



## ASA Appeals Rescheduling Denial to US Supreme Court

**Argues 200+ scientific studies adequately show medical efficacy of cannabis**

ASA is appealing the federal government's refusal to acknowledge the medical use of cannabis to the US Supreme Court. Last month, ASA filed a petition for writ of certiorari with the U.S. Supreme Court asking the court to review the January Circuit Court decision in *ASA v. Drug Enforcement Administration* that upheld the DEA's denial of a rescheduling petition filed by the Coalition for Rescheduling Cannabis, of which ASA is a member. That decision maintains cannabis's federal classification as a Schedule I substance, defined as a highly dangerous drug with no medical value. ASA is challenging the standard set by the District of Columbia Circuit as unreasonable, unprecedented and at odds with other appellate decisions on what constitutes proof of medical efficacy.



Joe Elford

who argued the appeal before the D.C. Circuit last October. "The Court has unreasonably raised the bar for what qualifies as an 'adequate and well-controlled' study, continuing the government's game of 'Gotcha.'"

The D.C. Circuit granted ASA the right to sue the federal government over the classification of cannabis but denied the appeal by setting a new standard for establishing medical efficacy.

"To say that sufficient evidence is lacking on the medical efficacy of marijuana is to ignore a mountain of well-documented studies that conclude otherwise," said ASA Chief Counsel Joe Elford,

cy. Although ASA cited more than 200 peer-reviewed scientific studies in its appeal, the D.C. Circuit held that plaintiffs must produce evidence from large-scale Phase II and Phase III clinical trials -- usually reserved for companies trying to bring a new drug to market -- in order to show marijuana's medical efficacy.

This new standard set by the D.C. Circuit con-  
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## DEA Spends Millions on Raids in Washington

More than a dozen medical cannabis providers in Washington State were simultaneously raided on July 24, at a cost to taxpayers of as much as \$12 million. The federal government does not disclose the cost of individual operations, but ASA has estimated the expenditures based on what is known of the average cost of investigations, raids and prosecutions.

This is not the first coordinated offensive against Washington state patients and providers. In 2011, 14 Seattle-area dispensaries were raided in similar fashion. Earlier that year, the US Attorney for Washington had issued a

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## 15 Years Later, Access in DC

The first legal medical cannabis sales began at the end of last month in the District of Columbia, 15 years after the voters overwhelmingly approved a ballot referendum.

The District's first licensed dispensary, Capital City Care, opened for business July 29. Seven patients are currently registered with the dispensary, and officials report only nine are so far registered with the District's medical cannabis program. Three dispensaries and six cultivation centers have been licensed so far.

Voters in the District approved the medical use of cannabis on a 1998 ballot measure that passed with 69 percent support. The referendum was blocked by an act of Congress, which has power over all laws in the District. That ban was lifted by Congress in late 2009, but the rule-making process in the District took several years, and the process for getting cultivation and distribution licenses is lengthy.

## New Hampshire Adds Medical Cannabis Law

New Hampshire joined the ranks of medical cannabis states in July when Governor Maggie Hassan (D) signed HB 573 into law. The new law creates a registry identification card system, provides an affirmative defense for cardholders and authorizes up to four non-profit distribution centers in the state from which cardholders will be able to obtain up to two ounces in a ten-day period. Registry ID cards are expected to be available within a year. The bill also establishes an advisory council on the therapeutic use of cannabis.



New Hampshire residents can register for the program with a doctor's recommendation for the treatment of a qualifying condition. That includes cancer, glaucoma, HIV, AIDS, hepatitis C, ALS (Lou Gehrig's Disease), muscular dystrophy, Crohn's disease, Alzheimer's, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, and traumatic brain injury. Patients may also qualify if they have an injury or medical condition that

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## Illinois is 20th Medical Cannabis State

On August 1 in a ceremony at the University of Chicago, Illinois Gov. Pat Quinn (D) signed HB1 into law, making the state the 20th to legalize the use of cannabis for medical purposes. The "Compassionate Use of Medical Cannabis Pilot Program" Act creates a framework to protect physicians and qualified patients from arrest and prosecution and establishes a licensed network of cultivation and distribution centers across the state.

Nearly 40 percent of Americans now live in a state with a medical cannabis program.

The new law allows patients with one of 33 debilitating medical conditions, such as cancer,

multiple sclerosis, or HIV to obtain approval from a physician to use medical cannabis. Qualifying patients may possess 2.5 ounces for a 2-week period, which they will be required to obtain one of what will be 60 dispensaries that will be supplied by 22 licensed cultivation centers. Producers and distributors will pay a tax of 7% and patients an additional 1% sales tax. All participants will have to undergo background checks and be fingerprinted.

