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Will I ever get response?
Citizens are listening? Why
Aren't your STAFF And you?

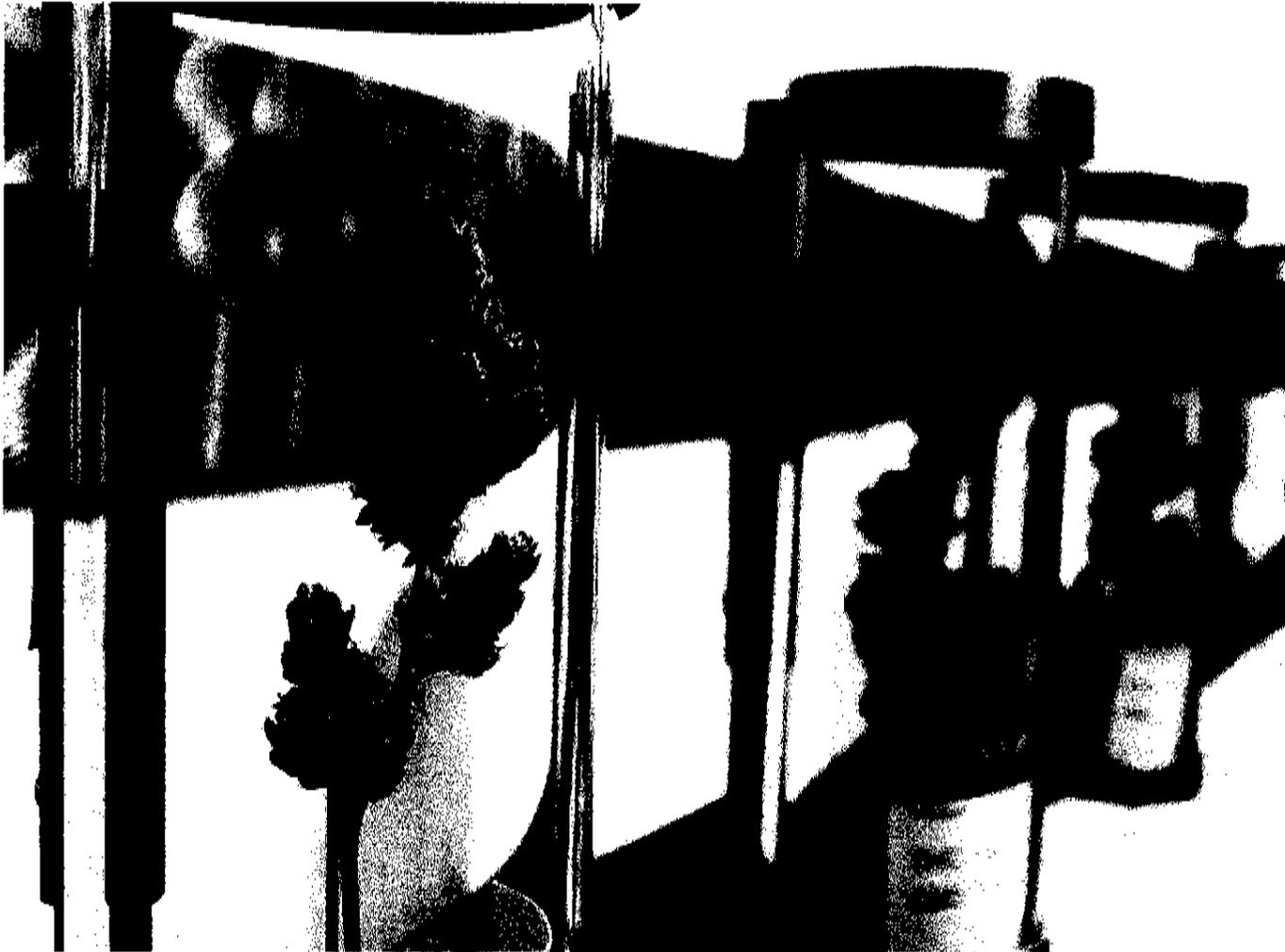
12/11/15

Get Prepared for Citizens

Governor Haley, Nothing is going to stop this movement and you've answered one of my letter(s) that your staff could not understand what I was speaking about....1 out of 5000 and I VOTE!

