property is being rented or leased, **written proof that the property owner**, and landlord if applicable, were given notice that the **property will be used for medical marijuana manufacturing** said operations. If the manufacturer is to be a subtenant, then "landlord" shall mean the primary tenant.
The **name, address, telephone number, title and function(s) of each management member**.
For each management member, a fully legible copy of one (1) valid government-issued form of **photo identification**, such as a driver's license.
For each management member, a summary criminal history ("**LiveScan**") not more than two weeks prior to the date of application and demonstrating that there are no pending charges nor convictions for crimes of moral turpitude (such as theft, fraud, or assault) within the previous ten years, and that the subject is not currently on parole or probation for the sale or distribution of a controlled substance.
Written confirmation as to whether the medical marijuana manufacturer with one or more management members in common with the applicant, previously operated in this or any other county, city or state under a similar license/permit, and **whether the collective applicant ever had such a license/permit revoked or suspended and the reason(s) therefore**.

Either (a) if the manufacturer is incorporated, a certified copy of the manufacturer's Secretary of **State articles of incorporation**, certificate(s) of amendment, statement(s) of information and a **copy of the collective's bylaws** demonstrating that the manufacturer is organized as a **nonprofit entity**; or (b) if the collective is unincorporated, a copy of the manufactuerer's notarized creating document demonstrating that the manufacturer is organized as a nonprofit entity. A creating document may include articles of association, bylaws, constitution, or other documents that set forth how the manufacturer will operate.
A seller's permit from the California Board of Equalization.
The name and address of the **applicant's current Agent for Service of Process**.
A **copy of the medical marijuana manufacturers' operating conditions**, containing a statement dated and signed by each management member, under penalty of perjury, that they read, understand and shall ensure compliance with all operating conditions.
A **copy of the prohibited activity checklist**, containing a statement dated and signed by each management member, under penalty of perjury, that they read, understand and shall ensure that neither the manufacturer nor its members and management members shall engage in the aforementioned prohibited activity.
A **statement dated and signed by each management member**, under penalty of perjury, that the management member has **personal knowledge of the information contained in the application**, that the **information contained therein is true and correct**, and that the application has been completed under the supervision of the management member(s).
A statement of whether edible medical marijuana will be prepared at the proposed property and, if so, a certificate from the County Department of Health Services demonstrating compliance with the Food Services Facilities Inspection Program.

Filing[—Medical Marijuana Product Manufacturer]. The medical marijuana product manufacturer shall provide the following information:
The **address of the property** where the proposed medical marijuana product manufacturer will operate.
A site plan describing the property with fully **dimensioned interior and exterior floor plans including electrical, mechanical, plumbing installations** and any **further information required by the Police Chief and Planning Director** to approve the plans and for issuance of the required conditional use permit.
A **seller's permit** from the California Board of Equalization.
A **valid City business license**.
The name and address of the **applicant's current Agent for Service of Process**.
If the property is being rented or leased, written **proof that the property owner**, and landlord if applicable, were given notice that the property will be used for medical **marijuana edible product manufacturing**, and that the property owner, and landlord if applicable, agree(s) to said operations. If the manufacturer is to be a subtenant, then "landlord" shall mean the primary tenant.

After the closing of the application period, the **Chief of Police will evaluate all applications for completeness**.
The Chief of Police shall ensure that applications are complete as follows:
Within twenty (20) business days of the close of the application period, except where circumstances beyond the control of the City justifiably delay such response, the Chief of Police shall determine whether the applications are complete. If it is determined an application is incomplete, the applicant shall be notified in writing that the application is not complete and the reasons therefor, including any additional information necessary to render the application complete.

The applicant shall have thirty (30) calendar days from the date of a notice of incomplete application to complete the application.
Failure to do so within the thirty (30) day period shall render the application null and void. The determination that an application is null and void is not an appealable decision.
Within ten (10) business days following the receipt of an amended application or supplemental information, except where circumstances beyond the control of the City justifiably delay such response, the Chief of Police shall again determine whether the application is complete and shall inform the applicant whether additional materials are required to complete the application.
Evaluation and notification shall occur as provided above **up to three times until such time as the application is found to be complete or in the alternative null and void**. If, after three opportunities to complete an application, the applicant fails to provide all necessary information, the application shall be null and void.
The determination that an application is null and void is not an appealable decision. All notices required by this chapter shall be deemed issued upon the date they are either deposited in the United States Postal Service mail or the date upon which personal service of such notice is provided.
The Chief of Police or City Council shall issue a written report of the decision on manufacturer permit applications not later than fifteen (15) business days after the hearing or series of hearings. The report shall be in writing and shall include findings of fact, a summary of the relevant evidence, a statement of the issues, and a decision regarding whether each applicant is eligible to receive a permit. The report will also include any conditions to be imposed on a permit in addition to the conditions and the facts supporting imposition of those conditions.
The Planning and Building Services Director shall provide a supplemental written report regarding the conditions imposed by the conditional use permit for manufacturer permit applications. A copy of the reports shall be mailed or delivered to every applicant, and to any person who has requested notice of the decision and has paid the required fees for copying and mailing.

Permit approval and operating conditions.
Any **permit issued, or modified to allow relocation**, pursuant to this chapter shall include, and each permittee shall continually comply with, all of the following conditions of operation, provided that additional conditions may be imposed as necessary to preserve the public health, safety, and welfare:
The property satisfies all **locational and zoning criteria**.
Exterior building and parking area lighting at the property are in compliance with all applicable provisions of this Code, as determined by the Planning Division.
Windows and roof hatches at the property shall be **secured** so as to prevent unauthorized entry; equipped with latches that may be released quickly from the inside to allow exit in the event of emergency; and comply with all applicable Building and Fire Code provisions.
The property provides a **sufficient odor absorbing ventilation and exhaust system** so that odor generated inside the property is **not detected outside the property**, anywhere on adjacent property or public rights-of-way, or within any other unit located within the same building as the medical marijuana collective.
The property is monitored at all times by **closed-circuit television for security purposes**.
The camera and recording system must be of adequate quality, color rendition and resolution to allow the ready identification of an individual on or adjacent to the property. The recordings shall be maintained at the property for a period of not less than thirty (30) days.
The property has a **centrally-monitored fire and burglar alarm system**.
A **sign** is posted in a conspicuous location inside the property advising:
The **diversion of marijuana for non-medical purposes is a violation of State law**.
The use of marijuana may **impair a person's ability to drive** a motor vehicle, operate machinery.

Loitering at the location of a medical marijuana manufacturer for an illegal purpose **is prohibited** by California Penal Code Section 647(h).
This medical marijuana manufacturer is permitted in accordance with the laws of the City of Berkeley and the State of California, including the MMRSA.
Each manufacturer shall ensure that the products are manufactured, packaged and labeled in compliance with all applicable State and local laws. No collective shall manufacture or process edible medical marijuana products; manufacturer has a valid medical marijuana product manufacture's permit issued pursuant to this chapter. **The medical marijuana manufacturer meets all applicable State and local laws to ensure that the operations of the manufacturer are consistent with the protection of the health, safety and welfare of the community, qualified patients and their primary caregivers, and will not adversely affect surrounding uses**.
No manufacturer shall operate for profit. Cash and in-kind contributions, reimbursements, and reasonable compensation provided by management members and members towards the collective's actual expenses of the growth, cultivation, and provision of medical marijuana shall be allowed provided that they are in strict compliance with State law. All such cash and in-kind amounts and items shall be fully documented.
The site of cultivation for all in-kind contributions shall be noted and addresses shall be made available to Fire and Building Inspectors upon request.
Prior to hiring any prospective employee or management member, the Berkeley Police Department shall prepare a summary criminal history ("**LiveScan**") demonstrating that there are no pending charges nor convictions for crimes of moral turpitude (such as theft, fraud, or assault) within the previous ten years, and that the subject is not currently on parole or probation for the sale or distribution of a controlled substance.

All marijuana businesses shall maintain all State licenses required under the MMRSA.
Any new marijuana business issued a permit must, within 10 days of obtaining a medical marijuana permit, apply for the State license and must notify the Police Department of the date of the license application.
All marijuana businesses must notify the Police Department when the State license is approved and issued. Upon verbal or written notification that the State has denied a license application, the marijuana business must notify the Police Department of that determination within 3 business days of the date of rejection.
All currently permitted marijuana businesses must immediately apply for the State licenses within 10 days of the MMRSA's effective date.
Any medical marijuana dispensary, manufacturer or any other permitted medical marijuana operation or permitted marijuana business that fails to obtain or qualify for the required State license, or is refused such license, shall immediately cease all operations in the City.
The MMRSA establishes a dual licensing structure requiring both a State license and a local permit; therefore any marijuana business that does not meet both State licensing and local permit requirements is not permitted to operate within the City limits.

Permit non-transferable.
A medical marijuana product manufacturer permit issued pursuant to this chapter shall **become null and void upon the cessation of the manufacturer**, or upon a major management change to such an extent that the original applicant is no longer a management member, or fifty (50) percent or more of the board of directors has been replaced, and/or the unauthorized relocation of the manufacturer to a different property. The following shall be deemed an unauthorized change in location if undertaken without approval of a permit modification:

Any relocation or expansion that includes a separate piece of property or parcel of land from the initially permitted property or property that requires a separate lease, or separate utilities from the initially permitted property.
Any expansion of the initially permitted property which represents a greater than fifty percent (50%) increase in the square footage of occupancy.
The lawful conduct of activity regulated by this chapter by a permittee shall be limited to marijuana product manufacturer permit and in the application materials.
The holder of a medical marijuana medical marijuana product manufacturer permit, or any marijuana business permit shall not allow others to use or rent the permitted property, and the holder of the permit shall not allow the holder of the permit to be replaced by anyone who was not named as a management member in the original permit application.