The four-year trial takes effect January 1, when regulators will establish rules for licensing distribution, subject to approval of lawmakers. The program is not likely to be fully operational until fall 2014. The bill will need to be renewed for the program to continue.

# ASA Partners with TheAnswerPage.com

ASA launched a new educational tool called "Wake & Learn" on TheAnswerPage.com, an informational website for healthcare professionals and others that is sponsored and accredited by the Massachusetts Medical Society. The new resource aimed at providing the facts about medical cannabis features a daily Q&A at 10am via Facebook and Twitter, as well as a weekly interactive crossword puzzle featured every Saturday on the ASA blog, Voices from the Frontlines.

Founded in 1998, TheAnswerPage recently began offering Continuing Medical Education (CME) courses on medical cannabis. While the information on TheAnswerPage is aimed at

healthcare professionals, the daily Q&A on medical marijuana is written for the lay person.

"Doctors and healthcare professionals must understand the medical, legal, social and political issues to best respond to their patients' questions and attend to their needs," said TheAnswerPage Editor-in-Chief Stephen B. Corn, MD, a renowned researcher and faculty member at Harvard Medical School.

TheAnswerPage now provides information on the five most studied cannabinoids as well as explanations of the endocannabinoid system, state and federal marijuana laws, and the FDA drug-approval process as it applies to cannabis.

## California Lobby Day in Sacramento Aug. 12

ASA and its coalition partners in Californians to Regulate Medical Marijuana (CRMM) are sponsoring a citizen lobbying effort in Sacramento this month.



Organizers are planning to get more than one hundred patients and advocates back in the state capitol for the California Summer Lobby Day on Monday, August 12, to support uniform statewide standards for medical cannabis.

This year's event follows the successful lobby day last year, during which advocates visited lawmakers' offices, asking their representatives to support AB 2312, a bill that would

have created a badly-needed a statewide regulatory framework for medical cannabis in California. At the time, the bill was considered dead in committee, but the lobbying effort by hundreds of medical cannabis patients, industry

workers, and other stakeholders revived it and got it through the Assembly.

Patients and advocates will meet on Monday morning, August 12, for a short briefing and training at the Citizen Hotel, and then head to the Capitol building en masse that afternoon to lobby elected officials. Register today at [AmericansForSafeAccess.org/SummerLobbyDay2013](http://AmericansForSafeAccess.org/SummerLobbyDay2013)

## AMERICANS FOR SAFE ACCESS

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flicts with the one established by the First Circuit in *Grinspoon v. DEA*, 828 F.2d 881 (1st Cir. 1987), which held the DEA cannot treat a lack of FDA marketing approval as conclusive evidence that a substance has no "currently accepted medical use in treatment in the United States." The *Grinspoon* decision noted that, for drugs such as cannabis, "there is no economic or other incentive to seek interstate marketing approval...because [they] cannot be patented and exploited commercially."

The D.C. Circuit's stringent standard for establishing medical efficacy, requiring expensive double-blind human trials with thousands of patients, creates a substantial barrier to future petitions to reclassify cannabis for medical use, such as those filed in 2011 by the governors of the medical cannabis states Colorado, Rhode Island, Vermont and Washington.

The petition under appeal was filed in 2002 and denied by the DEA in July 2011. ASA's appeal was the first time in nearly 20 years a federal court has reviewed whether adequate scientific evidence exists to reclassify cannabis. Before the January ruling, the D.C. Circuit had never granted plaintiffs the right to sue when seeking reclassification of cannabis.

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threat letter to Gov. Christine Gregoire, after which she vetoed the dispensary portions of a bill that had passed both the Washington House and Senate.

The federal show of force, one of the biggest one-day operations during the Obama Administration, produced stories in major news outlets, including a report on NBC that one DEA agent added insult to injury by telling a raided provider, "Things are going to be hell for you."

ASA calculates the raids themselves cost just over \$300,000, but the lengthy investigations that typically lead up to such raids likely cost taxpayers \$12 million. In 2012 alone, the DEA used 4% of its budget targeting medical cannabis patients and providers in states where it is legal.

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produces debilitating symptoms.

PTSD had been listed as a qualifying condition but was cut because of objections from Gov. Hassan. A veto threat from the governor also compelled the conference committee to eliminate personal cultivation.

New Hampshire was the last New England state to pass a medical marijuana law.

## ACTION ALERT: 100 Grand a Day!

Tell Congress that President Obama is wasting over \$100,000 a day trying to block safe access. Join advocates across the nation in asking Congress to cut off the money by dropping off a special 100 Grand postcard and candy bar to your Senators' and Representatives' local offices. Go online to [AmericansForSafeAccess.org/100Grand](http://AmericansForSafeAccess.org/100Grand) to get your postcard today!

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