



Americans for Safe Access

Activist Newsletter

Defending Patients' Access to Medical Marijuana

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Federal Interference with Medical Cannabis Costs Millions

Since states began adopting medical cannabis laws in 1996, the federal government has spent hundreds of millions of dollars interfering with the implementation of patient programs, according to report released by ASA.

The report, "What's the Cost? The Federal War on Patients," details how the Department of Justice (DOJ) over three presidential administrations has spent nearly half a billion dollars to investigate, raid, arrest, prosecute and imprison medical cannabis patients and their providers. The report reveals that President Obama, despite his repeated pledges to not interfere with state programs, has dedicated nearly \$300 million to a crackdown on medical cannabis,



including at least 270 SWAT-style raids at a cost to taxpayers of more than \$8 million. In 2011 and 2012, the DEA spent 4% of its budget targeting medical cannabis patients or providers.

The report highlights not just money spent but lives destroyed, such as Michigan organ-transplant recipient Jerry Duval who surrendered to federal authorities last month to serve out a 10-year prison sentence that will cost taxpayers

more than \$1 million due to his serious medical conditions. His son Jeremy has also been sentenced to federal prison, and the government is seizing the family farm.

The seizure of the Duval family farm is not an isolated incident. The Obama Administration has aggressively targeted the property of patients, their providers, and the landlords who lease to licensed medical cannabis businesses. Hundreds of letters from U.S. Attorneys threatening asset forfeiture and criminal prosecution have shut more than 500 dispensaries. The Obama Administration has brought as

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Conference of U.S. Mayors Says End Crackdown

The 81st Conference of US Mayors passed a resolution last month urging the federal government to stop interfering in state and local medical cannabis programs. The resolution "in support of states setting their own marijuana policies without federal interference" was introduced by San Diego Mayor Bob Filner.

The mayors said that despite differing views on how to regulate cannabis in their cities, they believe "states and localities should be able to set whatever marijuana policies work

best to improve the public safety and health of their communities." The resolution urges President Obama to "prevent the expenditure of resources on actions that undermine the duly enacted marijuana laws of states."

Cosponsors were the mayors of Berkeley, Oakland and San Leandro, California; Aurora and Glendale, Colorado; Binghamton, New York; and Seattle and Tacoma, Washington. More than 100 million Americans live in states with medical cannabis laws.

Lawyers Guild Says Fix Federal Cannabis Policy

A report from the National Lawyers Guild (NLG) last month recommends reclassifying marijuana for medical use and reframing drug use as "a social and public health issue and not a criminal justice problem."

The report, *High Crimes: Strategies to Further Marijuana Legalization Initiatives*, cites the "[m]ounting scientific and anecdotal evidence" of marijuana's therapeutic benefits and points out that "[r]escheduling cannabis

would allow for expanded medical research and use under international law."

The NLG report argues that current asset forfeiture practices create perverse incentives for law enforcement and recommends the law be changed to "require criminal convictions before enabling the government seizure of any property." The NLG also notes that profit incentives within the private prison industry have been a major factor in U.S. drug policy.

Maine Adds PTSD to Qualifying Conditions

On June 26, the list of qualifying conditions for the Maine medical cannabis program was expanded. The bill to add Post-Traumatic Stress Disorder, inflammatory bowel disease and other illnesses became law without the signature of Gov. Paul LePage. The new law will take effect late September.

H.P. 755 was sponsored by Rep. Elizabeth Dickerson (D-Rockland), who said she took

action at the request of a number of veterans who suffer from PTSD. Originally, the bill would have allowed cannabinoid treatment for opioid or other pharmaceutical dependence, as well as "any other medical condition or its treatment as determined by a physician." Those provisions were dropped because of opposition from some members of the Maine Medical Association, particularly those who specialize in psychiatric conditions and addiction.

NEW HAMP. PASSES COMPROMISE BILL

On June 26, the New Hampshire legislature approved by a vote of 284-66 a compromise medical cannabis bill that reconciled differences between versions passed in the House and Senate. The measure is now on the desk of Gov. Maggie Hassan (D), who said she would sign it. As part of the compromise, the legislature acceded to the governor's request that a provision to allow patient cultivation be removed and Post-Traumatic Stress Disorder eliminated as a qualifying condition. The bill also restricts physicians to providing recommendations to people who have been their patients for at least 90 days and tried other treatments.

HB 573 allows patients diagnosed with cancer, Crohn's disease and other conditions to possess up to 2 ounces of cannabis, which must be obtained from one of four dispensaries to be licensed by the state. Patients will have to designate a dispensary, and each dispensary will be restricted three mature cannabis plants, 12 seedlings and 6 ounces for each patient. A commission to be appointed immediately will establish other regulations for dispensary operations, which may take a year or more to implement.

