



# Americans for Safe Access

Activist Newsletter

Defending Patients' Access to Medical Marijuana

AUGUST 2016

Volume 11, Issue 8

## Appeals Court Says DOJ Can't Prosecute State-Legal Individuals



The U.S. Court of Appeals for the 9th Circuit has ruled that the Justice Department cannot prosecute individuals for medical cannabis activities who are in compliance with applicable state laws. The three-judge panel's unanimous ruling came in response to denied injunctions for defendants in 10 cases in California and Washington who had argued that prosecutors should be prevented from pursuing federal charges because the defendants complied with state law. The court, which covers nine Western states, sent the cases back to their respective trial courts to determine if the defendants had complied with state law, ruling that the DOJ could not proceed if those defendants "strictly complied" with all state regulations.

In 2014, after numerous attempts and extensive lobbying by ASA and other patient advo-

cacy organizations, Congress passed the bipartisan Rohrabacher-Farr amendment to the DOJ budget bill, blocking the DOJ from using budget funds to prevent states from "implementing their own State laws that authorize the use, distribution, possession, or cultivation of medical marijuana."

The DOJ argued that meant they could not directly interfere with state governments but could continue to prosecute cases against individuals who participated in those programs. That interpretation drew incredulous criticism from ASA and the bill's sponsors, and the appeals court ruling emphatically rejected the DOJ argument.

The appeals court decision mirrors that of district court Judge Charles Breyer, who last fall lifted a federal injunction that had closed a



California dispensary, saying the measure plainly prohibits interference with state medical cannabis programs and that to claim otherwise "defies language and logic."

The appeals court agreed, finding that "at a minimum, [Rohrabacher-Farr] prohibits DOJ from spending funds from relevant appropriations acts for the prosecution of individuals who engaged in conduct permitted by the State Medical Marijuana Laws and who fully complied with such laws."

## ASA Report: Cannabis Can Ease Opioid Crisis

ASA in July released a report on why medical cannabis can be a better option than opioid painkillers for the millions of Americans suffering from chronic pain. The report, Medical Cannabis Access for Pain Treatment: A Viable Strategy to Address the Opioid Crisis, is aimed at educating legislators and health practitioners on the role medical cannabis can play in easing the overdose epidemic. As opioid prescriptions have increased over the last two decades, fatal overdoses have quadrupled.

In July, President Obama signed the Comprehensive Addiction and Recovery Act, a bill more focused on treating drug abuse and preventing overdoses than ensuring patients receive safer effective treatment options.

ASA's report outlines research data indicating cannabis can be an effective painkiller that reduces opioid use and provides recommendations for elected officials and physicians. First, Congress can pass the Compassionate Access, Research Expansion, and Respect States (CARRERS) Act (S.683) to harmonize federal and state laws. Second, state lawmakers should ensure chronic pain is included as a qualifying condition for participating in their state medical cannabis program. Lastly, state medical boards can promote medical cannabis education.

"Patients across the US are successfully using cannabis to treat pain with fewer opioids," said ASA Executive Director Steph Sherer. "It is not a coincidence that overdose deaths from painkillers decrease by 25 percent after states establish medical cannabis programs."

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## DEA Denies Medical Uses of Cannabis



A rescheduling petition filed by the governors of Rhode Island and Washington State was the latest to be rejected by the Drug Enforcement Administration (DEA). Despite advance reports that federal officials intended to relax the classification of cannabis, on August 11, 2016, the DEA announced it will remain in Schedule I, the most restrictive category. The DEA said the decision reflects yet another determination by the Department of Health and Human Services (HHS) that "marijuana has a high potential for abuse, has no accepted medical use in the

United States, and lacks an acceptable level of safety for use even under medical supervision."

The DEA did act to end the monopoly on research cannabis that has been maintained by the National Institute on Drug Abuse, which controls the one federally authorized cultivation facility in the U.S. at the University of Mississippi. But the decision keeps the federal government at odds with the consensus opinion of scientific experts, as well as the 27 states and other jurisdictions that have enacted laws

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## ASA Hosting California Educational Tour

California's new medical cannabis regulations are the topic of an educational tour of the state hosted by Patient Focused Certification, a project of Americans for Safe Access. At 11 meetings across the state, cannabis industry stakeholders will learn what to expect from the regulations to be issued by the new Bureau of Medical Cannabis Regulation (BMMR) and get practical advice for how to meet and exceed these requirements. The BMMR will be implementing a state licensing program and product safety protocols under the Medical Marijuana Regulation and Safety Act (MMRSA) passed earlier this year.

Attendees at the PFC events will learn the general regulatory requirements for manu-



facturing, cultivation, dispensing, and laboratory operations, as well as procedures, policies, and training for each. PFC staff have been working with state policymakers and the American Herbal Products Association and American Herbal Pharmacopoeia on industry standards.

The educational events run from Aug. 28 to Sept. 15: Hopland 8/28, Sacramento 8/29, San Jose 8/30, Monterey/Santa Cruz 8/31, Oakland 9/1, Humboldt County 9/10, Trinity County 9/11, San Diego 9/12, Los Angeles 9/13, Riverside 9/14, Fresno 9/15. Register for a city near you and receive \$50 credit for future PFC services.

