



Americans for Safe Access

Activist Newsletter

Defending Patients' Access to Medical Marijuana

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ASA Takes Cannabis Classification to Supreme Court

Americans for Safe Access is taking its case on cannabis rescheduling to the U.S. Supreme Court. This follows an April decision by the Court of Appeals for the District of Columbia Circuit to deny a petition for rehearing in *Americans for Safe Access v. Drug Enforcement Administration*, a case that challenges the DEA's refusal to acknowledge that cannabis has currently accepted medical uses.

ASA's appeal to the Supreme Court asks that the DEA be required to apply the same standard to evaluating cannabis that it uses for other substances.

The DEA claims there are no "adequate and well-controlled studies" that show cannabis has medical use, despite the many clinical trials and peer-reviewed scientific studies that show cannabis to be a safe and effective medicine for treating a wide variety of conditions.

The D.C. Circuit decided that only large-scale clinical trials involving hundreds of patients over many years would be sufficient to prove



ASA's Joe Elford

said ASA Chief Counsel Joe Elford, who argued the case. "Out of thin air, they decided "adequate and well-controlled studies" means the Phase II and III studies required for FDA approval for marketing new drugs."

The relatively low abuse potential of cannabis is also grounds for moving it from Schedule I, even without any studies showing medical efficacy, but the D.C. Circuit failed to consider that.

ASA's appeal follows more than a decade of legal wrangling with the federal government over the medical efficacy of marijuana and its

cannabis has medical use, even though that standard was rejected in previous cases by the same court and others.

"The court said we have to meet a level of proof more stringent than what the government argued,"

relative safety, following a 2002 rescheduling petition from the Coalition for Rescheduling Cannabis (CRC), of which ASA is a member. After the government stalled for nearly a decade, ASA sued for unreasonable delay, and the DEA denied the CRC petition. That enabled ASA to challenge the decision in court, citing the substantial scientific record and arguing the DEA acted arbitrarily and capriciously.

Congress placed cannabis in Schedule I in 1970, defining it as a dangerous drug with a high potential for abuse and no current use in medical treatment.

Illinois House Passes Medical Cannabis Bill

The Illinois House last month narrowly passed a bill that would allow qualified patients to obtain cannabis from licensed dispensaries. HB1, the "Compassionate Use of Medical Cannabis Pilot Program Act," would protect qualified medical cannabis patients from arrest and prosecution but only for four years, after which state lawmakers would have to pass new legislation. The bill is now before the state Senate, which passed similar legislation in 2009 only to see it defeated in the House.

The bill was introduced in January by state Rep. Lou Lang (D-Skokie), who touts the bill as one of the most restrictive in the country.

Patients with a "debilitating medical condition" who have the approval of their physician would be able to possess up to 2.5 ounces, which they could obtain every two weeks from one of 60 "registered dispensing organizations" that would be supplied by 22 "licensed cultivation centers."

"The Illinois House has neglected to address some of the most pressing needs facing patients today," said Steph Sherer, ASA's Executive Director. "We'll do our best to improve the bill in the Senate, but even if it's enacted, advocates will have to pass a new bill in 2017."

No personal cultivation would be permitted, and the sale of medical cannabis would be

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Maryland Legislature Approves Limited Bill

The Maryland Senate last month overwhelmingly approved a House of Delegates bill that extends protections for patients and creates a framework for limited distribution through research hospitals in the state. The Senate voted 42-4 in favor, despite objections from ASA and other advocates that it does little to establish safe access, and a report from the nonpartisan Maryland Department of Legislative Services that questioned the plan's feasibility.

The idea for distributing cannabis through licensed "Academic Medical Centers" came from Maryland Health & Mental Hygiene Secretary Dr. Joshua Sharfstein. His support, coupled with Governor Martin O'Malley's agreement to sign the bill, saw HB1101 overwhelmingly pass both houses of the legislature.

Academic medical centers would have to apply to participate in the program and would be responsible for not only dispensing medical cannabis but also staffing the physicians who would provide recommendations. The Department of Legislative Services (DLS)

noted last month that the most likely participants, Johns Hopkins University and University of Maryland, have stated they will not be part of the program. DLS estimated that even if an academic medical center chose to participate, the regulatory hurdles would delay patient access until at least 2016. Their analysis also found that the program would need substantial funding—at least \$400,000 next year and nearly \$1 million the following, all of which would have to come from the state's general fund.

"Patients' needs should not be pitted against the needs of other Maryland taxpayers," said ASA Policy Director Mike Liszewski, who testified on the bill's limitations. "An internally financed, self-sustaining medical marijuana program would benefit patients and help the state."