Modification of Permit
A medical marijuana medical marijuana product manufacturer may request a modification of permit condition(s) by submitting a written request to the Chief of Police stating the condition(s) to be modified and the reason(s) for the request.
A request must be accompanied by the fee for an appeal as set forth in the City Council resolution establishing fees for medical marijuana collective and medical marijuana product manufacturer permits.
The request should be accompanied by all supporting documents.
Upon receipt of a request to modify permit condition(s) and payment of the required fee, the Chief of Police, or his or her designee, shall schedule a public hearing before the City Council at a regular meeting within forty-five (45) days after receipt of the request and payment of the required fee.
Notice of the hearing shall be published and mailed.
Prior to approval of a permit modification seeking to relocate the manufacturer from the initially permitted property to a new property, the proposed new property shall be inspected and the property shall meet all requirements set forth in this chapter. **A temporary conditional permit modification approval may be granted in the sole discretion of the hearing body except that such conditional approval shall not exceed thirty (30) days and the temporary conditional approval shall become null and void if the proposed property does not fully comply with all requirements of this chapter within the 30-day period**.
If the proposed property complies with all requirements of this chapter prior to the end of the 30-day period, and upon written confirmation of compliance by the Chief of Police to the hearing body and the applicant, the temporary conditional approval shall terminate and the permit modification shall be deemed granted as of the date of the Chief's written confirmation of compliance.
Upon commencement of manufacturing operations at the new approved location, or ninety (90) days after a permit modification for relocation has been granted, whichever occurs first, the manufacturer's initially permitted property shall no longer be permitted or authorized for use by the manufacturer.
It shall be unlawful for any manufacturing to continue to operate, including cultivation, at the initially permitted property after the ninety (90) day period from the date the permit modification for relocation was granted.
A decision of the City Council regarding permit modifications, including but not limited to a decision to grant or deny a request to relocate, shall be final.

Proposed changes to the Berkeley Municipal Code related to Delivery-Only Dispensaries

July 21, 2016

12.23.020 Definitions

H. 1. "Dispensary" means both Retail Dispensaries and Delivery-Only Dispensaries.

2. -"~~Medical cannabis dispensary" or~~ "Retail Dispensary" shall mean an organization that is authorized under Chapter 12.27 and Title 23 to dispense ~~m~~Medical ~~c~~Cannabis at a lawfully established non-residential location. A Dispensary may also provide other incidental services to its ~~m~~Members to the extent permitted by state law, such as cultivating~~e~~, acquiring~~e~~, baking~~e~~, storing~~e~~, processing, testing, ~~and~~ transporting and delivering ~~m~~Medical ~~c~~Cannabis. In dispensing Medical Cannabis to its Members~~qualified patients or their primary caregivers~~, a Dispensary may be reimbursed for the cost of its services and materials. A Dispensary may be organized as any statutory business entity permitted under California law, provided it operates in a Not-For-Profit manner as defined in Chapter 12.27.

3. "Delivery-Only Dispensary" is a Dispensary that is limited to acquiring Medical Cannabis and delivering it to its Members, and does not have a location to which Members may come to acquire Medical Cannabis or any other good or service.

12.27.115 Delivery-Only Dispensaries – Delivery requirements

A. In addition to the three existing Retail Dispensaries permitted as of January 1, 2012, under Berkeley Municipal Code section 12.26.130 and any Retail Dispensaries selected under Section 12.27.100, up to 10 Delivery-Only Dispensaries shall be permitted, on a first-come-first-served basis.

B. Delivery-Only Dispensaries shall comply with the requirements of Chapter 12.23 and this Chapter that are applicable to Dispensaries except those that are determined by the City Manager to be inapplicable to Delivery-Only Dispensaries because of the nature of their operation as distinct from Retail Dispensaries.

C. Delivery-Only Dispensaries may only be located in the _____ Zoning Districts.

D. All Dispensaries that provide delivery services to their members shall comply with the following requirements, as well as all applicable requirements of state law. In the event of a conflict, state law shall prevail.

1. All vehicles used for delivery shall be maintained and operated in a manner and in a condition required by law and applicable regulations.

2. The following persons may not be involved in making deliveries:

a. any person who is required to register as a sex offender under Section 290 of the California Penal Code;

b. any person who has been under suspension, revocation or probation by the Department of Motor Vehicles for a cause involving the safe operation of a motor vehicle, or has been convicted of any of the following offenses: driving while under the influence, or reckless driving involving bodily injury, or who does not possess a valid driver's license;

c. any person who has been convicted of any offense punishable as a felony, or has been convicted within a five (5) year period immediately preceding the crime of theft in either degree;

d. any person who has been convicted of any offense involving moral turpitude;

e. any person who has been involved within the two years immediately preceding the application in any motor vehicle accident causing death or personal injury;

f. any person who has been in three or more motor vehicle accidents within the previous 12 months.

3. Persons involved in making deliveries must have in their possession a copy of the document memorializing the City's approval of the delivery service.

4. Delivery vehicles may not advertise any activity related to Cannabis or advertise the name of the Dispensary.

5. Delivery of the Medical Cannabis shall be directly to the residence or business address of the member. Deliveries to any other location are prohibited.

6. Deliveries of marijuana may occur only between the hours of 8:00 a.m. and 11:00 p.m.

7. All orders to be delivered shall be packaged by the names of the member.

8. Al Dispensaries that provide delivery service shall maintain at all times Commercial General Liability providing coverage at least as broad as ISO CGL Form 00 01 on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury with limits of not less than One Million Dollars ($1,000,000) per occurrence and Comprehensive Automobile Liability (owned, non-owned, hired) providing coverage at least as broad as ISO Form CA 00 01 on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury, with limits of not less than One Million Dollars ($1,000,000). The Commercial General Liability policy shall provide contractual liability, shall include a severability of interest or equivalent wording, shall specify that insurance coverage afforded to the City shall be primary, and shall name the City, its officials and employees as additional insured. Failure to maintain insurance as required herein at all times shall be grounds for immediate suspension of the privilege of providing delivery service.

Environmental Health

HELPFUL LINKS

MCD Application Packet
SFDPH Fees
2015 Annual Report
MCD Home

San Francisco Health Code:

Article 33 Medical Cannabis
DPH Hearings
SFDPH MCD Rules (pdf)
SFDPH Edible MCD Rules(pdf)

California State Websites

CDPH Medical Marijuana ID Program
CA Dept of Food and Agriculture Medical Cannabis Cultivation Program
CA Department of Consumer Affairs Marijuana FAQ
Attorney General Guidelines for Medical Cannabis (pdf 2008)

Program Contact

Doug Obana, REHS
Douglas.Obana@sfdph.org
415-252-3993

Medical Cannabis Dispensary Program

San Francisco Health Code Article 33
Guide to the Code and Rules & Regulations

The following pages describe elements of SFHC Article 33 Code, Rules & Regulations and Standard Operating Procedures:

<Application> **<Permit Decision>** **<General Operation>** **<Edibles>** **<Delivery>**

In the event of any discrepancy or conflict between what is described on this page, language in the **Code** and/or adopted **MCD Rules** and **Rules for Edibles**) take precedent.

Delivery

San Francisco has not adopted rules regulating medical cannabis **delivery**. The following guidance is consistent with existing state and local codes.

Medical Cannabis delivered by motor vehicle to any member of the collective should adhere to the following operational guidelines:

• Each Delivery Person must be a member of the MCD.
• Deliveries may only be made to collective members who have joined the MCD in person at least three days prior to the delivery date. Collective member information must be validated by the MCD and entered in their system prior to being eligible for product, including delivery.
• The Delivery Person must verify collective member identification prior to completing delivery.
• Delivery may only be made to the collective member's residence or place of work (no street corners, parks, parking lots, etc.)
• Each individual Delivery Person may possess no more than 8 Ounces of dried mature flowers, or its equivalent.
• A maximum of one ounce of Medical Cannabis (dried flowers) or equivalent can be delivered to any one qualified patient.
• All technology platforms for delivery must be owned by the MCD or be independently licensed under CA State Business & Professions code, division 8, chapter 3.5.

• Delivery Persons must maintain a physical copy of the delivery request and present to a requesting licensing authority or law enforcement agency.
• Delivery Persons must maintain a copy of the permit to operate from the MCD they are a member of and delivering for.
• All Medical Cannabis products dispensed by delivery must be recorded in the same manner as product dispensed in-person on-site.

Making a Complaint

If you would like to make a complaint regarding MCD permits, you may call **311**.

- Service 24x7

San Francisco Department of Public Health Environmental Health Branch

Human Welfare and Community Action Commission

ACTION CALENDAR
April 26, 2016

To: Honorable Mayor and Members of the City Council

From: Human Welfare and Community Action Commission

Submitted by: Praveen Sood, Chairperson, Human Welfare and Community Action Commission

Subject: Commission Process Improvement

RECOMMENDATION

Adopt a Resolution requesting that the City Manager examine the addition of language to the Berkeley municipal code that clarifies aspects of the management of City of Berkeley commissions and the removal and appointment of commissioners.

FISCAL IMPACTS OF RECOMMENDATION

There are minimal costs associated with the actions recommended beyond amending the policy as appears in city publications.

CURRENT SITUATION AND ITS EFFECTS

The city of Berkeley has a unique system of commissions that acts on a consultative basis with city council on a variety of topics. Like most organizations, commissions need to constantly look at ways to improve their process. The current code regarding the operations of the city commissions is unclear in several areas and this resolution attempts to find solutions to these needs. On February 17, 2016 at its regular meeting, the HWCAC approved a motion (M/S/C: Sood/McMullan. Ayes – Sood, McMullan, DaSilva, Olivieri, Trigueros, Cross; Noes – Dunner, Bookstein; Abstain – None; Absent – Browne, Omodele, Fishman) recommending to City Council to amend Berkeley Municipal Code.

BACKGROUND

On 9/16/2015 the HWCAC held a public meeting with a resolution on Divestment from Israel as one of the agenda items. Just before the start of that meeting, Cheryl Davila, the commissioner who had brought the resolution forward was informed that she was being removed by her appointing councilperson, Darryl Moore. According to Ms. Davila, Councilperson Moore had a conversation with her a day before the meeting and had warned her to pull the resolution or face the consequences. This dismissal just before the meeting effectively removed Ms. Davila from the debate that night and from any potential vote on the resolution.

In addition to the dismissal, several members of the council appointed new commissioners to the HWCAC just before a vote on the resolution. One of these last minute appointments was for only one meeting, which happened to be the one on 10/21/2015 where the divestment resolution was being voted on. Two other last minute appointments, including one by Darryl Moore, provided votes against the resolution, consistent with what their council appointer had wanted. Other appoints didn't even show up for the meetings, and were eventually removed. Whether these appointments were made to purposely manipulate the vote is a separate discussion, but they gave that impression to many commissioners and members of the public. We firmly believe that whatever your feelings are in regards to a topic, in this case Divestment from Israel, the rights of commissioners and the public to engage in open debate and to a fair vote on the topic should not be compromised. These actions by city council highlight how the current code is vague on dealing with some aspects of commissioner dismissals and appointments and how that lack of clarity may be used to exert influence on commissioners and manipulate open debate. This resolution recommends several changes to the code regarding commissions in an effort to clarify these points and protect the role of the commissioner and improve the performance of these valuable groups.

ENVIRONMENTAL SUSTAINABILITY
There are no identifiable environmental effects or opportunities associated the action suggested in this report.