Once Gov. Hassan signs the bill, New Hampshire will be either the 19th or 20th state with a medical cannabis program, depending on whether the governor of Illinois beats her to it. The legislature there approved a medical cannabis bill in May.

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California Lobby Day Announced for August 12

ASA and its coalition partners at Californians to Regulate Medical Marijuana (CRMM) have announced a citizen lobby day at the state Capitol for Monday, August 12. The lobby day comes at a crucial juncture in the legislative process for bills affecting patients.

The bill with the largest impact is SB 439, which would recognize the legitimacy of storefront dispensaries and expand protections to employees who work there. SB 283 would allow Californians convicted of medical

cannabis-related and certain other drug-related offenses in state or federal court to receive public assistance, a benefit they are currently denied. AB 787 and AB 375 affect foster parents and credentialed teachers who legally use medical cannabis.

This is a strategic moment for lobbying, as the legislature reconvenes from their summer break on August 12, and bills are moving out of committee for votes. For more details, go to AmericansForSafeAccess.org/CASummerLobbyDay.

Hawaii Legislature Approves Program Changes

Hawaii's Gov. Neil Abercrombie signed into law two changes in the state's medical cannabis program. HB 668 shifts its supervision from law enforcement to public health officials; SB 642 expands the amount and types of usable cannabis patients may possess. Both bills will not take effect until January 2105.

HB 668 moves the program from the Department of Public Safety, Narcotics Enforcement Division to the Department of Health. SB 642 increases the amount of med-

ical cannabis a patient or caregiver can grow and possess from one ounce and three mature and four immature plants to four ounces and seven plants whether immature or mature. The bill stipulates that recommendations must be from the patient's primary care physician.

Hawaii's program enjoys strong public support. A recent statewide poll found that 81% support access to medical cannabis, and 78% support a dispensary system.

Oregon Considering Dispensary Regulations

Oregon state lawmakers are working on legislation that would regulate medical cannabis dispensaries in the state. The budget committee approved House Bill 3460 by a comfortable margin late last month, sending the bill to the House floor for a vote that should come soon.

HB 3460 would establish a \$4,000 license for dispensaries that would pay for oversight. If passed, the bill will require dispensaries to operate as a non-profit, maintain records that law enforcement or program administrators could inspect and test all cannabis sold for pesticides, mold and mildew. Dispensaries would

be prohibited in residential areas and within 1,000 feet of schools or another dispensary. The bill has the support of state Attorney General Ellen Rosenblum and the Oregon League of Cities.

Currently, the Oregon Medical Marijuana Program allows patients to either grow their own or reimburse a state-registered non-profit grower to do so for them. Oregon has an estimated 53,000 qualified patients, many of whom obtain their medicine from dispensaries not regulated or licensed by the state.

New Jersey Sends Bill on Minors to Governor

The New Jersey state legislature late last month approved legislation to make it easier for minors to access and use medical cannabis. The bill is before Gov. Chris Christie (R), who has expressed concern about it.

If enacted, the bill would make the medical approval process for minors similar to adults. Instead of requiring three physicians, one of whom must be a psychiatrist, minors would only need one doctor's approval. The Assembly also approved edible forms of medical cannabis, which are easier to use in treating children. A restriction on the number of strains that can be cultivated by licensed facilities in New Jersey would also be lifted. The bill has already passed in the state Senate.

Two Dispensaries Open in Vermont in June

Medical cannabis patients in Vermont now have access to their medicine in Burlington and Montpelier, after dispensaries opened there last month. A third is slated for Brandon.

Vermont lawmakers established a medical cannabis program two years ago. The program requires dispensaries to grow their own cannabis in a secure environment. Qualifying Vermont patients can make an appointment to acquire their medicine.

The Burlington dispensary currently provides two strains of cannabis in three different potencies and offers a sliding scale to patients in need. The Montpelier dispensary is growing more than a half-dozen different varieties.

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many as 30 asset forfeiture lawsuits involving medical cannabis, three times as many as the two previous administrations combined, at a cost of more than \$10 million. Federal law allows the government to seize property without charging or convicting anyone of a crime.

ASA's report includes recommendations for Congress, such as amending an appropriations bill to prevent DOJ funds from being spent on enforcing federal marijuana laws against anyone participating in state medical cannabis programs. The report also calls for the compassionate release of medical marijuana patients currently serving prison sentences, as well as the passage of HR 689, federal legislation that would reclassify marijuana for medical use.

California NORML contributed to ASA's "What's the Cost?" report and produced a related report showing the war on medical cannabis has resulted in 332 people being charged with federal crimes, with 158 receiving sentences totaling more than 490 years.

ACTION ALERT—Ask Your Senators: What's the Cost?

ASA has done the math and prepared the report. Now it's your turn to ask your U.S. Senators why we're spending so much interfering with state medical cannabis programs. Email your Senators today about DOJ spending. To take action, go to AmericansForSafeAccess.org/WastingMoney.

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