The Maryland legislature also recently passed HB180, a bill that would extend an affirmative defense to medical marijuana caregivers, which is strongly supported by ASA and other advocates.

Americans for Safe Access • 1806 Vernon Street NW, Washington, D.C. 20009

888-929-4367 • info@AmericansForSafeAccess.org • www.AmericansForSafeAccess.org

Three Medical Cannabis Bills in Calif. Legislature

A bill to create statewide regulations for medical cannabis distribution was approved by the California Assembly's public safety committee last month. AB 473, introduced by Assembly Member Tom Ammiano (D-San Francisco), would create a Division of Medical Marijuana Regulation and Enforcement that would establish statewide standards and fees for licensing medical cannabis businesses, as well as penalties for violating the standards. The new division would be part of the Department of Alcoholic Beverage Control (ABC).

Licensed businesses and individuals would be issued identification cards to shield them from arrest and prosecution. The rights of individual patients and their primary caregivers would be unaffected by the new law, if passed.

The California Senate is meanwhile considering two bills that would affect patients—one

aimed at drugged drivers and one that would better define medical cannabis distribution.

The first, SB 289, would make it a crime to drive with any detectable amount of a drug in your system if you do not have a prescription. Since federal prohibition means medical cannabis cannot be prescribed, only recommended, and cannabis is detectable for days after use, medical cannabis patients would be vulnerable to prosecution, even when they are not under the influence.

The second, SB 439, would clarify how cooperatives and collectives may legally operate in California under Proposition 215 and the 2008 Attorney General guidelines. This bill would help resolve the conflicting interpretations of current law and create the basis for more uniform access in the state.

Two Medical Cannabis Measures before LA Voters

On May 21, voters in the nation's second largest city will decide on two medical cannabis initiatives that seek to regulate Los Angeles' medical cannabis dispensaries.

Proposition D is a medical cannabis measure placed on the May 21 ballot by the City of Los Angeles. Proposition D would limit the number of dispensaries that can operate in LA to the 135 that originally registered with the city and would prevent new ones from opening. Prop. D also raises the tax on medical cannabis to 6%, a 1% increase over the current rate. It was endorsed by the Los Angeles County Democratic Club at the urging of ASA, the Greater Los Angeles Collective Alliance and

UFCW Local 770.

The other measure, Initiative F, allows all dispensaries currently operating to remain open and places no limits on the number of new ones.

Both limit hours of operation and say dispensaries must be at least 1,000 feet from schools. Prop. D says they must also be at least 600 feet from libraries, childcare centers, parks, places of worship and other dispensaries; Initiative F puts the limit at 500 feet. Under F, dispensaries could remain open until 10pm; under D they would have to close by 8pm. Both set 10am as the earliest opening time.

AMERICANS FOR SAFE ACCESS

www.AmericansForSafeAccess.org

Phone: 510-251-1856

info@AmericansForSafeAccess.org

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California Coalition Holds Second Conference and Lobby Day at Capitol

For the second year, California's Coalition to Regulate Medical Marijuana (CRMM) is holding a conference in Sacramento. Hosted by ASA, the California Medical Cannabis Policy Summit and Lobby Day will take place Sunday, May 5, and Monday, May 6.

Sunday will feature a full day of stakeholder discussions, workshops to improve advocacy skills, and local and state strategy sessions. Monday, advocates will go to the capitol to lobby their representatives, followed by a reception with lawmakers.



Advocates at the state capitol last year.

The goals of the summit include uniting Californians behind sound regulations, sending a message to lawmakers that advocates are united and organized, building skills to run successful campaigns, and networking with other patient advocates.

For information about participating, see AmericansforSafeAccess.org/CRMMsummit2013.

ACTION ALERT: Sign the Peace for Patients Petition

Let your elected representatives know it's time to stop the war on patients! ASA's "Peace for Patients" campaign lets you show your support for seriously ill patients who are being prosecuted for their medicine.

It's easy. Just go to AmericansForSafeAccess.org/peace.

Become a Member

(check one) Monthly One-time \$100 \$50 \$35 Other Amount \$_____

Name _____ Check or Money Order Enclosed.

Address _____ Visa Mastercard AMEX Discover

City, State, Zip _____ Card Number: _____

Phone _____ Signature: _____

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YES! Please accept my donation

ILLINOIS, continued from page 1

taxed at seven percent. HB1 does not allow an affirmative defense for patients if they're arrested and gives police unfettered access to patient records.

Passage of HB1 came a day after nearly 250 Illinois physicians pledged their support for safe access to medical cannabis and three physicians held a press conference calling on legislators to act.

A Paul Simon Public Policy Institute poll in February found 63 percent of Illinois voters support the legalization of medical cannabis.