RATIONALE FOR RECOMMENDATION
As a member of the commission system the Human Welfare and Community Action Commission has a vested interest in the improved operations of the commission system. In addition, we believe that clarifying certain parts of the process will help the commission system to better serve the community by providing the opportunity for people to tackle difficult subjects.

ALTERNATIVE ACTIONS CONSIDERED
None

CITY MANAGER
The City Manager takes no position on the content and recommendations of the Commission's Report.

CONTACT PERSON
Wingyin Wong, Commission Secretary, HHCS, (510)981-5428

Attachments:
1: Resolution

RESOLUTION NO. ##,###N.S.

COMMISSION IMPROVEMENT PROCESS

WHEREAS, the Human Welfare and Community Action Commission has a vested interest in the approved function of the commissions; and

WHEREAS, there is potential for the commission appointment process to be used in ways that it may not have been intended; and

WHEREAS, the set of rules regarding the removal of commissioners by their appointing city councilmember is not clearly defined; and

WHEREAS, we believe the system could be improved with closer contact between commissioners and their appointing city councilpersons.

NOW THEREFORE, BE IT RESOLVED by the City Council of the city of Berkeley that the city manager examine the feasibility of making changes to the existing city code to improve the operations of the commission process.

BE IT FURTHER RESOLVED that BMC 3.78.030 Vacancy and Removal Section A Sentence 2 be amended with the following or similar language. "Vacancies on the board shall result when a member notifies the City Clerk of his/her resignation, or when an elected member moves and establishes residence outside of his/her election district, <u>or when a commissioners appointment is revoked by the appointing city council member in writing with a minimum of 30 days' notice.</u>" This will ensure that any terminations of appointment are done with advanced notice and will ensure against the conflicts of interest that may arise from last minute removals of commissioners.

BE IT FURTHER RESOLVED that BMC 3.78.030 Vacancy and Removal Section B Sentence 1 be amended with the following or similar language: "finish the unexpired term of the appointment. <u>This vacancy appointment may not vote on commission items until the 2nd meeting following their appointment</u>." This will ensure against the conflicts of interest that may arise from that last minute appointments made to affect the outcomes of votes.

BE IT FURTHER RESOLVED that BMC 3.78.040 Temporary Vacancies Sentence 3 shall be amended with the following language: "remaining representatives of the poor, <u>as long as that appointment is approved by a minimum of 3 representatives of the poor, if three representatives of the poor are not available then the temporary appointment may be voted on by a quorum of commissioners and may be approved by a majority of the quorum.</u>" This change ensures that any temporary vacancies on the Human Welfare and community Action Commission are approved by a minimum number of members of the commission, currently there is no defined number of voting members required.

BE IT FURTHER RESOLVED that BMC 3.78.050 officers, meeting, and procedures be amended with the following or similar language: "<u>E. City Council members will meet with</u>

the commissioner appointees in person, or via a phone call or online meeting every 6 months starting on the day of their appointment". This will help ensure better communication between council members and their appointees.

BE IT FURTHER RESOLVED by the City Council of the City of Berkeley that the City Manager and City Attorney examine and changes necessary to apply the appropriate changes to the code in regards to all of the City's commissions.

TO: **Medical Cannabis Commission**

FROM: **Elizabeth Greene, Secretary**

SUBJECT: **Final 2016-2017 Work Program**

DATE: **July 21, 2016**

In accordance with Chapter V.A of the City of Berkeley Commissioners' Manual, the Commission voted 4-0-0-4 at the June 2, 2016 meeting to adopt the following work plan:

1. **Cultivation regulations**
   a. Develop a selection process, as needed, for cultivation businesses
   b. Advocate for passage of BMC Chapter 12.25 and related changes to the medical cannabis ordinances in the BMC
   c. Advocate for expanding the areas where cultivation is permitted
   d. Consider equity access in any selection process

   Products:
   - Draft a selection process for Council consideration (if deemed necessary)
   - Develop information for Planning Commission and Council as necessary.

   Timing: Short term (selection process and BMC Chapter 12.25, July 2016 – October 2016) and On-going (expansion beyond the M District, June 2016 – June 2017)

2. **Delivery services**
   a. Research how delivery services are regulated in other cities
   b. Discuss options with City Attorney
   c. Develop ordinance to forward to Council
   d. Consider equity access in any selection process

   Product:
   - Draft recommendations to staff for incorporation into an ordinance (12.27)
   - Forward proposed ordinance to Council for consideration

   Timing: Moderate (July 2016 – January 2017)

3. **Cottage cultivation industry**
   a. Research how the State will regulate these businesses
   b. Discuss options with City Attorney and staff
   c. If necessary, draft ordinance to forward to Council
   d. Consider equity access in any selection process

   Product:
   - Draft recommendations to staff for incorporation into an ordinance (12.25)
   - Forward ordinance to Council for consideration

   Timing: Long range (October 2016 – April 2017)

4. **Consider ways to support patients in Federal housing**
    a. Research how whether other states have raised this issue with the Federal government
    b. Determine the best way to communicate about this issue with the federal government

Product:

- Letter to federal representative?

Timing: Long range (May 2017 – July 2017)

Oakland Museum (OMCA) Cannabis Exhibit
Karen's Notes from Visit on June 6, 2016

1. RAND's Co-director Beau Kilmer, Drug Policy Research Center, will be at the OMCA on September 9, 2016 from 5:30 – 8 PM. I plan to be there to query him on
   - RAND's Working Paper "Estimated Cost of Production for Legalized Cannabis," Jonathan P. Caulkins, July 2010. I have used this study for the estimate of 1 job per every 1500 SqF of cultivation.
   - The RAND study on safety in neighborhoods that RAND recanted for further analysis and then decided to completely drop.
   - Other topics?

2. President Jimmy Carter gave a speech in 1977 advocating legalization of cannabis

Quotes Are From Information on Exhibit Walls That We Might Use In Presentations

3. "Legalizing Marijuana is Complicated: Voting Yes or No on marijuana legalization is only the beginning. If marijuana becomes legal, Californians will have to make hundreds of complicated decision about how to regulate, tax, and sell it."
   - This quote compliments the statement from the Blue Ribbon Panel on Marijuana Policy, released 7/22/15: "Legalization of marijuana would not be an event that happens in one election." One Planning Commissioner said he did not understand this statement; maybe this OMCA quote will help him.

4. "A University of Colorado study found that 46% of the land in poor and ethically diverse Denver neighborhoods is zoned for marijuana dispensaries, compared to 29% in wealthier areas."

5. "So far, legalization hasn't affected the number of teenagers who try marijuana in Colorado or Washington."

6. "A 2015 study by the Pew Research Center found that 69% of Americans think marijuana is safer than alcohol."

7. "Can Marijuana Help Control Nausea? Of 35 studies, 29 indicate marijuana is effective for treating nausea."

8. "Can Cannabis Treat Pain? Of 16 studies, 15 indicate marijuana is effective for treating pain, particularly nerve pain."

9. "Treatments That Don't Get You Stoned: As more people use medical marijuana, the industry has developed new products that don't make the user feel high. Some popular new items include topical lotions for arthritis and suppositories for patients who are unable to eat. There are also new non-psychoactive products, which some families use to treat their children's epilepsy."

10. "After medical marijuana was legalized, satellite images showed an increase in the destruction of habitat of native plans and animals."
    - Possibly an argument for indoor and greenhouse growing in Berkeley

11. "After 40 years of impoverished black kids getting prison time for selling weed, white men are planning to get rich doing precisely the same thing?" Michele Alexander, Associate Professor of Law

12. " We need to lift the prohibition on marijuana . . . We can use our resources so much better." Joycelyn Elders, U.S. Surgeon General

Wednesday
July 20, 2016

Dear Gene,

Thanks for calling me back yesterday. This morning I will drop off some information about medical cannabis treatments and applications in the last year and a half. At our last medical cannabis commission cultivation subcommittee meeting, several attendees of your last Planning Commission meeting, which I could not attend, expressed the sentiment that perhaps the Planning Commission should be more informed regarding the medical uses of cannabis.

Yes, I realize nothing about medical cannabis is on your agenda tonight. However, my commission and several cultivators who have attended our cultivation subcommittee meetings believe as much support as possible will be needed to prod the Mayor and BCC to enact voter mandated legislation, which they composed 6 years ago. I'm sure I don't need to explain to you consternation and frustration dealing with our elected officials.

Indeed, the Mayor and Council have delayed last year and this year their approval of the cultivation ordinance formulated by medical cannabis commission in 2013, and approval can not happen now until September. Last night, the same group of delayers would not review 2 additional dispensary applications, postponing until September 20.

Gene, of course I know medical cannabis isn't much of a blip on your radar. I became involved in the local politics of medical cannabis just after 1 Whittaker (only the 3rd ugliest house in Berkeley you told me then). For over 15 years, our elected officials have maintained a status quo that has not served serious medical cannabis patients and Berkeley citizens. Hopefully, a few general public commentators from the medical cannabis community tonight may express their opinions regarding local cultivation for the sake of further Planning Commission support in the future.

I have also included some local cultivation information. I appreciate and admire your efforts for Berkeley, and thank you for your time and attention.

Best regards, Charley Pappas

Advantages of Local-Grown Medical Cannabis

Locally grown medical cannabis, voter mandated Measure T, mayor and BCC initiated 2010, many advantages to local patients, dispensary operators, and Berkeley citizens and community.

-significantly reducing distance, actual cultivation of medical cannabis and its distribution to qualified patients, quality medicine produced, improve, & likelihood of contaminants, decrease.
-Greener & more environmentally friendly techniques & practices, encouraged, implemented.
-Local gardens, observed/monitored more easily throughout growing cycle.
-more City oversight needed/required, local cultivation sites, accessed & assessed more efficiently/faster. without a great distance, cultivation & patients' access to medicine, communication regarding strains, effectiveness, & experience, facilitated.
-Feedback & "comparing notes", patients, dispensary operators, & cultivators, benefit production methods & results.
-price of patients' medicine. Reduced, lower transportation costs.
-security of local market, convenient for local cultivators/benefit patients.
-Further price reduction in medicine, adoption of a Best Practices regime, testing of contaminants, currently add significantly, price of medicine.
-establishment local cultivation industry, besides cheaper/better medicine to patients, will develop local economy, significant number green jobs with sustainability to Berkeley, increasing tax revenues, citizen/community improvement. “A dollar spent at a locally owned store is usually spent 6-15 times before it leaves the community. From $1, you create $5 - $14 in value within that community.”
-working through difficulties involved beginning medical cannabis cultivation permitting, worth the effort, ultimately, rewarding/successful for Berkeley community, citizens, local patients, caretakers, cultivators, providers.