**HEMP FOR MOTHER EARTH
COMMON SENSE, INSIGHT,
IMAGINATION, INGENUITY,
INNOVATION & INTEGRITY! Ricky
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Medical marijuana may go the way of alcohol in Michigan Senate



Cannabis is on display at Shango Premium Cannabis, in Portland, Ore., Wednesday, Sept. 30, 2015. Oregon marijuana stores have begun sales to recreational users, marking a big day for the budding pot industry in the state. Some of the more than 250 dispensaries in Oregon that already offer medical marijuana opened their doors early Thursday to begin selling the drug just moments after it became legal to do so.

(Associated Press File Photo)

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By [Jonathan Oosting | joosting@mlive.com](#)

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LANSING, MI — Michigan would create a tiered system for medical marijuana growers, distributors and retailers under evolving legislation up for a likely vote Tuesday in the Senate Judiciary Committee. Sen. Rick Jones, R-Grand Ledge, said Monday medical pot bills approved by the House earlier this year will be amended in his committee to prevent an owner from being licensed to operate multiple types of medical marijuana businesses.

The state regulates alcohol in a similar, three-tiered fashion.

"Everything I've designed here is to make sure we don't have monopolies" Jones said. "If we have a monopoly, then obviously they'll have monopoly prices, so I would think everyone would be on board with a system where people have different choices."

But the pending amendment is drawing fire from patient advocates, who argue that treating medical marijuana like alcohol will ultimately benefit established distributors, middle men who could drive up prices.

"If you were to grow medical marijuana, you wouldn't be able to have ownership in a retail or provisioning center, which paves the way for a distributor," said Robin Schneider, legislative liaison for the National Patients Rights Association.

She argued that a "vertically integrated" company would be able to produce more affordable products for patients.

The NPRA has worked with lawmakers on medical marijuana legislation for years and generally supported the bills that passed out of the House, but Schneider fears the dispensary bill is being expanded to anticipate eventual legalization of recreational use.

Her group will oppose the Senate legislation if it creates a tiered system similar to alcohol.

"It's really bad for patients," she said. "It's unfortunate. We were really hoping we could reach some sort of settlement or compromise."

House Bill 4209, which won bipartisan support in the lower chamber, would create a system to regulate and tax medical marijuana dispensaries in communities that decide to allow them. The state would also license large-scale growers, processors, distributors and testing facilities.

Patients and caregivers would be allowed to grow a limited number of plants at home, as authorized under the state's 2008 voter-approved medical marijuana law, but they would be prohibited from selling any "overages" to dispensaries.

HB 4210 would allow and regulate medical marijuana edibles and other non-smokable forms of the drug, while HB 4827 would create a seed-to-sale tracking system for marijuana plants and processed products.

Dispensary legislation passed out of the House last year, but law enforcement groups trashed the package in the Senate, effectively killing it during the 2014 lame-duck session.

Sponsoring Rep. Mike Callton, R-Nashville, worked more closely with law enforcement groups as he re-introduced his dispensary bill this session. Jones, a former sheriff, took the reigns in the Senate. He hopes that committee amendments will at least move police and prosecutors from opposed to neutral, which he would consider a win. Additional licensing restrictions were requested by the law enforcement community, according to Jones, who dismissed "rumors" that the Beer and Wine Wholesalers Association had pushed for a tiered medical marijuana system.

"Unless I get law enforcement on board, I believe the package is dead in the Senate," he said.

Jones expects "literally hours of testimony" on the bills during committee on Tuesday, but he does not intend to draw the process out any longer than that.

If the votes are there for passage, the Senate Judiciary Committee will advance the bill Tuesday. If not, Jones said he'll probably ask Senate Majority Leader Arlan Meekhof to discharge the legislation for floor consideration in the next two weeks.

"I have made many promises to many different groups that I would do everything possible to pass this package of bills out this year, and that's what I intend to do," he said.

California Adult Use Of Marijuana Act Amended To 'Encourage Small Business Growth'

www.theweedblog.com/california-adult-use-of-marijuana-act-amended-to-encourage-small-business-growth/

Johnny Green

I received the following press release from what many refer to as 'The Sean Parker California marijuana legalization initiative' campaign (otherwise known as the Adult Use of Marijuana Act):

Proponents of the leading statewide ballot measure to control, regulate and tax adult use of marijuana announced today that they have filed consensus amendments to significantly strengthen safeguards for children, workers, local governments and small businesses and include even stricter anti-monopoly provisions and the toughest warning label and marketing-to-kids laws in the nation.

