ASA Petitions DEA to Correct Cannabis Misinformation

ASA took legal action this month to compel the Drug Enforcement Administration (DEA) to immediately correct misinformation about cannabis. The petition filed with the Department of Justice (DOJ) cites 25 violations by the DEA of the Information Quality Act, the federal law that requires administrative agencies to ensure the “quality, objectivity, utility, and integrity of information” they distribute.

Among those 25 violations are inaccurate statements about cannabis on the DEA website, as well as ongoing claims that misrepresent the efficacy of medical cannabis and its risks. Some of the claims challenged by ASA’s petition have been refuted by the DEA itself in its recent “Denial of Petition to Initiate Proceedings to Reschedule Marijuana,” issued August 12, 2016.

“For years, the DEA has published scientifically inaccurate information about the health effects of medical cannabis, directly influencing the action—and inaction—of Congress,” said ASA Executive Director Steph Sherer. “Our request is simple: The DEA must change its public information to better comport with its own expressed views, so that Congress has access to the appropriate tools to make informed decisions about public health. Alternatively, ASA requests that the DEA simply remove the inaccurate statements or the documents in their entirety.”

The petition, ASA’s second such challenge to government claims about cannabis, was prepared with unpaid assistance from the law firm of Orrick, Herrington & Sutcliffe.

“We have taken this action to stop the DEA’s relentless campaign of misinformation about the health risks of medical cannabis in its tracks,” said Vickie Feeman, an attorney with Orrick, Herrington & Sutcliffe. “We are proud to represent Americans for Safe Access pro bono in this matter to protect the rights of patients.”

ASA Releases Roadmap to Resolving Policy Conflicts

The 20-year conflict over medical cannabis programs can be resolved if federal policy makers follow the roadmap released by Americans for Safe Access this month. ASA’s briefing book, “Medical Cannabis in America,” outlines actions that would protect the more than two million medical cannabis patients in the U.S., including allowing local manufacturers, growers, and distributors to operate in accordance with state laws. The report includes steps for President Obama to take during the lame duck Congressional session, as well as suggestions for the incoming Congress and President.

ASA’s medical cannabis briefing book provides modern scientific evidence on medical cannabis, what the federal and state conflict means for patients who rely on this medicine, and what Congress can do to end this conflict. The report outlines how federal agencies can help states increase the quality and safety of medical cannabis programs, details a role for federal oversight after the passage of comprehensive legislation, and identifies several steps the President Obama can take now.

He can direct the Drug Enforcement Administration (DEA) to update their website and publications to reflect current science. He can order federal agencies to take the recommendation from the Food and Drug Administration (FDA) to reevaluate the regulations that are identified barriers to cannabis research and rescheduling. He can work with the United Nations on the outdated classification of cannabis in the UN Single Convention of Drugs. And he can use his clemency power to release from federal prison the remaining medical cannabis POWs.

“For years, the DEA has published scientifically inaccurate information about the health effects of medical cannabis, directly influencing the action—and inaction—of Congress,” said ASA Executive Director Steph Sherer. “Our request is simple: The DEA must change its public information to better comport with its own expressed views, so that Congress has access to the appropriate tools to make informed decisions about public health. Alternatively, ASA requests that the DEA simply remove the inaccurate statements or the documents in their entirety.”

The petition, ASA’s second such challenge to government claims about cannabis, was prepared with unpaid assistance from the law firm of Orrick, Herrington & Sutcliffe.

“We have taken this action to stop the DEA’s relentless campaign of misinformation about the health risks of medical cannabis in its tracks,” said Vickie Feeman, an attorney with Orrick, Herrington & Sutcliffe. “We are proud to represent Americans for Safe Access pro bono in this matter to protect the rights of patients.”

ASA argues that the DEA’s presentation of scientifically unfounded information diminishes the utility of accurate information and can jeopardize public health. The inaccurate information makes it difficult for public officials and medical providers to make informed decisions regarding the viability of medical cannabis treatment options.

Voters Approve Four Medical Cannabis Acts

On election day, voters in four states approved medical cannabis initiatives. The measures in Florida and Montana expanded limited programs devised by their state legislatures, while Arkansas and North Dakota will be starting fresh. That brings the total of states that allow legal access to some type of medical cannabis product to 44, with 29 now qualifying as comprehensive patient programs.

In Arkansas, Issue 6 prevailed with more than 53% voting in favor. The state Department of Health has 120 days from the election to establish rules for creating a registry for patients qualifying under 17 medical conditions and licensing for cultivators and distributors. A bill has been introduced to delay to July 1, 2017 the deadline for licensing distributors and cultivators. Caregivers will be permitted but not personal cultivation.

In North Dakota, Measure 5 passed in a landslide with more than 63% support and a 27 point advantage over those opposed. Patients may qualify under a broad set of a dozen medical conditions and may petition the state Department of Health to add to the list. Once licensed, patients and caregivers may obtain up to three ounces of cannabis at a time and may cultivate at home if they live more than 40 miles from a licensed dispensary. The new law went into effect December 8.