Cultivation Ordinance arguments
1. Better quality medicine for patients
2. Lower medicine costs- transportation, etc
3. More access, choices for patients & local dispensaries
4. 120+ Full Time Jobs & $1,000,000 in Annual City Sales Tax Generated by Medical Cannabis Cultivators
a. IF 180,000 square feet is cultivated (arithmetic previously submitted)
b. Farmers of cannabis probable need- additional location options beyond M District,
c. Elimination 6-location limit - licensing small cannabis cultivators/farmers, possibility to cultivate all allowable 180,000 square feet. (Many Berkeley warehouses 3,000 - 5,000 sq. ft.)
d. Job estimate based on RAND Working Paper “Estimated Cost of Production for Legalized Cannabis”, Caulkins, 7/2010; corroborated as a conservative number by respected members of the cannabis community.
5. Supporting local smaller cultivators -quality medicine, versus allowing established industries (alcohol, tobacco and pharmaceutical companies) to take over 180,000 sq. feet in Berkeley.
6. Over 2 years ago, Berkeley medical cannabis cultivation subcommittee estimated $1 million tax revenue for the city, why continue delays? South Berkeley nonprofits struggle for funding!!!
7. Taxes stay in Berkeley if local cultivator sells to buyer outside Berkeley
8. State - long time, sort out cannabis policies - November 2016 election. 2015 Blue Ribbon Panel, Marijuana Policy - follow-up decisions might need, back to voters, subsequent elections. Examples, -21 years, 1996 CA legalized medical cannabis, state developed regulations effective 2018. -10 years after Berkeley voters passed 2010 Measure T, first visible action to voters recent 2016 BCC awarding fourth dispensary. How much longer for cultivation ordinance!?!
9. Time essential. Cultivators need local license before applying, state license. BMMRS accepting state licenses, January 2018.

Berkeley Medical Cannabis Commission Chairman's Updates
Health & Medical Updates - January 2015 - July 2016

Health and Medical Updates: National

Seniors with Medical Marijuana Access Use Fewer Prescription Drugs By Ronnie Cohen 7/7/16 "(Reuters Health) - Physicians wrote significantly fewer prescriptions for painkillers & other meds for elderly & disabled patients who had legal access to medical marijuana, a new study finds." http://www.scientificamerican.com/article/seniors-with-medical-marijuana-access-use-fewer-prescription-drugs/

After Medical Marijuana Legalized, Medicare Prescriptions Drop For Many Drugs : Shots - Health News : NPR by Shefali Luthra, KHN 7/6/16 "Research published Wednesday found that states that legalized medical marijuana — which is sometimes recommended for symptoms like chronic pain, anxiety or depression — saw declines in the number of Medicare prescriptions for drugs used to treat those conditions and a dip in spending by Medicare Part D, which covers the cost on prescription medications." http://www.npr.org/sections/health-shots/2016/07/06/484977159/after-medical-marijuana-legalized-medicare-prescriptions-drop-for-many-drugs

Marijuana Compound Removes Alzheimer's Plaque From Brain Cells, Lab Study Finds | Popular Science By Meaghan Lee Callaghan 6/29/16 "Promising find from Alzheimer's researchers In a new study out from the Salk Institute, researchers found that THC helped relieve the plaque buildup and inflammation on the lab-grown neurons." http://www.popsci.com/marijuana-compound-removes-alzheimers-plaque-from-brain-cells-study

Marijuana compound smokes the seeds of Alzheimer's disease by Nick Lavars, Salk Inst. 6/29/16 "And now researchers at the Salk Institute have uncovered new evidence supporting another candidate, tetrahydrocannabinol (THC), the psychoactive ingredient in marijuana. Working with modified nerve cells engineered to produce high levels of amyloid beta, the researchers found that the presence of these proteins caused nerve cell inflammation and higher rates of neuron death... The research was published in the journal *Aging and Mechanisms of Disease.* " http://www.gizmag.com/marijuana-compound-alzheimers/44109/

Marijuana Delivers Another Big Win in Epilepsy by Todd Campbell, Fox Business 6/27/16 "Building on its success in treating a rare form of epilepsy known as Dravet syndrome earlier this year, marijuana has now shown that it can be used to reduce seizures in patients suffering from Lennox-Gastaut syndrome, or LGS, too. Cannabis drug researcher **GW Pharmaceuticals** reported results from a phase 3 study today demonstrating that using its marijuana drug Epidiolex can lower the rate of seizure in LGS patients by 44%." http://www.foxbusiness.com/markets/2016/06/27/marijuana-delivers-another-big-win-in-epilepsy.html

How one injured veteran traded opiate painkillers for medical marijuana by Allison Manning Boston Globe Media Partners 6/15/16 "One snowy day this past winter, Stephen Mandile did what lots of other homeowners did and snow-blowed his driveway. Unlike most people, he was thrilled. Ten years after Mandile was injured in Iraq and three months after stopping his opiate painkiller regimen for chronic spine pain and nerve damage, the father of two from Uxbridge felt like himself again. Clearing his driveway himself was just the latest milestone in his journey. He says he has medical marijuana to thank for it. Mandile, 37, was among the first in line when the state's first dispensary opened up last June, buying cannabis to replace a regimen of powerful painkillers. Over the past 10 years he was on various opiates — morphine and percocet, then fentanyl and oxycodone — plus a host of other medications to help him sleep and combat the side effects." https://www.boston.com/news/local-news/2016/06/15/one-injured-veteran-traded-opiate-painkillers-medical-marijuana

25 states now call marijuana "medicine." Why doesn't the DEA? - The Washington Post by Christopher Ingraham 6/9/16 "John Kasich signed Ohio's medical marijuana bill, 25th state (26 counting Washington, D.C.) some form of medical marijuana use. Ohio's measure more restrictive medical marijuana bills many other states. ...Not allow patients to smoke marijuana -- must ingest orally edible products, or vaporizer. Doesn't allow patients grow marijuana, only handful of conditions, epilepsy, chronic pain & cancer, for a medical marijuana recommendation. These changes putting pressure on federal government update decades-old marijuana policy experts agree out of step with current scientific understanding risks & benefits. Drug Enforcement Administration, since 1970s, classified marijuana most highly restrictive category: Schedule 1, 'no currently accepted medical use in United States, lack of accepted safety for use under medical supervision, high potential for abuse.' Marijuana shares this with heroin. Drug science come long way since 1970s. Researchers know marijuana one of least-addictive mind-altering drugs. Chronic uses poses few serious risks to physical health. Federal classification purposes, marijuana great promise... medical use. for chronic pain. routinely prescribed powerful painkillers cause tens of thousands overdose deaths each year, broader use medical marijuana literally save lives. neither research, nor widespread public acceptance, prompted drug authorities to relax federal restrictions. biggest marijuana-related change at DEA in past year was acknowledgement by administration's chief heroin is more dangerous than marijuana. DEA Administrator still believes that medical marijuana is 'joke.'" https://www.washingtonpost.com/news/wonk/wp/2016/06/09/25-states-now-call-marijuana-medicine-why-doesnt-the-dea/

Thomas Jefferson University Announces Center for Medical Cannabis Education & Research - Thomas Jefferson University 05/27/16 "PHILADELPHIA – The Institute of Emerging Health Professions at Thomas Jefferson University announces the creation of the Center for Medical Cannabis Education & Research (CMCER), which will provide expert-developed, unbiased information and guidance to clinicians and patients about the medical uses of marijuana and cannabinoid focused-therapies." http://www.jefferson.edu/university/news/2016/05/31/thomas-jefferson-university-announces-center-for-medical-cannabi.html

Cannabis Kills Cancer Cells without Harming Healthy Ones – ScienceNewsHub Miriam Taylor 5/23/16 "GERMANY – All known chemotherapeutic agents damage rapidly growing tissue, so that it comes to the known side effects such as hair loss, nausea, damage to the blood forming, etc. The cannabinoids Tetrahydrocannabinol (THC) and cannabidiol (CBD), the main ingredients of the cannabis plant, spare healthy cells and act specifically against cancer cells. Although there is evidence of a cancer inhibition by cannabis was already known since the 90s – cannabis smokers had significantly less lung cancer than would have been expected of the pollutants in the flue – the potential to combat cancer was discovered only in recent years. Now there is intensive research worldwide on cannabis and cancer treatment." http://www.newslodi.com/health/232266-cannabis-kills-cancer-cells-without-harming-healthy-ones

Cannabis Helps My Epileptic Son. If Only We Had Known Sooner Catherine Jacobson Neuroscientist, director of clinical research at Tilray 5/19/2016 "In 2012, when other parents were trading stories about the difficulties of balancing homework with football training or swimming lessons, I was in my garage painstakingly measuring amounts of a schedule one narcotic to extract medication for my son. Tinkering with lab equipment and solvents usually only found in chemistry labs, I was trying to purify compounds from cannabis -- not to get high, but to save my son's life. My son Ben has suffered thousands of seizures in his six-year life. Treatment-resistant epilepsy in children is a cruel disease that can lead to significant cognitive, motor, and behavioural delays and, not surprisingly, death. After exhausting approved treatment options, including a dozen different anti-seizure drugs, surgical implantation of a nerve stimulator, injections of high doses of steroids and even brain surgery

removing half of his parietal lobe, he is finally experiencing some relief thanks to a drug regimen that includes a component in cannabis, cannabidiol (CBD)." http://www.huffingtonpost.com.au/catherine-jacobson/cannabis-helps-my-epileptic-son-if-only-we-had-known-sooner/

NFL tackle donates $80K to Penn for marijuana research – Philly News By Sam Wood, Staff Writer 5/15/16 "The only NFL player to openly advocate for medical marijuana has donated $80,000 to fund cannabis research on football players at the University of Pennsylvania and Johns Hopkins University. Eugene Monroe, an offensive tackle for the Baltimore Ravens, previously urged the NFL to remove marijuana from its banned-substances list so players can use it to treat chronic pain. 'As a player, I'm not allowed to use cannabis, but I've been prescribed opioids for various injuries," Monroe said Thursday evening. "The opioids work, but they're very dangerous and highly addictive.' Monroe, a New Jersey native, said he has watched as teammates and friends battled with addiction to opioid painkillers. At Penn, three research projects are investigating the therapeutic use of cannabinoids, chemical compounds derived from hemp and marijuana. Two are examining cannabis as a treatment for post-traumatic stress disorder in veterans. The third is testing cannabis oil to reduce seizures in children with hard-to-control types of epilepsy." http://articles.philly.com/2016-05-15/news/73086325_1_eugene-monroe-marijuana-research-opioids

