**Kettle Falls Patients Get Federal Prison Sentences**

President Obama Urged to Pardon All Three and End Prosecutions

Federal prison sentences were handed down Oct. 2 for the three remaining defendants in the Kettle Falls Five case in Washington State. The case has received national attention as an example of federal interference with state-qualified medical cannabis patients, and lobbying by Larry Harvey, a defendant in the case who died last month from cancer, was instrumental in getting Congress to restrict Department of Justice interference in state medical cannabis laws.

Larry Harvey’s widow, Rhonda Firestack-Harvey, and her daughter-in-law Michelle Gregg were each sentenced to one year and a day. Rhonda’s son, Rolland Gregg, received a sentence of 33 months. All three were released pending appeal.

They were each charged with multiple federal felonies that carried stiff mandatory minimum sentences after a 2012 raid on the family’s personal cannabis garden in rural Washington State, even though there was no evidence of distribution and the garden was clearly marked as medical. The defendants were barred from raising a medical necessity defense, despite being qualified patients in Washington State. The jury acquitted them of all the government’s primary charges but found them guilty of “manufacturing” fewer than 100 plants.

Rhonda and her son

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**California Regulations on Governor’s Desk**

Nearly 20 years since California voters made medical cannabis legal, their state legislators have finally passed a trio of bills that would establish comprehensive regulation and licensing of commercial distribution. Governor Jerry Brown has until October 11 to sign or veto the bills. If he does nothing, they become law.

On September 11, the final day of the legislative session, the Assembly and Senate slammed the three bills through, after unveiling them midday. Lawmakers had seen a host of medical cannabis bills introduced, amended, and combined, before pulling them all at the 11th hour at the behest of the governor. Staffers worked behind closed doors through the beginning of the month on three linked bills: Assembly Bills 243 and 266 and Senate Bill 643.

“History shows regulatory oversight can improve community outcomes and protect access to reliable medicine,” said Don Duncan, ASA’s California Director. “Establishing medical regulation now before the state establishes an adult-use system is extremely important for preserving a program that serves patients.”

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**Maryland Opens License Application Process**

**PFC Hosting Informational Event for Interested Companies**

Maryland has begun accepting applications for operating medical cannabis businesses in the state, with a deadline of November 6. Separate licenses will be issued for cultivating, processing and dispensing medical cannabis. A maximum of 15 cultivation facilities and up to two dispensaries for each of the state’s 47 senate districts will be licensed. The number of processor licenses is yet to be determined.

The Natalie M. LaPrade Maryland Medical Cannabis Commission says it expects to complete its selection process by sometime mid-January, depending on how many applications are received. Once approved, licensees will have one year to complete the remaining licensing requirements, including local zoning, and request final inspection.

Maryland regulations require medical cannabis professionals to meet extensive training requirements and comply with the most robust product safety protocols in the country. ASA’s Patient Focused Certification program (PFC) is under contract with the State of Maryland to train all compliance inspectors for its medical cannabis program.

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**NEW BILL TAKES ON ASSET SEIZURES AND ERADICATION**

A new bill in the House would prevent the Drug Enforcement Administration (DEA) from using civil asset forfeitures to fund cannabis enforcement. In introducing HR 3518, the “Stop Civil Asset Forfeiture Funding for Marijuana Suppression Act,” Reps. Ted Lieu (D-CA) and Justin Amash (R-MI) noted the DEA spent $18 million cutting down plants last year, resulting in 6,310 arrests.

“As multiple states legalize marijuana across our nation, it is a huge waste of federal resources for the DEA to eradicate marijuana,” said Lieu. “The federal government should focus its precious resources on other issues and let the states innovate in the cannabis field.”

If enacted, the bill would also ban transferring seized property to any federal, state or local agencies “for any purpose pertaining to” the DEA’s cannabis eradication program. In 2013, the DEA got $18 million in seized property and funds, which it distributed to over 120 local and state agencies to target cannabis cultivation. The DEA claims the program destroyed more than 4.3 million plants this year, with more than half of those in California.

In 1985, federal forfeiture totalled $27 million. By 2013, it was $2 billion. The DEA says it should get $210 million of that this year.
Family Doctor Association Urges Rescheduling

The American Academy of Family Physicians (AAFP), one of the largest medical organizations in the United States, is calling for changing the federal classification of cannabis to a drug with medical uses.

The resolution adopted last month at the AAFP's annual meeting in Denver states, “Drug Enforcement Administration scheduling of marijuana as a Schedule I drug prevents AAFP's annual meeting in Denver states, is calling for changing the federal classification of cannabis to a drug with medical uses. States, is calling for changing the federal classification of cannabis to a drug with medical uses.

The AAFP represents more than 120,000 family doctors, residents and medical students.

Study Confirms Long-term Cannabis Use Is Safe

A Canadian study of patients using medical cannabis to control chronic pain has confirmed that prolonged use is safe. Researchers found that pain patients using medical cannabis were no more likely to suffer serious adverse events than non-cannabis patients.