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# ASA Activist Profile: Coltyn Turner Family, Colorado & Illinois

Coltyn Turner climbed a mountain last weekend. Two years ago, at age 14, he was largely confined to a wheelchair, unable to walk for more than a minute. The difference has been cannabis. Coltyn lives with Crohn's Disease, an inflammatory bowel disease (IBD) he was diagnosed with in 2011 that can be as painful as it is debilitating. Morphine, oxycontin and codeine were among the many medications doctors prescribed, along with asacol, prednisone, methotrexate



Wendy and Coltyn Turner

and others that were unsuccessful at controlling his condition. The end of the line came with Humira, an immunosuppressant that triggered first a false positive for tuberculosis on a skin test and then signs of cancer. Those side effects led his doctors at the Mayo Clinic to conclude he was at a 66% chance of developing T-cell lymphoma, so all treatment was stopped, all western medicines having failed.

Coltyn's parents, Wendy and Tommy, had heard cannabis can be an option for treating Crohn's, so they became part of the fight for safe access in their home state of Illinois two and a half years ago. But the process was slow, and Coltyn needed help immediately, so the Turner family made the hard choice to split up, with Coltyn and his father moving to Colorado Springs on March 4, 2014, without Wendy and the other three kids. After six months, Wendy was able to move out with two of the children,

leaving behind not just their oldest daughter but five generations of family roots.

The move proved worth it. After just seven months of using strictly cannabis, a colonoscopy revealed that Coltyn was in remission. Getting the pediatric recommendation was challenging, with the doctor threatening to turn them over to child protective services if they didn't comply with the treatment plan. Now the doctor consults with Wendy about

new patients and how they might use cannabis, and the Mayo Clinic is following his progress closely. But some in the medical establishment remain skeptical or fearful. The American Journal of Gastroenterology rejected A case study on Coltyn because it was about cannabis.

The dramatic turnaround Coltyn experienced left him and his family determined to educate others about cannabis as a treatment option. They created a Public Service Announcement on facebook that went viral, and now more than two dozen people a week reach out to them on social media. They fought for research money to go to how cannabis can treat IBD, helping secure \$1.3 million in Colorado, where Coltyn was the first patient enrolled at Denver Children's Hospital. Currently, Coltyn travels to conferences for speaking engagements and is featured in an ad being run in Arkansas in sup-

port of the medical initiative there. Documentary filmmakers will be premiering a film about him, *Illegally Alive*.

He may no longer be stuck in a wheelchair, but now he is legally confined to the State of Colorado. Travel means breaking the law to transport his medicine. After a year in remission, the family chanced a trip back to Illinois to visit grandparents and friends. As law abiding citizens, they left his cannabis in Colorado. Within a week, a flare up of his condition had put him in the hospital. Back in Colorado using cannabis, he returned to remission.

"We would like to go home," says Wendy. "The whole world can't move to Colorado. Your zipcode should not determine your health." Or as Coltyn says, he'd rather be illegally alive than legally dead. Climbing mountains instead of being carried to bed.

*DEA REJECTS continued from page 1*

that currently allow more than 2 million Americans to legally obtain and use cannabis for medical treatment.

The Controlled Substances Act, the 46-year-old law that classifies drugs in the US according to their risk and efficacy, requires an 8-Factor Analysis to be used for determining which schedule a drug belongs in. ASA conducted an independent 8-Factor Analysis that found cannabis is currently misclassified.

The news of the DEA decision came the day after the National Conference of State Legislators called on Congress to reschedule cannabis. Many professional health organizations such as the American College of Physicians and the American Academy of Pediatrics have also called for changing its classification, as have members of Congress. In a letter to the Attorney General and the DEA, Sen. Elizabeth Warren (D-MA) and seven others pressed for immediate action, noting federal law creates a host of problems for licensed cannabis businesses and clinical researchers.

*OPIOID REPORT, continued from page 1*

ASA's report, which was delivered to all members of Congress, shows that access to medical cannabis for pain treatment could help address both accidental overdoses and opiate addiction. That idea has support in Congress from Senator Elizabeth Warren (D-MA), who in February called on the Centers for Disease Control (CDC) to collaborate with states and other federal agencies on the exploration of "alternative pain relief options" including medical cannabis.

Chronic pain is the most common condition for which patients use medical cannabis, but a quarter of the states with relatively robust programs exclude it from qualifying conditions.

## ACTION ALERT: Help Pass A National Cannabis Bill!

This current Congressional interest in the opioid addiction epidemic provides an opportunity to gain support for the CARERS Act. Congress is on summer break and now is the perfect time for you to arrange meetings in your district offices. With four simple steps you can help educate and inform legislators of the growing need for an alternate treatment for the millions of patients suffering from pain every day. Go to our online action alert center for the details: [www.safeaccessnow.org/passcarers](http://www.safeaccessnow.org/passcarers).

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