Could marijuana help treat painkiller and heroin addiction? - CBS News 4/26/16 "The growing number of patients who claim marijuana has helped them drop their painkiller habit has intrigued lawmakers and emboldened advocates. Many are pushing for cannabis as a treatment for the abuse of opioids and illegal narcotics such as heroin, and as an alternative to painkillers." http://www.cbsnews.com/news/could-marijuana-help-treat-painkiller-and-heroin-addiction/

Overdoses Fell with Medical Marijuana Legalization – NYTimes.com Colleen Barry 4/26/16 "While opioid pain relievers offer critical benefits to certain patients, such as those with cancer-related pain, the rise of opioid prescriptions has had devastating public health consequences. The C.D.C. recently urged physicians to be very cautious in prescribing these drugs. Meanwhile, access to medical marijuana has expanded rapidly — 24 states and D.C. have legalized its broad medical use — and chronic or severe pain is the most common condition reported among those using it. On it's face, this might seem to mirror the rise in prescription opioid use.But using state-level death certificate data from 1999 to 2010,my colleagues and I found that the annual rate of opioid overdose deaths decreased substantially — by 25 percent on average — following the passage of medical marijuana laws, compared to states that still had bans. Could medical marijuana be a safer alternative to opioids for chronic pain management? If so, it would potentially reduce harms from opioid medicines." http://www.nytimes.com/roomfordebate/2016/04/26/is-marijuana-a-gateway-drug/overdoses-fell-with-medical-marijuana-legalization

Jake Plummer pushes NFL to research possible marijuana benefits By Alex Marvez FOX Sports 3/16/16 "Was ex-NFL quarterback Jake Plummer high when admitting he briefly considered making a comeback trying to replace Peyton Manning? Not quite. Yes, marijuana influenced Plummer's flight of fancy but not in the conscious-bending way linked to popular use. Plummer is a user of cannabidiol (CBD), which is the non-psychoactive component of the hemp plant that proponents believe can help address a wide range of physical and psychological ailments. Plummer said he feels so good after taking prescribed CBD oil for a year that he toyed with the idea of returning to the Denver Broncos almost a decade after his own retirement." http://www.foxsports.com/nfl/story/jake-plummer-denver-broncos-marijuana-cbd-oil-benefits-cte-concussions-031616

This Stanley Cup Champion Is Battling Alcoholism With Medical Marijuana by James McClure, Civilized. 3/9/16 "Former NHL enforcer Darren McCarty faced a lot of tough fights during his career - including the infamous 'Bloody Wednesday' brawl between his Detroit Red Wings and the Colorado Avalanche. But the hardest fight of all has been his battle with alcoholism, which he says he's winning with an assist from medical marijuana. 'I haven't had a drink in over four months and it's because I properly got medicated,' McCarty told FOX 2 Detroit on March 3. The four-time Stanley Cup champion says that he tried a number of remedies, but marijuana was by far the most effective for him. "Through my journey, a lot of stuff that I've taken from that I apply to my life today. Everybody's different - you gotta find out what your program is... My program involves medical marijuana because that's what keeps me off alcohol." https://www.civilized.life/nhl-medical-marijuana-alcoholism-1652044214.html

NIH convenes Marijuana and Cannabinoids: A Neuroscience Research Summit | National Institute on Drug Abuse (NIDA) 3/2/16 "NIH to host *Marijuana and Cannabinoids: A Neuroscience Research Summit*, focusing on the neurological and psychiatric effects of marijuana, other cannabinoids, and the endocannabinoid system. Both the adverse and the potential therapeutic effects of the cannabinoid system will be discussed." https://www.drugabuse.gov/news-events/news-releases/2016/03/nih-convenes-marijuana-cannabinoids-neuroscience-research-summit

Former surgeon general calls for marijuana acceptance | The Sacramento Bee Peter Hecht 2/12/16 "On Saturday morning, [former surgeon general] Elders formally opened the weekend marijuana policy conference with a fiery condemnation of America's drug enforcement policies. The marijuana legalization advocate called for an end to federal policy that classifies marijuana as a Schedule I drug with no accepted medical use – listed as worse than methamphetamine or cocaine. She called for increased federally sanctioned medical marijuana research and decriminalization of marijuana for both medical and recreational use – as part of shifting resources from law enforcement to public health. 'We know that prohibition laws did nothing but waste money, waste lives and destroy opportunities,' said Elders, who decried racially disproportionate arrests and criminal sentences for marijuana and other narcotics. 'It is not working. And marijuana has been the engine driving the drug war.'" http://www.sacbee.com/news/state/california/california-weed/article60273726.html

Hospital makes history: Cannabis oil helps baby's seizures | BabyCenter Blog Michelle Stein 2/14/16 "Two-month-old Amylea Nunez made history at a Colorado hospital last week when she became the first patient there to receive cannabis oil as part of her treatment. (Yes, cannabis — as in marijuana, pot or hemp.) You see, little Amylea has spent the majority of her life inside a neonatal intensive care unit (NICU.) This is because of seizures that began a day after she was brought home from her December delivery in New Mexico. While doctors at Children's Hospital in Aurora have been attempting to treat her rare form of epilepsy, the medications are causing damage to her liver. Amylea's mother, Nicole, researched alternative treatments and found Charlotte's Web — a cannabis oil known to treat epilepsy in toddlers and children. Although the THC level is under 1 percent (so kids don't get high,) the move is definitely controversial. 'I sat for a good three weeks fighting with the doctors and trying to talk them into giving me the OK,' Nicole told KRQE News 13. 'I've been working with the case study team and the neurology team here at Children's and I'm hopeful this will work.' On Friday, the hospital finally gave the green light for the family (but not hospital personnel) to administer the oil. Nurses have noted a difference in Amylea's level of alertness after the first two doses, and she is now part of a case study that includes using the cannabis oil."
http://blogs.babycenter.com/mom_stories/hospital-makes-history-cannabis-oil-helps-babys-seizures/

Terminal cancer patient claims illegal cannabis use has 'prolonged' his life - BBC News By Elaine McGee BBC Radio Foyle 2/11/16 "A man with a terminal brain tumour has said he believes cannabis oil has helped prolong his life and even though it is illegal, he will keep using it. Kieran McCrory's medical prognosis of having three to five years to live remains, but he said doctors have told him his tumour has stopped growing. It is illegal in the UK to use cannabis for medicinal purposes. The government calls it 'harmful', while Cancer Research UK said there is no evidence it can safely treat cancer." http://www.bbc.com/news/uk-northern-irezand-foyle-west-35545292

"Cannabis has given my son a gift" by Erin Miller Feb 28, Des Moines Register - Cannabis has given my son the gift of finally being able to be a little boy at 3 ½, after a lifetime of suffering. It has given my son and my family our lives back. It is time for our legislators to stand up and do the right thing. Yet, the legislators who need to hear this are the ones refusing to come off of the House floor to speak with or respond to emails. It is incredibly frustrating that those who are supposed to speak for us don't even listen or respond to those they are elected to represent. Iowans need to take note of who is telling their fellow sick and suffering neighbors "no" and vote accordingly this election season. **Erin Miller** of Dallas Center is an Iowa native and a mother of a medical cannabis user. She blogs about her family at http://www.ourabrammayhem.weebly.com
http://www.desmoinesregister.com/story/opinion/columnists/iowa-view/2016/02/28/cannabis-has-given-my-son-gift/80935638/

"Study: Long-Term Cannabis Use Associated With Improved Pain Relief, Reduced Opioid Use" by Paul Armentano, NORML Deputy Director, February 22 The long-term, daily use of cannabis is associated with improved analgesia & reduced opioid use in patients with treatment-resistant chronic pain conditions, according to clinical trial data reported in *The Clinical Journal of Pain.* Investigators with Hebrew University in Israel evaluated use of cannabis on pain in a cohort of 176 patients, each of whom had been previously unresponsive to all conventional pain medications. Subjects inhaled THC-dominant cannabis daily (up to 20 grams per month) for a period of at least six months. A majority of participants (66 percent) experienced improvement in their pain symptom scores after cannabis therapy, & most reported "robust" improvements in their quality of life.
http://blog.norml.org/2016/02/22/study-long-term-cannabis-use-associated-with-improved-pain-relief-reduced-opioid-use/#sthash.UckW9dI4.ss3VWFOQ.dpuf

"Hospital makes history: Cannabis oil helps baby's seizures" by Michelle Stein Feb 14 - Two-month-old Amylea Nunez made history at a Colorado hospital last week when she became the first patient there to receive cannabis oil as part of her treatment... little Amylea spent the majority of her life inside a neonatal intensive care unit (NICU.) ... because of seizures that began a day after she was brought home from her December delivery in New Mexico. While doctors at Children's Hospital in Aurora have been attempting to treat her rare form of epilepsy, the medications are causing damage to her liver. Amylea's mother, Nicole, researched alternative treatments & found Charlotte's Web — a cannabis oil known to treat epilepsy in toddlers & children... THC level is under 1 % (kids don't get high,) the move is definitely controversial. *"I sat for 3 weeks fighting with the doctors & trying to talk them into giving me the OK,"* Nicole told KRQE News 13. *"I've been working with the case study team & the neurology team here at Children's & I'm hopeful this will work."* On Friday, the hospital finally gave the green light for the family (but not hospital personnel) to administer the oil. Nurses have noted a difference in Amylea's level of alertness after the first two doses, and she is now part of a case study that includes using the cannabis oil. I can't imagine what it must be like to watch your child have multiple seizures on a daily basis & to be powerless to stop them. Cannabis oil might not be most parents' first treatment option, but what happens when other medications are failing? It's an impossible situation to be in. When I hear about epileptic children whose lives are drastically improved by cannabis — like Charlotte Figi, whom "Charlotte's Web" was named after — it makes me wonder how many parents wouldn't try it as a last resort. http://blogs.babycenter.com/mom_stories/hospital-makes-history-cannabis-oil-helps-babys-seizures/

"Medical Marijuana Can Help Fight Degenerative Brain Diseases Caused by Football Injury" By Czarina Malleta, Latinos Health Feb 9 - **A former NFL player revealed that if cannabis was approved for medical use among athletes, it can help indealing with CTE, chronic traumatic encephalopathy.** NBC San Diego reported currently, there is no treatment for CTE because disease diagnosed postmortem via brain scans... to a former NFL player, who was sure he had the condition, there's a solution to the problem but it is prohibited in the NFL. *"If cannabis is implemented and (the NFL) can lead the science on this, they can resolve this brain injury situation in a big way,"* Kyle Turley said... A research found that marijuana can heal head trauma. He also revealed marijuana present in NFL from coaches to players but few have bravely spoken about using it. ABC News reported about study conducted by Hebrew University, Israel... research showed cannabinoid, similar to the active ingredient of marijuana, protects mice from brain injury. Dr Esther Shohami, lead author of study said although research was done using animals, she didn't see any problem using the drug to treat patients. http://www.latinoshealth.com/articles/18542/20160209/medical-marijuana-fight-degenerative-brain-disease-football-injury.htm