The “Cannabis for the Management of Pain: Assessment of Safety Study (COMPASS)” was published online last month in the Journal of Pain. COMPASS included chronic pain patients using medical cannabis and a control group that was not, all selected from seven Canadian pain clinics. The principal investigator for the study was Mark Ware, M.D., Director of Clinical Research at the McGill University Health Centre and Executive Director of the Canadian Consortium for the Investigation of Cannabinoids.

“This is the first and largest study of the long-term safety of medical cannabis use by patients suffering from chronic pain ever conducted,” said Dr. Ware. U.S. research is hampered by the classification of cannabis is listed as Schedule I drug, the most highly restricted.

and to move proposed oversight from the Department of Alcoholic Beverage Control to the Department of Consumer Affairs, where a Bureau of Medical Marijuana Regulation will be created. ASA also helped stop a proposed state-wide production tax on commercial cannabis cultivation.

“Licensing and regulation will ensure better quality standards and product safety, legally protect industry workers, and help reduce public ambivalence about the medical cannabis program,” said Kristin Nevedal, Director of ASA's Patient Focused Certification.

ACTION ALERT: Sign the Kettle Falls Five Pardon Petition

Three patients charged in the Kettle Falls Five case have been sentenced to federal prison terms and fines for cultivating for themselves under Washington’s medical cannabis program. Sign the petition today asking President Obama to pardon Rhonda Firestack-Harvey and Rolland and Michelle Gregg, SafeAccessNow.org/pardon_the_kettle_falls_five.

DONATE TODAY!

Mail to: Americans for Safe Access, 1806 Vernon Street NW, Washington, D.C. 20009
www.AmericansForSafeAccess.org

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M A R Y L A N D , continued from page 1

PFC will be hosting an education and networking event for those interested in applying on October 12 from 5:30 – 9:00pm at the Hilton Baltimore. Leading industry experts will cover how to adequately prepare for the application process, including best practices for satisfying regulatory requirements. Speakers include ASA Lead Scientist Jahan Marcu, Ph.D., who is Chief Auditor for the PFC program, PFC Program Director Kristin Nevedal, and ASA Executive Director Steph Sherer.

The PFC training and education program prepares individuals to comply with state and local regulations and meet industry best-practice standards. PFC training is currently mandated by the Department of Public Health in the District of Columbia for all staff working in the DC medical cannabis program.

PATIENTS SENTENCED, continued from page 1

Thanks in part to lobbying by Larry Harvey, Congress has now twice enacted the Rohrabacher-Farr amendments to the DOJ budget that ban it from interfering with state medical cannabis programs. The amendment was signed by President Obama late last year.

In an April 8, 2015 letter to then-Attorney General Eric Holder, amendment co-authors Dana Rohrabacher (R-CA) and Sam Farr (D-CA) cited “criminal prosecutions, like the recent Kettle Falls case in Washington” as examples of what the amendment was intended to stop. Rohrabacher and Farr have called on the Inspector General’s Office to investigate federal raids and prosecutions of state-legal medical cannabis activities protected by the amendment.

Earlier this year the House of Representatives voted to reauthorize the Rohrabacher-Farr medical cannabis amendment by an even wider margin, voting in favor 242 to 186. The amendment passed the Senate Appropriations Committee on a vote of 22-8.

FORFEITURE, continued from page 1

This bill is another attempt to rein in asset forfeiture actions. Early this year, Sen. Rand Paul (R-KY) and Rep. Tim Walberg (R-MI) introduced again the “Fifth Amendment Integrity Restoration (FAIR) Act” in the House (HR.540) and the Senate (S.255). The FAIR Act would make it more difficult for federal agencies to seize and keep property and require any forfeiture proceeds to be deposited in the General Fund of the Treasury instead of being kept by the agency that seized it. The House bill currently has 85 bipartisan cosponsors; the Senate bill is before the Judiciary Committee.

Property can be seized without a crime being charged. Medical cannabis patients and providers have been routinely targeted by federal civil asset forfeiture proceedings, and federal prosecutors have used it to close hundreds of dispensaries.

CALIFORNIA, continued from page 1

Taken together, the bills delegate to state agencies the regulation and licensing of commercial medical cannabis cultivation, manufacturing, transportation, and distribution. Personal cultivation and collective gardens of five patients or fewer will remain options for patients, though a last-minute change limits individuals to 100 sq ft of cultivation space. ASA strongly opposes that limit and will work with legislators and regulators to modify it.

ASA successfully lobbied to exempt personal cultivation from commercial regulatory rules and to move proposed oversight from the Department of Alcoholic Beverage Control to the Department of Consumer Affairs, where a Bureau of Medical Marijuana Regulation will be created. ASA also helped stop a proposed state-wide production tax on commercial cannabis cultivation.

“Licensing and regulation will ensure better quality standards and product safety, legally protect industry workers, and help reduce public ambivalence about the medical cannabis program,” said Kristin Nevedal, Director of ASA's Patient Focused Certification.

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