



World Health Org Recommends Rescheduling Cannabis

In an historic move last month, the World Health Organization (WHO) told the world that cannabis should be classified as a medicine. The WHO accepted the recommendations of its Expert Committee on Narcotic Drugs and issued a statement saying cannabis and its resin can be removed from Schedule IV of the Single Convention on Narcotic Drugs, the classification reserved for highly dangerous substances with no medical use.

Rescheduling cannabis under this international treaty would mean governments worldwide could no longer use it as a reason for blocking safe access and would have to ensure the ade-

quate availability of cannabis for treatment of patients in their country.

The 1961 decision to include cannabis and cannabis resin in Schedule IV of the Single Convention was politically motivated and never vetted by scientists. Patient advocates have repeatedly urged WHO to carry out a critical review to fairly evaluate its therapeutic usefulness and place it in an appropriate schedule.



World Health Organization

In March 2016, a group of world-renowned cannabis experts, convened by Americans for Safe Access, submitted to the WHO a comprehensive document describing the medical usefulness of cannabis, consistent with WHO guidelines. Eight months later, the WHO began the critical review.

The WHO recommendations now go to the United Nations, which will put them to a vote in March during the 62nd session of the Commission on Narcotic Drugs in Vienna, Austria. Fifty-three nations are members of this commission. A simple majority of the members present and voting is required to approve it.

Since the 1990s, burgeoning scientific evidence of therapeutic potential and the determination of patients to fight for legal access have helped establish medical cannabis programs in many countries. But prohibitive cannabis laws

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Medical Cannabis Legal in Virgin Islands

The will of the voters in the U.S. Virgin Islands is now reflected in law, as a medical cannabis program was enacted more than four years after voters passed a referendum calling for one. Protections will extend to medical cannabis patients visiting the islands who are registered in other states or possessions.

Lawmakers approved a bill late last year, and Gov. Albert Bryan Jr. signed it in January. The non-binding voter referendum passed in 2014 with 56% in favor. Senator Positive T.A. Nelson

has reintroduced medical cannabis bills each year until achieving success last December.

The Virgin Islands Medical Cannabis Patient Care Act establishes licensing and regulations for cultivation, dispensaries, manufacturing and testing. Qualifying patients who are residents of the US Virgin Islands will be able to cultivate up to 12 plants for personal use and possess up to four ounces of cannabis. Nonresident patients will be able to have up to three ounces.

Opioid Addiction a Qualifying Condition in NJ

New Jersey Gov. Phil Murphy announced in late January that anyone in treatment for opioid addiction is qualified to use medical cannabis. The move was one of several steps announced to fight the opioid epidemic in the state and is consistent with recommendations Americans for Safe Access distributed to state officials last year.

ASA's End Pain, Not Lives campaign has been educating policy makers and the public that cannabis is a viable alternative to opioids in pain treatment. Research shows cannabis can lower the effective dose of opioids and serve as an "exit drug" for those with opioid dependence. New Jersey officials report more than 3,000 people died of overdoses in the state last year, an increase of 15 percent.

Under Gov. Murphy, New Jersey has doubled the number of patients enrolled in the state's medical cannabis program. The previous governor, Chris Christie, opposed the program. In recognizing opioid addiction as a qualifying

condition, New Jersey joins neighboring New York and Pennsylvania and other states.

Illinois now allows patients to substitute medical cannabis for an opioid prescription before developing a dependence. The Opioid Alternative Pilot Program is unique in giving pain patients the option of medical cannabis without requiring a specific recommendation.

Arkansas Announces Dispensary Licenses

Two years after voters approved a medical cannabis program for the state, Arkansas officials announce last month the 32 companies that will be licensed to provide medicine to patients. The state issued five cultivation licenses last year, but no medical cannabis is yet available there. Nearly 7,000 patients have been approved by the state Department of Health, which is to issue cards to them this month. Officials estimate medical cannabis may be available by April.



ASA Staff Attend ICCL Meetings in Prague

From January 30 to February 1, experts from around the world convened in Prague for the Annual Global Network Meeting of the International Cannabis and Cannabinoid Institute (ICCI). ASA President and Founder, Steph Sherer, ASA Deputy Director, Debbie Churgai, and PFC Director, Heather Despres were among the attendees of this meeting.

During the meeting ICCL staff and strategic partners, such as ASA, were presented with an overview of current projects and new initiatives for 2019. ASA's Patient Focused Certification (PFC) and Cannabis Care Certification (CCC) projects being among the topics discussed.