NFL News On Marijuana Ban: Former Players Want Medical Marijuana Off The List by Gurmeet Singh Pandher 1/4/16 Former NFL players want medical marijuana taken off list of prohibited substances so players are able to access the most effective treatment for football related injuries. Jackson who spent 6 seasons playing tight end for the Denver Broncos feels medical marijuana was most effective for him after tinkering with various cocktails of painkillers throughout his playing days. "I feel I can speak about this because I've tried everything. I've shot up HGH [human growth hormone], done the injections, tried pills, tried marijuana. I'm not this big marijuana guy, it just helped my body the most." Nate Jackson & Kyle Turley are among group of former players lobbying NFL to change policy & allow players access to medical marijuana instead of prescription painkillers routinely abused by football players. Football players use cocktail of pain pills & anti-inflammatory injections such as Hydrocodone, Vicodin, Percocet, Toradol, Celebrex, & Vioxx to get back from injury. According to the Guardian report, 2011 study by researchers at Washington University, St Louis found former NFL players 4 X more likely to abuse prescription painkillers than general population. Study mentioned more than 7 in 10 players who used pain medications during their playing dates went on to abuse them. Former offensive tackle Kyle Turley believes number is actually closer to 90%. Meantime, Kyle Turley who had been subjected to different prescriptions to deal with injuries, insomnia, mood disorders & suicidal thoughts described his experience as "horrific" after suffering number of side effects. But Turley said after moving to California last year & becoming a medical marijuana patient changed his life & he weaned off his other medications. http://bit.ly/1VP6dtz
ps... for more NFL news, On HBO- "Real Sports With Bryant Gumbel", season 22, episode 1, segment on NFL players' head trauma & Dr. Raphael Mechoulan, Hebrew University, Jerusalem; he "discovered" THC in 1964!

Twins study finds no evidence that marijuana lowers IQ in teens By Emily Underwood Jan. 18, 2016 Most studies that linked marijuana to cognitive deficits, such as memory loss & low IQ, looked at a single "snapshot" in time, says statistician Nicholas Jackson of University of Southern California, Los Angeles, lead author of the new work. That makes it impossible to tell which came first: drug use or poor cognitive performance. "It's a classic chicken-egg scenario," he says. One "powerful" way to address such concerns is to study identical twins, who share genes & upbringing, Jackson says. In the new study, he & his colleagues looked at 789 pairs of adolescent twins from 2 ongoing studies—1 from the Los Angeles, California, area & the other from Minnesota—who enrolled between ages 9 & 11. Over the course of 10 years, the team administered 5 intelligence tests & confidential surveys about marijuana use. They asked about other drug use - opioid painkillers, cocaine, & binge drinking. Marijuana users lost about 4 IQ points over course of study. But their abstinent twin siblings showed a similar pattern of decline, suggesting loss of mental sharpness was due to something other than pot, Jackson says. "Our findings lead us to believe that this 'something else' is related to something about the shared environment of twins, which would include home, school, and peers," he

says. In the new study, teens who reported daily marijuana use for 6 months or longer did not show any difference in how much their IQ changed, compared with teens who had tried pot fewer than 30 times. This is a "clear indication cannabis is unlikely to be the cause of any IQ decline," says Claire Mokryz, a Ph.D. student in Curran's lab. http://www.sciencemag.org/news/2016/01/twins-study-finds-no-evidence-marijuana-lowers-iq-teens

Ex-Bear Jim McMahon: Medical marijuana got me off narcotic pain pills by Rober McCoppin 1/29/16 Chicago Tribune - Former Super Bowl champion and Chicago Bears quarterback Jim McMahon says an unfairly demonized drug helped him recover from the pain of his football career: medical marijuana. http://www.chicagotribune.com/news/local/breaking/ct-chicago-bears-jim-mcmahon-medical-marijuana-met-20160128-story.html

Medical Marijuana May Be A Cure For Migraines, And Many Other Conditions By Lecia Bushak 1/15/16 For the first time, researchers have completed a study that proves medical marijuana can treat migraines. A study like this has never been done before due to federal regulations preventing scientists in the U.S. from obtaining cannabis for research. Throughout the years, migraine and headache sufferers have turned to smoking pot to alleviate their pain, but this is the first time scientific evidence exists to back up their claims. Researchers at the University of Colorado Anschutz Medical Campus gathered 121 participants who were diagnosed with migraines. They treated them with medical marijuana between January 2010 and September 2014, and found that their migraines were reduced from over 10 a month to less than five per month. The majority of participants — 103 of them — reported a decrease in migraines overall. And only three saw an increase in migraines over the course of the trial. http://www.medicaldaily.com/medical-marijuana-may-be-cure-migraines-and-many-other-conditions-369666

Texas epilepsy patients set to get medical cannabis oil by Phil Prazen 12/18/15 AUSTIN (KXAN) In a big decision this year, lawmakers allowed patients with uncontrollable epilepsy to have access to a special oil made from marijuana plants. Thursday, the rules surrounding that decision were approved. http://kxan.com/2015/12/17/texas-epilepsy-patients-set-to-get-medical-cannabis-oil/

Eight Senators Demand Government Speed Up Marijuana Research by Don Fitch 12/28/15 Oregon's two senators, joined by six democratic colleagues, are demanding anew medical marijuana research answers, solutions, and actions from obstructive federal agencies. Ron Wyden and Jeff Merkley, led by Elizabeth Warren (D-Mass.), and along with Barbara Mikulski (D-Md.), Barbara Boxer (D-Calif.), Kirsten Gillibrand (D-N.Y.), Edward J. Markey (D-Mass.), and Cory Booker (D-N.J.) sent queries to several federal agencies that failed to explain their inaction on cannabis research. http://marijuanapolitics.com/eight-senators-demand-government-speed-up-marijuana-resel

International Cannabis Researh Institute Opens in Prague 12/17/15 The International Cannabis and Cannabinoids Institute (ICCI) was opened in Prague today with US and Canadian investors contributing half a billion crowns, which health minister said is the biggest private investment in Czech medical reasearch in recent years.http://www.praguepost.com/czech-news/51182-international-cannabis-research-institute-opens-in-prague

Can medical marijuana help treat heroin addicts? By Pat Anson 12/03/15 A recent study by researchers at Columbia University found that medical marijuana improves the treatment outcome of heroin addicts. Patients who were given dronabinol -- a prescription drug that contains THC, the active ingredient in marijuana - had lower withdrawal symptoms compared than those given a placebo. In addition, patients who smoked marijuana regularly during the outpatient phase of treatment had fewer sleeping problems, less anxiety and were more likely to finish treatment. http://bit.ly/1KrKxmF

Cannabinoids are Safe, Effective Treatment for Non-Cancer Pain by National Pain Report 11/30/15 While there are still no studies conducted in the United States regarding the effectiveness of medical marijuana for treatment of chronic illnesses like chronic pain, researchers in Canada are increasing their research work. Cannabinoids are a modestly safe and effective treatment for chronic non-cancer pain, according to the results of a systematic review of randomized controlled trials published in the Journal of Neuroimmune Pharmacology. Researchers conducted a systemic review of 11 placebo-controlled trials conducted from 2010 and 2014 investigating cannabinoids and chronic pain. Cannabinoids studied included smoked cannabis, oromucosal extracts of cannabis based medicine, nabilone, dronabinol and a novel THC analogue. http://bit.ly/1QiB0yn

Dr. Sanjay Gupta shares his thoughts on research, medical marijuana at Toronto event by Global News Staff 11/17/15 http://globalnews.ca/news/2345521/dr-sanjay-gupta-shares-his-thoughts-on-research-medical-marijuana-at-toronto-event/

Medical marijuana can help beat opioid epidemic October 18, 2015 By NICHOLAS VITA
A recent study by researchers at RAND Corp. and University of California found in states where medical marijuana's products have been legal and made available to the public through regulated, medically focused dispensaries, opioid substance abuse declined by 15 percent, with a 31 percent reduction in opioid overdoses. ... preliminary analysis by Columbia Care of its national medical marijuana patient registry, 84 percent of its HIV/AIDS patients and 100 percent of its cancer patients noted that medical marijuana is significantly better than other treatments for pain management, including highly addictive opioids. Additionally, 73 percent of its medical marijuana patients discontinued other prescription pain medications subsequent to being given this alternative.
http://www.newsday.com/opinion/oped/the-many-benefits-of-medical-marijuana-1.10972183

MMJ Patients Consume Less Alcohol and Painkillers *By Cannabis Now* 10/5/15 **...**not uncommon, people self-medicate, dangerous substances ...to lead pain free & productive life, researchers University of Victoria, determined patients access medical cannabis ...reduce consumption prescription narcotics & alcohol... study, published, journal Drug and Alcohol Review, "substituting cannabis for ...alcohol, illicit drugs or prescription drugs... reported 87% respondents, 80.3% reporting substitution prescription drugs, 51.7% alcohol & 32.6% illicit substances." Researchers... substitutions more prevalent patients between18 & 40. "...finding cannabis substituted, alcohol & illicit substances suggests... medical use of cannabis... harm reduction role... use of these substances, & could have implications for substance use treatment approaches requiring abstinence from cannabis in process of reducing use of other substances." http://cannabisnowmagazine.com/cannabis/medical/mmj-patients-consume-less-alcohol-and-painkillers

Illuminating Results of CBD Patient Survey *By Care By Design on September 15, 2015*
Care By Design surveyed thousands of patients... using CBD-rich cannabis medicines, over 30 days... asked patients what they were taking CBD-rich cannabis for, the ratio of CBD-to-THC they were using, and about its impact on pain, discomfort, energy, mood, and overall wellbeing. **Key Findings...**
... using CBD-rich cannabis for a wide variety of conditions, including serious, incurable diseases, conditions that may respond poorly to FDA-approved pharmaceuticals. Over 12%... help side effects of cancer treatment.
... Patients with psychiatric illnesses, mood disorders, neurological diseases and CNS injuries favor CBD-dominant cannabis medicines. Patients with pain and inflammation favor CBD-rich cannabis medicines with more equal levels of CBD and THC.
...THC matters. Patients using 4:1 CBD-to-THC were most likely... report reduction in pain or discomfort, and improvements in mood and energy. Patients using 2:1 CBD-to-THC ratio... greatest improvement in overall wellbeing... finding is consistent with scientific research indicating CBD and THC interact synergistically to enhance one another's therapeutic effect.
...CBD-rich cannabis... good at ameliorating pain (particularly in patients with fibromyalgia, headaches

and migraines), and at improving patients' sense of wellbeing, particularly for patients with PTSD. ...Using... CBD-rich cannabis for "general wellbeing" ... only group reported a decreased feeling of wellbeing and most likely... report worsening mood, possible... CBD products may not be appropriate... supplement for people otherwise healthy. https://www.projectcbd.org/article/illuminating-results-cbd-patient-survey

