

Utah Medical Cannabis Initiative Passes, Gets Replaced

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On election day, voters in Utah passed a medical cannabis ballot initiative, Proposition 2, with

nearly 53% of the vote. But before Proposition 2 could go into effect, state lawmakers stepped in to replace it with an alternative bill that imposes additional restrictions.

The Utah Medical Cannabis Act was touted as a "compromise bill" between supporters and opponents but included limited input from patient advocates. It was passed largely on party lines, 60-13 in the House and 22-4 in the Senate, with Democrats in opposition urging that the will of the voters be respected.



Utah Activists Doug Rice and Christine Stenquist of TRUCE on election night.

passed. Utah state law allows citizen initiatives to be overridden by the legislature. Governor Gary Herbert pledged to implement the new program as quickly as possible, but the law sets

Application forms and instructions for patients

and facility operators will be made available no

later than June 4, 2019. The Department of

Health will begin accepting license applications

for medical cannabis cultivation, dispensary,

manufacturing and testing facilities August 9.

Up to 192 dispensaries are to be licensed

throughout Missouri. State officials say the

soonest medical cannabis dispensaries will be

The current state program, operational since

2016, is limited. Patients with a seizure disorder

and a recommendation from a neurologist can

obtain CBD extracts with no more than 0.3%

THC from two state-regulated "cannabidiol oil

Because the new law is a constitutional amend-

ment, any changes to it would need to pass in

the legislature then be put to a popular vote.

serving patients is January 2020.

a date of March 2020 for it to be operational. The new law creates a complex distribution system of prepackaged medical cannabis "doses," which a state-run "central fill pharmacy" would send to a local health department office for pick up by the patient. Seven to ten other "medical cannabis pharmacies" may be licensed, and 10-15 cultivators are expected to be approved.

Proposition 2 would have allowed qualifying patients to obtain up to two ounces of cannabis every 14 days from up to 40 state-licensed dispensaries and allowed for edible products.

Patients with qualifying conditions and a recommendation from a medical or mental health professional will be eligible for a medical cannabis card. The legislation removed (continues on page 2)

Researchers Meet with African Regulators

Medical cannabis researchers traveled to Johannesburg, South Africa to meet with stakeholders about creating safe access in the region. ASA's research partner, the International Cannabis and Cannabinoid Institute (ICCI), hosted a series of events for global experts to consult with local medical professionals and Southern Africa Development Community (SADC) regulators.

"Medical Cannabis could have a great impact on the quality of life of many SADC citizens as well as create much needed revenue streams," said Dr. Pavel Pachta, ICCI's International Regulatory Affairs Director. International Narcotics Control Board (INCB).

ICCI is an international research and educational hub co-founded in the Czech Republic by ASA to identify, coordinate and support global research on cannabis and cannabinoid treatments. The ICCI seminars in South Africa include patient advocates, clinicians, and representatives from the INCB and the United Nations Committee on Narcotics Drugs.

"We are extremely pleased to have the opportunity to liaise with medical colleagues in southern Africa and discuss the myriad possibilities for cannabis therapeutics on the continent," said Dr. Ethan Russo, ICCI's Director of Research and Development.

Missouri Adds Safe Access to Constitution

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Medical cannabis patients in Missouri can look forward to expanded access and legal protec-

tions in the new year, thanks to the state's voters. Three medical cannabis initiatives were on the November ballot, with the top voter getter being Amendment 2 with 65.5%.

The constitutional amendment allows patients to register with the state Department of Health and Senior Services as of July 4, 2019 for a \$25 fee. Patients and their designated caregivers will be allowed to possess up to four ounces of cannabis, though that may be increased by state officials.

Qualifying conditions are broadly defined and include cancer, epilepsy, glaucoma, migraines, muscle spasms, HIV/AIDS, psychiatric disorders, any chronic condition for which a habit-forming medication is prescribed or a doctor deems cannabis to be appropriate for treatment.

ASA Meets with Aruba Officials at Conference

care centers."

ASA's Director of Government Affairs David Mangone travelled to Aruba to meet with government officials about establishing a medical cannabis program there. Mangone joined over a dozen medical cannabis leaders from the Caribbean, Latin and South America to discuss successes and setbacks of medical cannabis programs. Following a confidential meeting on November 30, Mangone attended Aruba's first Medical Cannabis Conference, which assembled health care practitioners, policy makers, and researchers to discuss the future of medical cannabis in the Caribbean. A report



detailing recommendations to the Aruban Government will be made available next month.