Amendments to the measure (known as "the Adult Use of Marijuana Act") were developed based on input and recommendations received over the last 35 days from hundreds of engaged citizens and organizations representing local government, health and policy experts, environmental leaders, small farmers and business owners, worker representatives and social justice advocates.

The amendments bring the measure even closer in line with the Lieutenant Governor's Blue Ribbon Commission on Marijuana Policy and the new medical marijuana laws recently passed by a bipartisan majority of the Legislature and signed by Governor Brown (SB 643, AB 266 and AB 243).

The amendments specifically strengthen and clarify four central objectives of the AUMA measure:

1. To protect children and discourage teen drug use;
2. To maintain local control and local government authority over marijuana commercial activity;
3. To implement strong worker and labor protections for those employed in this growing industry;
4. To protect small businesses and ensure state regulators have the authority to prevent monopolies and anti-competitive practices.

"These amendments reflect a collaborative process of public and expert engagement and make an extremely strong measure even stronger," said Dr. Donald O. Lyman, MD, award-winning physician and former Chief of the Division of Chronic Disease and Injury Control at the California Department of Public Health, who is the measure's lead proponent. "This measure now includes even more protections for children, workers, small business, and local governments while ensuring strict prohibitions on marketing to kids and monopoly practices."

New amendments to AUMA include:

Safeguarding California's Children

- Mandates the toughest and most explicit warning labels on marijuana products, including an American Medical Association-recommended message that marijuana use during pregnancy or breastfeeding may be harmful.
- Enhances the strict ban on advertising to minors to clarify that marketing to minors is also strictly prohibited, as is all health-related advertising for non-medical marijuana.
- Requires a comprehensive study to determine effectiveness of the packaging and labeling requirements and advertising and marketing restrictions on preventing underage access to non-medical marijuana.
- Provides funding for a public information campaign, emphasizing that marijuana remains illegal for anyone under the age of 21.
- Accelerates funding for expert outcome research on the effects of the new law, including its impact on minors and whether teen use decreases (as it has in other states with legal, regulated systems such as Colorado).

Maintaining Local Control

- Aligns with the bipartisan medical marijuana legislation to provide complete local control over non-medical marijuana businesses within their jurisdiction, including the authority to ban commercial marijuana activity by ordinance.



- Ensures that local governments which allow commercial marijuana businesses to operate have the authority to determine the time, manner and location of those businesses within their jurisdiction.
- Ensures that local governments have the authority to establish their own taxes on medical and non-medical marijuana consistent with existing state law. Explicit authority to do so is granted to counties.
- Requires state licensing authorities to take action to suspend or revoke a state marijuana business license when notified that a corresponding local license has been revoked, ensuring businesses must remain in compliance with local laws to operate.

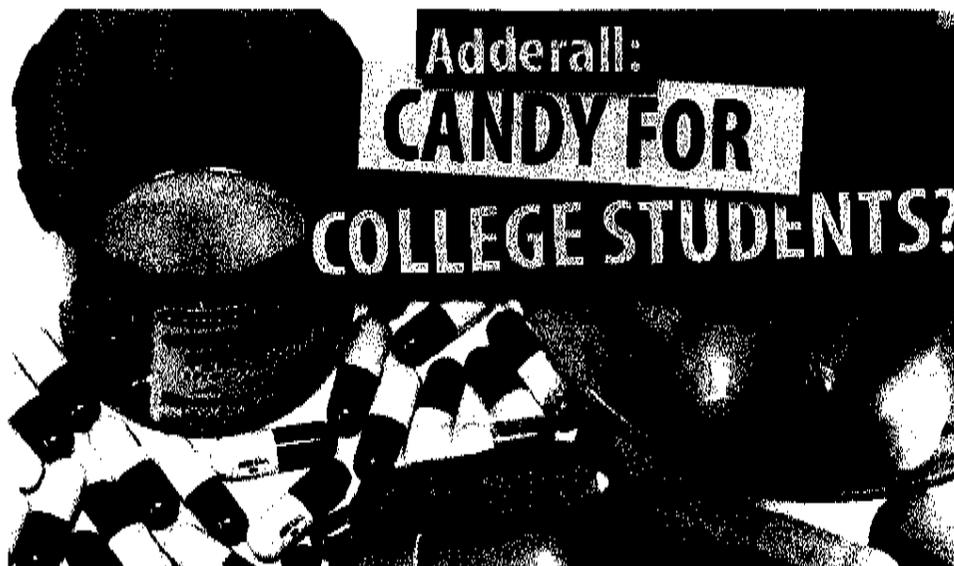
Protecting Workers in an Expanding Industry