Marijuana as Medicine By Steve Sternberg October 13, 2015
Federal law- marijuana, controlled substance, high potential abuse... "no currently accepted medical use." ...hasn't stopped 23 states, District of Columbia legalizing varieties of cannabis – a genus that includes marijuana and hemp, ...therapeutic, not mind-altering properties. States approved cannabis ...conditions dissimilar ...epilepsy, chronic pain, loss of appetite, nausea caused by chemotherapy, muscle spasticity associated with multiple sclerosis, diabetes, glaucoma and post-traumatic stress disorder. ...Some states, retailers stocking shelves ...cannabis-based edibles, oils, mists, lotions, lip balms and flower buds. ...cautiously because federal law trumps state law, while members of Congress ...prevent government intervening, no consensus on action yet. *"...legitimate fear in marketplace, if set up shop, have police on our backs,"* says Douglas A. Berman, professor law Ohio State University. In March, several bills introduced, most ambitious, measure, states legalize marijuana for medical use without federal interference. Another bill exclude Charlotte's Web ...controlled substances. ..limit federal prosecutors' power go after growers, vendors, users obey state laws. http://health.usnews.com/health-news/patient-advice/articles/2015/10/13/marijuana-as-medicine

Inside the medical marijuana industry's wild new frontier. BY ELIZABETH BRUENIG, 8/27/15...past few years, cure ...presented itself. Amid less common remedies on the internet—special diets, meditation, biofeedback, surgical implants—new product recently gained prominence: CBD oil (known simply as "hemp oil"), named for chief chemical compound, cannabidiol, occurs naturally in cannabis plants. ...online forums and news articles, CBD hailed new frontier, epilepsy treatment, parents ...stop children's seizures ...nothing else could.
...17 states laws legalizing CBD, patients ...obtain drug without fear prosecution, local authorities. ...intractable childhood epilepsies—seizure disorders ruined lives, shattered families, CBD, miracle cure. http://www.newrepublic.com/article/122918/wonder-drug

Study Finds Medical Marijuana Safe And Effective For Chronic Pain Relief by Charles Moore 10/5/15 ...national multicenter study investigating safety of medical cannabis, by patients suffering chronic pain, research team led by Dr. Mark Ware, McGill University Health Centre (MUHC) Montreal, Canada found chronic pain patients who used cannabis daily for 1 year, when carefully monitored, no increase, serious adverse events compared to pain patients who did not use cannabis. ...study results, published online, The Journal of Pain ...benchmark study on cannabis side effects of when used for pain management. http://fibromyalgianewstoday.com/2015/10/05/study-finds-medical-marijuana-safe-effective-chronic-pain-relief/

ALS survivor says marijuana saved her, fights to legalize it by Garin Flowers *9/6/15* Cathy Jordan has Lou Gehrig's disease or ALS, deadly & no known cure. But, she is a 30yr survivor. The married couple of 33 years attributes that to marijuana. ..doctor told Cathy at age 36 -3 to 5yrs to live. ...she decided to smoke pot called Myakka Gold. ...3 decades later, hoping to help others make it through like she has. Jordans, part of group pushing ballot initiative - outright legalize marijuana. ...need more than 680,000 signatures ...measure before voters in 2016. ...they have about 1,000. Florida Sheriffs Association... biggest opponents. FSA helped derail Nov.2014 vote, allow medical marijuana. *"It's a fraud folks & anybody that thinks it's anything other than that is smoking marijuana,"* former FSA president Sheriff Grady Judd in 2014. *"They think medical marijuana ... front for legalization... come out against it, we're saying, that's what you think we're trying... then let's... Let's make it legal."* http://www.wtsp.com/story/news/local/2015/09/06/als-survivor-says-marijuana-saved-her-fights--legalize-/71823034/

CBD-Rich Cannabis Versus Single-Molecule CBD (Science)
Martin A. Lee, Project CBD A groundbreaking study from Israel has documented the superior therapeutic properties of whole plant CBD-rich Cannabis extract as compared to synthetic, single-molecule cannabidiol (CBD). A groundbreaking study from Israel has documented the superior therapeutic properties of whole plant CBD-rich Cannabis extract as compared to synthetic, single-molecule cannabidiol (CBD).
Published in the journal Pharmacology & Pharmacy (Feb. 2015), the article directly challenges one of the sacred cows of Big Pharma and the medical-industrial complex — the notion that "crude" botanical preparations are inherently low grade and less effective than pure, single-molecule compounds. Entitled "Overcoming the Bell-Shaped Dose-Response of Cannabidiol by Using Cannabis Extract Enriched in Cannabidiol," the article is all the more noteworthy given the contribution of co-author Lumir Hanus, who was instrumental in the discovery of anandamide, the endogenous cannabinoid compound first identified in the mammalian brain in 1992. http://www.projectcbd.org/news/whole-plant-cbd-rich-cannabis-better-medicine-than-single-molecule-cbd/?utm_source=Project+CBD+Subscribers&utm_campaign=7860b75138-Newsfeed_4_1_21054_1_2015&utm_medium=email&utm_term=0_8439c35f49-7860b75138-233789169

Modesto dad credits cannabis oil with saving his son's life BY NADER IHMOUD POSTED: 05/06/2015 A Modesto father said weed oil saved his son who was diagnosed with Dravet Syndrome as an infant.Jason David, Jayden's father, reportedly found a combination of THC and CBD, ingredients found in marijuana, that helped his son dramatically with the form of epilepsy he has. David told KCRA in Sacramento his son was taking a lot of medication for the form of epilepsy, which causes severe seizures, that hurt Jayden more than it helped him.
"Jayden's Juice" is now available in California dispensaries and it has assisted other families whom have children with similar disabilities.
Despite the medicine's effectiveness, some question whether the cannabis oil causes the children to get high. The American Medical Association told KCRA, it does not endorse medical marijuana but believes further studies on the plant are needed.
http://sacramento.suntimes.com/sac-news/7/138/71755/modesto-dad-credits-cannabis-oil-saving-sons-life **Will**

Marijuana for Sick Kids Get Government to Rethink Weed? By Mark Strauss , National Geographic PUBLISHED MAY 15, 2015 The drug's ability to reduce seizures in some children has softened opposition to research and may someday lead to changes in government policies.
Thousands of kids across the United States are afflicted with Dravet Syndrome and Lennox-Gastaut Syndrome, rare forms of childhood-onset epilepsy that can cause dozens, even hundreds, of severe seizures each day. Conventional drugs have been ineffective.

Last year, however, the FDA approved a clinical trial of Epidiolex, a drug made from cannabidiol (CBD)—one of 85 active chemical compounds, called cannabinoids, in marijuana. The initial findings were promising. After 12 weeks of treatment, 54 percent of patients experienced fewer seizures and 9 percent saw their seizures cease. The trial has already moved to a double-blind, placebo-controlled study. (Read about the new science of marijuana.)

In addition, scientists are stepping up lab research to better understand the mechanisms of CBD, which, unlike tetrahydrocannabinol (THC), is not psychoactive. Joseph Sullivan, the director of the University of California Pediatric Epilepsy Center in San Francisco, who was also one of the investigators in the Epidiolex study, says that one of the most significant developments driving this research is that the medical community is no longer lumping cannabinoids together.

"We now know that it is the cannabidiol alone that exhibits the most antiseizure effects," he says, "and with some of the new genetically hybridized plants, we have the ability to get higher concentrations of cannabidiol without concomitant concentrations in THC."

Meanwhile, GW Pharmaceuticals, the British company that manufactures Epidiolex, has

announced that the FDA has approved initial, preclinical studies to see whether cannabidiol can be used to treat newborn children with neonatal hypoxic-ischemic encephalopathy—a type of brain injury caused by lack of oxygen during birth.

At present, there is no FDA-approved drug for those children, who suffer from several disabilities, including multiple seizures. But researchers speculate that CBD could be an especially useful treatment, since it not only controls seizures but also has potent anti-inflammatory properties that could mitigate the effects of brain damage.

With this latest announcement, it's increasingly clear the door has cracked open for FDA-approved cannabinoid research. For now, these studies are limited to rare disorders without effective treatments. But other scientists hope to expand research on how cannabis extracts could be used to treat Alzheimer's disease and schizophrenia. If such research shows promising results, the federal government could find itself under pressure to reschedule cannabis and recognize the drug's medical value.
http://news.nationalgeographic.com/2015/05/150515-medical-marijuana-federal-policy-research/

What scientists know about marijuana
Hampton Sides: Frequent contributor to National Geographic and editor-at-large for Outside magazine.
As more states, including Minnesota, allow limited use of marijuana for medicinal purposes, scientists are expanding research efforts to understand how marijuana and the chemicals it contains interact with the body. Israeli organic chemist Raphael Mechoulam found marijuana's principal active ingredient: tetrahydrocannabinol (THC) From National Geographic: One day in 1963 a young organic chemist in Israel named Raphael Mechoulam, working at the Weizmann Institute of Science outside Tel Aviv, decided to peer into the plant's chemical composition. It struck him as odd that even though morphine had been teased from opium in 1805 and cocaine from coca leaves in 1855, scientists had no idea what the principal psychoactive ingredient was in marijuana. "It was just a plant," says Mechoulam, now 84. "It was a mess, a melange of unidentified compounds." http://www.mprnews.org/story/2015/05/26/bcst-science-of-marijuana

DEA Wants To Triple Production Of Government Marijuana For Research 04/08/2015
The Drug Enforcement Administration on Wednesday recommended that the federal government produce almost 900 pounds of marijuana for research in 2015, more than triple the amount it had estimated it would need. The proposal, signed by DEA Administrator Michele Leonhart, seeks to increase the government's pot production from its projected need of 125 kilograms (276 pounds) to 400 kilograms (882 pounds). The government needs more marijuana because of "unanticipated medical, scientific, research, and industrial needs of the United States,"the DEA said in a notice published in the Federal Register.
The DEA notice says registered manufacturers have reported that research involving cannabidiol, a compound in marijuana that has shown promise for medical applications without making users high, "is increasing beyond that previously anticipated for 2015." Additionally, the DEA notice says the National Institute on Drug Abuse needs more of the plant "to provide for ongoing and anticipated research efforts involving marijuana." http://www.huffingtonpost.com/2015/04/08/dea-government-marijuana-research_n_7027730.html?utm_hp_ref=marijuana

PharmaCyte Biotech's Novel Approach to Brain Cancer April 9, 2015
Goldman Small Cap Research, a stock market research firm specializing in the small cap and microcap sectors, announced today that it has issued a new article on **PharmaCyte Biotech, Inc. (OTCQB – PMCB)**, a publicly traded, clinical stage biotechnology company focused on developing and preparing treatments for cancer and diabetes. To view the sponsored research article, along with disclosures and disclaimers, or to download it in its entirety, please visit www.GoldmanResearch.com.

