



Federal Judge Lifts Injunction that Shut Dispensary First Court to Enforce Congressional Limit on Department of Justice



For the first time, a federal court has said federal prosecutors cannot stop the distribution of medical cannabis if it is done in compliance with state law. The ruling enforces a budget amendment enacted last year to rein in the Department of Justice.

On October 20, U.S. District Court Judge Charles Breyer lifted a federal injunction that in 2011 had closed a Northern California dispensary, the Marin Alliance for Medical Marijuana (MAMM). The judge ruled the injunction violated restrictions placed on the DOJ by Congress last year in the Rohrabacher-Farr budget amendment, which says the DOJ cannot use tax dollars to interfere with the implementation of state medical cannabis programs.

Judge Breyer's ruling says that a "plain reading of [the Amendment] forbids the Department of Justice (DOJ) from enforcing this injunction against MAMM to the extent that MAMM operates in compliance with state California law" and noted that local officials considered MAMM to be a "model business in careful compliance" with state law and local regulations.



Judge Breyer

The DOJ and the U.S. Attorney in the MAMM case had argued that the Rohrabacher-Farr Amendment does not prevent prosecutions or civil actions targeting individuals. MAMM was shut down by a civil injunction that was accom-

panied by the threat of criminal prosecutions. Other federal courts, such as the one that tried the Kettle Falls Five in Washington State, have not allowed the Rohrabacher-Farr Amendment to be used to stop the prosecutions.

"The Justice Department's interpretation of our amendment was completely ludicrous," said Rep. Sam Farr, (D-CA), one of the amendment's coauthors. "It should not have taken a federal judge to explain that to them. Closing dispensaries denies patients access to medicine, clearly preventing states from implementing their own medical marijuana laws. With this ruling, it's time for the Department to finally listen to the majority of Americans who want patients to have access to medical marijuana."

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Leading Think Tank Says Government Stifles Cannabis Research

A respected think tank last month issued a scathing report criticizing the U.S. federal government for actively undermining important research on the therapeutic potential of cannabis.

The Brookings Institution report "Ending the U.S. government's war on medical marijuana research" explains the various barriers that have "paralyzed science" that could lead to a better understanding of the medical uses of cannabis. The authors, Brookings fellow John Hudak and senior research assistant Grace Wallack, note that "of all the controlled substances that the federal government regulates,

cannabis is treated in a unique manner in ways that specifically impede research."

While cannabis is demonstrably a far safer drug than any other listed in Schedule I or even Schedule II of the Controlled Substances Act (CSA), Hudak and Wallack note the circular logic that keeps it in the most restrictive classification. Medical research is limited because Schedule I means it lacks current accepted medical use, and it is not accepted for medical use because it lacks large-scale research.

Just changing the classification would not fix the problem, according to the report. Layers of

institutional barriers would remain. Among the recommendations the report makes are: "removing the DEA-mandated NIDA (National Institute of Drug Abuse) monopoly on production of marijuana for research, issuing agency guidance, expanding the compassionate use program, and reforming license and registration requirements."

The report also notes that even though the Executive Branch could initiate some of these changes, it would take far longer than action by Congress. The CARERS Act that was introduced in the Senate would make many of the

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Dispensary Report Details Benefits of Regulated Local Approach

ASA last month released a new white paper on medical cannabis dispensaries that details the benefits of local regulations for managing the impacts on patient access, teen use, crime rates and community concerns. The report "Where Will Patients Obtain Their Medicine?" covers the experiences of local officials and communities that have grappled with this contentious issue since dispensaries emerged in California in 1996.

ASA's report finds no basis for concerns that medical cannabis dispensaries will worsen crime rates or otherwise undermine the communities that host them. Empirical research conducted by law enforcement, academics and journalists shows that dispensaries bring eco-

nom development and are not associated with increased levels of crime or other social ills.

"Studies show that well-regulated dispensaries are responsible neighbors that create jobs and improve communities," said Steph Sherer, ASA's executive director. "Creating equitable rules for medical cannabis access is benefits everyone."

Among the states that have passed legislation to create medical cannabis programs, several are still implementing dispensary licensing. Massachusetts, Minnesota and Illinois have issued licenses to medical cannabis dispensaries for the first time in the last year. Maryland, Hawaii and New Hampshire are

now accepting license applications for dispensaries and cultivation sites.

"Counties and cities in states with new medical cannabis programs can be uncertain about dispensaries opening," said Mike Liszewski, ASA's Government Affairs Director. "But local officials who restrict access to dispensaries are not creating any public benefit by imposing extra burdens on a vulnerable patient population."