In Florida, Amendment 2 won with an overwhelming 73% voting in favor, well more than the 60% required for a constitutional amendment in the state. The initiative creates a robust medical cannabis program that supplants the more limited one established by the legislature in 2014 which only allows non-smoked forms of low-THC medicines.
New Medical Cannabis Educational Resource Launches Online

Doctors and patients now have access to a new, comprehensive educational resource. On December 15, Americans for Safe Access and TheAnswerPage, an international resource for providing accredited continuing medical education since 1998, launched the Cannabis Care Certification (CCC) program. The online resource offers specialized courses for individual patients and healthcare professionals.

The CCC Patient & Caregiver Education Program offers guidance for patients, family members, caregivers, and anyone interested in medical cannabis. The program features two hours of video education on topics such as dosage, titration and labeling and includes a legal overview and list of requirements for participating in a state Medical Cannabis Program. Those who complete the program receive a Cannabis Care Patient and Caregiver Certification.

The CCC Medical Professional Education Program features a comprehensive introduction to medical cannabis, from the endocannabinoid system to the therapeutic use of cannabis in multiple disease states. The program is designed to educate those new to medical cannabis therapy, as well as for those with years of experience in this area of clinical practice. Healthcare professionals who complete the Medical Professional Program will be awarded a “Cannabis Care Certification,” CME credits, patient education subscription, and an option to be listed on the CCC website referral section.

“Whether or not doctors or other healthcare professionals have any intention of recommending medical cannabis for patient care, they all need to be well educated in this clinical area because their patients will be seeking their expert advice and guidance for this medication,” said TheAnswerPage co-founder Stephen B. Corn, MD, a specialist with over 30 years of experience in anesthesiology, perioperative, and pain medicine.

“Some patients may already be utilizing medical cannabis, so doctors and other healthcare providers will need to be aware of the physiological effects of cannabis as well as potential drug interactions and side effects. Expertise in medical cannabis will be necessary for most doctors, pharmacists, nurses, and other healthcare professionals.”

Cannabis Care Certification also offers a Companies and Organizations Program which can be customized for industry partners looking to enhance patient and medical professional education. Courses and lectures can also be created to address the needs of any institution, company, or organization. The program also features online tools that reference state-specific cannabis laws, rules and regulations.

ASA Opens Unity 2017 Conference Registration

Registration is now open for ASA’s 5th annual National Medical Cannabis Unity Conference in Washington, DC at the Loews Madison Hotel from April 7-11, 2017. A national lobby day on Capitol Hill follows the conference, giving attendees a chance to directly lobby their federal representatives.

Unity 2017 offers an opportunity to gather with other patients, providers, activists, medical and legal professionals from around the country to exchange ideas, learn best practices, and discover how to navigate medical cannabis in a new political landscape.

This conference will also provide professional development and leadership training to patients and concerned citizens in all areas of advocacy including federal, state and local government relations, public affairs, community relations, public policy, legislation, Congressional relations, community activism, political engagement and campaigns. Attendees will hear from successful lobbyists and communicators, elected officials, professional staff, industry experts, and public policy specialists on a wide variety of how-to topics on legislative and regulatory advocacy.

More information and registration is online at NationalMedicalCannabisUnityConference.org.

ACTION ALERT: Join the IQA Petition Campaign!

ASA filed on behalf of our members a new petition under the Information Quality Act (IQA) that could force the Drug Enforcement Administration (DEA) to correct its unscientific information about medical cannabis. If successful, it will be a watershed moment in the effort to end the conflict between federal and state law.

Department of Justice guidelines require a response within 60 days of filing. That means the Obama Administration can still act on our members’ IQA petition and grant the request. If you want to be a part of history, join ASA now and be a part of this amazing moment. If you are already a member, you can help by making a generous one-time donation or affordable monthly contribution.

Do not miss out on this opportunity. Please contribute today to support this effort. www.safeaccessnow.org/donate

DONATE TODAY!

YES! Please accept my donation

(check one) □ Monthly □ One-time (select amount) □ $100 □ $50 □ $35 □ Other $_____

Name ____________________________________________

Address ___________________________________________

City, State, Zip _____________________________________

Phone ____________________________________________

Email _____________________________________________

Card Number: ____________________________

Exp. Date:______ CVV Security Code ______

Mail to: Americans for Safe Access, 1624 U Street NW, Suite 200, Washington, D.C. 20009

www.AmericansForSafeAccess.org

In Montana, almost 58% of voters approved a new medical cannabis initiative, replacing the stripped-down version of a program that was left by legislative changes to the 2004 ballot measure. On December 7, a judge ruled that the new initiative’s repeal of the three-patient limit on caregivers goes into effect immediately. The new law also removes review requirements for physicians who recommend cannabis to more than 25 patients in a year. Other provisions will go into effect on June 30, 2017.

(VOTERS, continued from page 1)