- Requires state regulators to set specific safety standards for drivers and vehicles that are employed in the legal commercial distribution of marijuana.
- Clarifies that the labor peace agreements included in the medical marijuana legislation will also extend to this new law.
- Clarifies that labor violations are grounds for disciplinary action against a marijuana business licensee, including potential suspension or revocation.
- Clarifies that all administrative costs of the new law must be fully funded, including reasonable costs for state agencies to oversee workplace safety.
- Mandates the state comprehensively study which workplace safety standards are necessary to fully protect marijuana workers, including against risks unique to the industry.

Preventing Monopolies and Encouraging Small Business Growth

- To allow smaller growers to establish themselves in a legal, regulated market, large cultivation licenses (as defined by the medical marijuana legislation) for non-medical marijuana will not be issued for the first five years the new law is in effect.
- Only after those first five years can large cultivation licenses be issued at the discretion of state regulators but they must include the same restrictions on vertical integration that are contained in the medical marijuana legislation.
- Strengthens opportunities for minority-owned businesses to enter the legal, regulated marijuana market.
- Sets a September 1, 2016 deadline for existing medical marijuana businesses to come into compliance with current law and qualify for priority licensing under AUMA, providing greater access for existing small businesses to enter the legal, regulated market.
- Requires public universities in California to conduct a study and issue recommendations on whether additional protections are needed to prevent unlawful monopolies or anti-competitive behavior. Additional technical amendments and suggested changes were included to provide increased clarity to state regulators.

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Small Business And Job
Creation



Study Suggests Cannabis Will Replace Adderall & Ritalin For ADD/ADHD Treatment

By [Zach Puznak](#) on December 9, 2015 in [CBD](#), [Latest News](#), [Medical Marijuana](#), [News](#)
Adderall and Ritalin are DEA Schedule II substances. This means, they have a "high potential for abuse," can "lead to severe psychological or physical dependence" and are considered "dangerous"

"When we look at upperclassmen, the number really begins to jump," says Alan DeSantis, professor of communications at the University of [Kentucky](#) who has conducted research on use in college. "The more time you stay on campus, the more likely you are to use."

Two-thirds of college students are offered Adderall and other prescription stimulants by their senior year, and about half of that group (or 31 percent

overall) are just saying yes, according to a 2012 study published in the Journal of American College Health.

Medicinal cannabis is proving to be just as or more effective than common ADD/ADHD prescriptions without the risks and unpleasant side effects.

The study from Heidelberg University in Germany, where scientists studied the effects of cannabis on 30



patients with ADHD who had limited success with conventional treatments for the disorder (Adderall and Ritalin). All 30 reported "improved concentration and sleep" and "reduced impulsivity" after using medicinal cannabis, according to the case report.

Moreover, 22 out of the 30 patients decided to forgo their previously prescribed medications once the study was over and continue using medicinal marijuana to manage their symptoms.

Albeit with a very small sample group, this study provides some of the first clinical data on the potential of marijuana in treating ADHD, which, as we know, is characterized by difficulty concentrating, hyperactivity, impulsivity, and forgetfulness.

Dr. David Bearman, a so-called figurehead of cannabis research, a.k.a. a "cannabinoidologist," explains the effects of marijuana in treating ADHD symptoms as having to do with the brain's dopamine levels.

"Cannabis appears to treat ADD and ADHD by increasing the availability of dopamine," Bearman explains (via Leafly). "This then has the same effect but is a different mechanism of action than stimulants like Ritalin and dexedrine amphetamine, which act by binding to the dopamine and interfering with the metabolic breakdown of dopamine."

Cannabis (more specifically, the cannabinoids) possibly corrects dopamine shortages in the brains of people with ADHD. As of now, two states in the United States—California and Colorado—allow the prescription of medical marijuana to treat ADHD, but if more studies prove out the results in this one, don't be surprised if more states follow suit.

ADD, Adderall, ADHD, cannabis, Heidelberg University, marijuana, medical cannabis, medical marijuana, Ritalin