ASA published a similar report in 2004, "Medical Cannabis Dispensing Collective and Local Regulation," to guide California communities in creating effective, equitable regulations for dispensaries. Since then, hundreds of

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Scientific Society Launches Cannabis Research and Testing Group



Cannabis research and testing standards are the focus of a new initiative by the American Chemical Society (ACS), the world's largest scientific group. The ACS, which is 139 years old and has 150,000 members, voted last month to establish a Cannabis Chemistry Subdivision within the society's Division of Chemical Health and Safety (CHAS). The CHAS provides expertise in laboratory safety, chemical management and chemical safety practices, a mission that will extend to the subdivision, according to its chair, Ezra Pryor.

"Having a group like this will help everyone get on the same page, and upcoming programming could elucidate existing regulations and testing challenges in the cannabis industry,"

said Pryor. "We have the opportunity to recognize those that are taking every effort to be ethical and compliant while also informing those who are not. I'd like to thank Americans for Safe Access for supporting this important work."



Jahan Marcu

Comprised of experts with collectively over 100 years of experience in cannabis chemistry, research and industry regulation, the subdivision will provide a symposium for research and facilitate the development and use of best practices. Since 2011, the number of cannabis testing laboratories has grown from two to more than two dozen, some of which provide product testing required by state law.

"The American Chemical Society recognizes the need for scientific leadership on cannabis," said Jahan Marcu, Americans for Safe Access (ASA) senior scientist and CANN subdivision vice chair. "We were told the process might take years, but the members realized the importance of this work and made the process much faster."

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Fellow amendment sponsor Rep. Dana Rohrabacher (R-CA) also issued a statement, saying, "After months of experiencing the Department of Justice's refusal to follow the letter and intent of the 'Rohrabacher-Farr' provision, a federal court has finally reined them in."

Congress passed the Rohrabacher-Farr Amendment for this fiscal year last December. An updated version for next year names the additional states that have passed medical cannabis laws since then. It passed the House by an even wider margin than last year (242-186) and has been approved by the Senate Appropriations Committee (21-9), but the budget bill it is attached to has not yet passed the full Senate.

After sending a memo to members of Congress while the amendment was debated saying its passage would prevent all marijuana prosecutions, the DOJ now claims it only prevents them from bringing direct legal challenges to state laws. Judge Breyer ruled otherwise, saying "it defies language and logic for the government to argue that it does not prevent California from implementing its medical marijuana laws by shutting down these...heavily regulated medical marijuana dispensaries." Judge Breyer also noted that the sponsors of the amendment have brought complaints against the DOJ for ignoring the law.

On July 30, Reps. Rohrabacher and Farr asked the Inspector General's Office within DOJ to investigate if the continued raids and prosecutions against state-legal medical marijuana patients and providers violate the Antideficiency Act that requires federal agencies to spend money only as Congress directs. In that letter, they noted that everyone in Congress was clear that "the intent and language of the provision was to stop DOJ from interacting with anyone legitimately doing business in medical marijuana in accordance with state law."

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cities and counties have established licensing, zoning and other regulatory rules for dispensary locations.

ASA is distributing the report along with state-specific legal information to officials in Maryland, Hawaii and New Hampshire to educate them as they craft regulations to facilitate medical cannabis access in their communities.

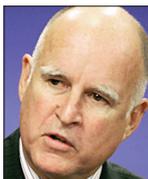
California Cannabis Regulation Bill Signed



Medical cannabis in California will become a commercial business like any other once the Medical Marijuana Regulation and Safety Act is fully implemented. Since 1996, distributors and cultivators have existed as not-for-profit collectives and cooperatives, but lack of clarity in how to operate legally has generated years of litigation.

On October 9, California Governor Jerry Brown signed the trio of interconnected bills that will establish commercial regulation of medical cannabis cultivation, manufacturing, and transportation, as well as a state-level licensing

system. After years of wrangling, the California legislature passed Assembly Bills 243 and 266 and Senate Bill 643 in September with overwhelming support in both the Assembly and the Senate.



Jerry Brown

ASA lobbied to make the Act as effective and inclusive as possible, successfully advocating to exempt personal cultivation from commercial regulatory rules and to move oversight to a new Bureau of Medical Marijuana Regulation. ASA also opposed a tax on commercial cultivation.

ACTION ALERT: Pardon the 'Kettle Falls Five' Patients

Sign the petition today asking President Obama to pardon the three 'Kettle Falls Five' patients sentenced to federal prison terms and fines for cultivating for themselves under Washington State's program. SafeAccessNow.org/pardon_the_kettle_falls_five.

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necessary changes, but despite its widespread bipartisan support, it remains stalled. The authors comment that this political "reluctance is very difficult to understand" as public opinion everywhere in the country overwhelmingly favors allowing physicians to prescribe cannabis like other drugs.

Now that 40 states have enacted some sort of law that establishes legal medical use of cannabis or a cannabis derivative, a substantial majority of the country lives somewhere that allows it and would directly benefit from the research that current policy blocks.

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