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Activist Profile: Doug Rice, Utah

Doug Rice, a retired firefighter and paramedic in Utah, became a medical cannabis advocate on behalf of his 26-year-old daughter, Ashley. Ashley was in her mid-teens when she had her first drop seizure at school. Gradually they increased in severity and frequency until she was having a dozen grand mal seizures a day.

Ashley's epilepsy is part of a genetic condition called PURA Syndrome that results from a chromosome malformation. The condition has been identified in fewer than 500 people.

As Ashley's seizures escalated, Doug, like so many parents of children with seizure disorders, started investigating using CBD extracts to control them. The neighboring state of Colorado provided



options for investigating various cannabis medicines. Pure CBD extracts initially reduced Ashley's seizures from a dozen a day to a couple, but then the seizures came back up to a few a day. They discovered that a 10:1 CBD:THC ratio medicine produced total seizure control. That convinced Doug to advocate for making these types of medical cannabis products available in Utah.

"I already knew cannabis was relatively safe," says Doug. "In 30 years as a paramedic, I've never seen a person OD on it."

Doug lobbied state lawmakers in 2014 on behalf of the CBD bill that was eventually passed, and pushed for more access. In 2016, he worked on Senate Bill 73, which would have expanded Utah's program, but after passing the state senate, the bill died in committee in the house. That's when Doug and other advocates decided on a new approach.

That led them to draft a citizen initiative to fix the state program's shortcomings and gather signatures to place it on the ballot. Proposition 2 passed with 52.75% of the vote, despite opposition from the Mormon church. The proposition never took effect because lawmakers stepped in to replace it with a complex bureaucracy of tight controls that will limit access.

"This new bill is ironic because our state prides itself on small government," says Rice. "As a registered Republican, I do, too, but this creates just the opposite."

In addition to his advocacy work on medical cannabis, Rice has served in leadership positions for the Epilepsy Association of Utah. He became vice-president of the organization in late 2016, and last year became state president through July 2019.

"It's been incredible working with the Epilepsy Association," Rice says. "I've had my eyes opened. I felt pretty lonely on capitol hill, but I've been impressed by what can be done with citizen lobbying."

When he was working on the state's CBD-only bill, known as Charlie's law, in 2014, he got to see the power of concerned Utah parents in action.

Rice is disappointed that state lawmakers have watered down the legislation he and other patient advocates worked so hard to get passed, but he's determined to continue working with ASA-affiliate TRUCE and the Utah Patients Coalition, which spearheaded the initiative drive.

ACTION ALERT: Register for Unity 2019, March 18-19

ASA's annual Unity Conference and Lobby Day March 18-20, 2019 is a unique opportunity for patients, advocates and other stakeholders to get educated on critical issues and take action on behalf of Safe Access. Register for the conference today or fill out a scholarship application. **www.nationalmedicalcannabisunityconference.org**

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Upcoming ASA Events

End Pain, Not Lives Fundraiser Networking Event – January 25

On January 25, please join ASA for a fundraiser and networking event to raise awareness about medical cannabis as a safe alternative to prescription opioid use.

Everyone is welcome to attend this event to support the "End Pain, Not Lives," national campaign, including medical



cannabis industry professionals, providers, patients, caregivers, students, advocates, medical and legal professionals, policy makers, and concerned citizens. Spread the word by sharing the link on social media and inviting friends to attend the event. Space is limited, so buy your tickets soon to secure a spot.

If you cannot attend in person, but still want to give, please choose the donate-only ticket option. A list of donor names will be shown at the event. For sponsorship information, please contact Reenal@safeaccessnow.org.

Unity 2019 Conference, March 18-20

Early Bird Registration is now open for ASA's 2019 National Medical Cannabis Unity

Conference. The 7th annual conference will be held next year in Washington, D.C. from March 18-20. The theme for 2019 is "The Price of



Being a Medical Cannabis Patient," with panels on the financial and social barriers patients face. Scholarships applications for activists to attend Unity 2019 are open until January 6.

ASA will award a limited number of scholarships to those who have a financial need that may prevent them from otherwise attending. In order to qualify for a scholarship, you must commit to attending ASA's congressional lobby day during the conference, and have taken action with ASA in the last year. Decisions will be made by January 18.

ASA is seeking sponsors for Unity 2019. Email conference@safeaccessnow.org to help.

(UTAH, continued from page 1)

most autoimmune diseases from the list of qualifying conditions, except for Crohn's disease and ulcerative colitis. Patient registrations will be valid for just 30 days, then subject to renewal every six months.

Currently, patients diagnosed by a neurologist with intractable epilepsy can register to legally use and possess CBD extracts, but there is no legal way to obtain them.