Goldman noted that, "The Company seeks to combine its *Cell-in-a-Box®* cellulose-based live cell encapsulation technology with constituents of Cannabis, known as cannabinoids, or cannabinoid-like compounds to develop unique treatments for difficult-to-treat and deadly forms of cancer, such as brain cancer. Some cannabinoids are prodrugs that must be converted into their cancer-killing form. These prodrugs will be used with the *Cell-in-a-Box®* technology in ways that optimize their anticancer properties while minimizing or even eliminating adverse side effects normally occurring with chemotherapy. This approach mirrors the Company's approach to pancreatic cancer, whereby results have proven very effective, thus far.
"In the laboratory, cannabinoids have shown effectiveness against glioma (a type of brain cancer), and in mice, cannabinoids reduced tumor growth and spreading and were also shown to inhibit the growth of new blood vessels required for tumor growth. In 2006, in a small, early-phase clinical trial, THC was shown to be beneficial for patients in treating glioblastoma multiforme, a severe and deadly type of brain cancer, when safe doses were used. Given that cannabinoids have proven, in early testing, to break through the blood brain barrier, the use of cannabinoids in combination with PharmaCyte Biotech's *Cell-in-a-Box®* could emerge as the secret weapon to treat brain cancer."
http://www.prnewswire.com/news-releases/pharmacyte-biotechs-novel-approach-to-brain-cancer-300063456.html

A US Government Agency Quietly Acknowledged That Marijuana May Help Fight Brain Tumors by Arijeta Lajka April 9, 2015 Researchers have been studying the medical benefits of marijuana for years, but this month marks the first time the National Institute on Drug Abuse (NIDA), a research group funded by the US government, has acknowledged that cannabis extracts may help kill certain cancer cells and reduce the size of others. NIDA quietly revised a page on its website titled, "DrugFacts: Is Marijuana Medicine?" this month to state that, "Evidence from one cell culture study suggests that purified extracts from whole-plant marijuana can slow the growth of cancer cells from one of the most serious types of brain tumors."The update acknowledges research published last November in the journal Molecular Cancer Therapies by scientists from St. George's, University of London. The researchers found that THC, the main psychoactive ingredient in weed, and cannabidiol, an extract, caused "dramatic reductions" in the growth of glioma tumors in mice. Glioma accounts for 80 percent of malignant brain tumors in humans.https://news.vice.com/article/a-us-government-agency-quietly-acknowledged-that-marijuana-may-help-fight-brain-tumors

Groundbreaking Research Suggests Medical Marijuana Could Reduce Seizures In Children 04/13/2015 CBD strains of marijuana, usually administered in an oil form, have been gaining popularity over the past several years as an alternative treatment for families of children with intractable forms of epilepsy, especially as a growing number of high-profile success stories have been chronicled in the media. But cannabis remains federally illegal, and Epidiolex is the first FDA-sanctioned drug to undergo scientific trials for this purpose.
On Monday, the American Academy of Neurology released preliminary data from the drug's open label testing stage, a precursor to the controlled double-blind scientific trials currently underway. The research revealed that more than 50 percent of the 137 epileptic children and young adults continually treated with Epidiolex over a period of three months saw a reduction in their seizures.
http://www.huffingtonpost.com/2015/04/13/epidiolex_n_7055784.html?utm_hp_ref=marijuana

10 diseases where medical marijuana could have impact by Jen Christensen April 16, 2015
Dr. Sue Sisley noticed an unexpected trend among her patients. The psychiatrist works withveterans who struggle with post-traumatic stress disorder, also known as PTSD. Many don't like how they feel on all the meds they take to manage their anxiety, sleeplessness, depression and the flashbacks. She appreciated the progress they said they were making, but like any good scientist she didn't want to rely on anecdotal evidence. She wanted documented proof, clinical trials of large patient populations that run in the gold standard of a peer-reviewed journal that marijuana was the right

approach to treating PTSD, or any other ailment for that matter. People use it to treat a variety of medical issues, such as multiple sclerosis, arthritis, epilepsy, glaucoma, HIV, chronic pain, Alzheimer's, cancer and others.
Here are 10 of them, based on the ailments people commonly use medical marijuana to treat.

AIDS/HIV, Alzheimer's, Arthritis, Asthma, Cancer, Chronic pain, Crohn's disease, Epilepsy, Glaucoma, Multiple sclerosis **http://www.cnn.com/2015/04/15/health/marijuana-medical-advances/** **Rossmoor seniors fired up about curative powers of cannabis** by Joe Garofoli April 21, 2015 With an average age of 76, Rossmoor is the kind of place where smoking is banned, though many puff cigars in plain sight on the golf course. But before the Rossmoor Medical Marijuana Education and Support Clubheld its first meeting in 2011, marijuana was rarely seen, smelled or discussed on the facility's surgically trimmed grounds. Since then, the club has grown into a 250-member juggernaut, illustrating the growing acceptance of marijuana in America by seniors — and their growing frustration with mainstream pharmaceuticals prescribed for pain relief.
http://www.sfgate.com/bayarea/article/Rossmoor-seniors-fired-up-about-curative-powers-6210220.php

VA Doctors Still Can't Recommend Medical Marijuana To Veterans 04/30/2015
The House of Representatives on Thursday killed a bipartisan amendment that would have increased military veterans' access to medical marijuana. The amendment to the Military Construction and Veterans Affairs Appropriations bill failed 213-210, with Republicans mostly opposed and most Democrats in favor. The measure would have blocked the Department of Veterans Affairs from spending money enforcing a ban on VA doctors discussing medical marijuana with their patients.
http://www.huffingtonpost.com/2015/04/30/house-veterans-medical-marijuana_n_7185394.html?utm_hp_ref=marijuana

Feds May Spend Nearly $70 Million On Marijuana For Research
The federal government announced Monday that it is prepared to spend tens of millions of dollars on marijuana research through the University of Mississippi, which houses the only federally legal cannabis garden in the United States. The new contract, worth a maximum of $68.7 million over five years, was awarded by the National Institutes of Health Monday and posted to the Federal Business Opportunities website. The award is renewal of contract with the university that the federal government has held for more than 40 years.
In a statement provided to The Huffington Post, the National Institute on Drug Abuse, an arm of NIH that oversees the marijuana operation at Ole Miss, said, "To serve the research community, NIDA has tried to build farm capacity flexible enough to accommodate various levels of demand for research marijuana and marijuana products over the next five years."
http://www.huffingtonpost.com/2015/03/26/federal-marijuana-research_n_6947876.html

San Diego Scientist: Every Medical Pot Study Showed A Benefit To The Patient (San Diego)
When voters passed Proposition 215 in 1996, California became the first state to legalize medical pot. There was only one problem. Scientists still hadn't firmly established marijuana's effectiveness as medicine. Some state reps wanted to change that, and approached UC San Diego psychiatrist Igor Grant."My recommendation was, look, establish a center to study this," said Grant, - previously looked into - moderate marijuana use causes long-term brain damage (conclusion: it doesn't)."It'll cost you some money but these studies have not been done before," he told the reps.Soon, Grant was in charge of the new state-funded Center for Medicinal Cannabis Research."Without the state of California saying, 'Yes, we support this work,' we probably would've never gotten federal approval," Grant said...
...Grant worked with scientists throughout the UC system to complete a series of small human trials. They sourced their samples from the only federally sanctioned grow operation, a pot farm at the University of Mississippi... "I kind of expected, well, we're going to have a few studies that say yes and a few that will say no, and then at the end of the day we'll still be arguing," Grant said. "But in fact

every single study showed benefit..." Grant said it's now well-established that marijuana can soothe neuropathic pain in patients with diseases like HIV/AIDS. It can reduce spasticity in multiple sclerosis. And — perhaps obviously — it can stimulate appetite in underweight patients... Grant said more research is needed before reaching conclusions about marijuana's usefulness with other diseases, like epilepsy and schizophrenia. He also admits some purported uses have little to no scientific support. But taken altogether, Grant says there's now more than enough evidence to justify rescheduling marijuana... Other scientists agree. The American Academy of Pediatrics recently called for rescheduling. Even U.S. Surgeon General Vivek Murthy marijuana can be helpful in treating certain conditions. http://www.kpbs.org/news/2015/mar/03/san-diego-scientist-clears-haze-medical-marijuana/

Cannabis extract can have dramatic effect on brain cancer, says new research – ScienceDaily
http://www.sciencedaily.com/releases/2014/11/141114085629.htm

Marijuana Drastically Shrinks Aggressive Form Of Brain Cancer, New Study Finds
http://www.huffingtonpost.com/2014/11/18/marijuana-brain-cancer_n_6181060.html?utm_hp_ref=marijuana

Marijuana Could Fight Alzheimer's Disease, A New Study Claims
http://www.inquisitr.com/1645684/marijuana-could-fight-alzheimers-disease-a-new-study-claims/

Colorado Funds Multiple Studies On Marijuana's Medical Possibilities
http://www.huffingtonpost.com/2014/12/17/medical-marijuana-researc_n_6342552.html?utm_hp_ref=marijuana

-U.S. Surgeon General Vivek Murthy Says Marijuana 'Can Be Helpful' For Some Medical Conditions http://www.huffingtonpost.com/2015/02/04/vivek-murthy-marijuana_n_6614226.html?utm_hp_ref=marijuana **American Herbal Pharmacopoeia: 'Welcome Back, Marijuana**
http://blog.sfgate.com/smellthetruth/2013/12/11/american-herbal-pharmacopoeia-welcome-back-marijuana/

New bill would allow the VA to recommend medical marijuana for patients -
http://www.washingtonpost.com/blogs/federal-eye/wp/2014/11/25/new-bill-would-allow-the-va-to-recommend- medical-marijuana-for-patients/