ICCI was co-founded by ASA to help remove barriers to access globally by bringing together the current knowledge base for research.

Activist Profile: Todd Scattini, Kansas City, Missouri

Todd Scattini's journey to medical cannabis activism began, improbably, in Afghanistan. An Army officer, Scattini was asked in 2011 to devise a plan to create an industry for the Afghans out of the resources they had. The three main resources they had were opium, rare minerals (which China had the rights to), and cannabis. He decided hemp would be perfect. The plant was not just well suited to the region's environment and farming techniques but promised to dilute the prohibition market in drug cannabis through cross-pollination. His proposal fell on deaf ears, but his hemp research had exposed him to information about the potential of medical cannabis, and he was hearing from veterans that it could help with everything from PTSD to chronic pain. By the time he got to his final post, Ft. Leavenworth, he was passionate about medical cannabis and determined to apply all he'd learned in an unusual military career.

After enlisting in 1990, Scattini had been sent to the military language school in Monterey, then to West Point. He emerged an officer in the tank corps, speaking Czech, Slovak, Russian and German, and became a cavalry troop commander for the 1st Infantry Division stationed in Germany. He would go on to become a European Foreign Area Officer and defense attaché serving in six different countries, including the Czech Republic, Belgium, Bosnia, Slovenia, France and Afghanistan, where his liaison duties meant understanding not just the local language but the history, culture and politics of the place. He would finish his military service teaching strategy at the Command and General Staff College at Fort Leavenworth, just across the river from Kansas City, Missouri.

"One of the first things I did at Ft. Leavenworth was go to the JAG office to ask if the

Army would have any problem with me joining Kansas City NORML," Scattini says. "They said I just couldn't appear in uniform or use it myself." So Scattini went to work raising awareness, speaking at every opportunity and engaging with veterans in Kansas City, which is home to the headquarters of the Veterans of Foreign Wars (VFW).



"The medical properties of cannabis were important, but the more I learned, the social justice impacts became very important," says Scattini. "At the roots of prohibition were serious racism and greed – things that seemed incredibly un-American – and I wanted to change that. It didn't seem representative of the country I had signed up to defend."

After 27 years of service, Scattini retired as a Lt. Colonel at midnight on December 31, 2017. "One second later, cannabis was legal in California," says Scattini, who sees many parallels between his own life and what's happened with cannabis in the U.S., from being born in 1970, the year Congress passed the Controlled Substances Act, to graduating West Point the year the first state medical law was passed.

A native Californian, Scattini decided to stay in Kansas City after he left the Army because he saw an opportunity to affect the situation in Missouri, which is home to more than 450,000 veterans. Eleven months later, the state's voters approved Amendment 2, enacting a medical cannabis program Scattini calls the best in the nation.

Now he is pushing to make Kansas City a leading center for medical cannabis research in the U.S., meeting regularly with the mayor's office about how blighted urban area can be revitalized by welcoming research, manufacturing, and dispensaries. He's found allies in other West Point grads working in the Mayor's office, and he's lobbying the Veterans Administration and the VFW to support more research and access for veterans.

"Cannabis can be an alternative to the methods we have been using to treat the injuries of combat," he says. "It can help alleviate not just suicides and overdoses but the problems veterans face with education, employment, homelessness and addiction."

The day after Missouri passed its medical cannabis initiative, Scattini created Cavalry Cannabis, the first of two cannabis companies he has founded. He's now in the process of pursuing a license for a fully integrated facility for research and development that he hopes will attract support from the VA and Department of Defense. His Harvest 360 Tech project is using analytics to create 3D maps of cannabis for therapeutic applications. He has also been working on The Athena Protocol, a strategy to mitigate and treat Traumatic Brain Injury, what he describes as his passion project.

"I had a platoon leader die from the effects of a head injury after five weeks," he says. "Losing him was really painful for me. I'm convinced immediate treatment with cannabinoids might have saved him."

Scattini is also convinced that Kansas City has the potential to be the leader for medical cannabis in the U.S.

"We're in the geographic center of the country, we have so many veterans and services for them here, and we have the city government completely on board," Scattini says. "We're working with them to rebuild the infrastructure of the past to become a city of the future -- something they can be very proud of."

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based on the provisions of the Single Convention prevent millions of patients worldwide from using cannabis medicinally and treat those who do as criminals.

In addition to the recommendation on cannabis and cannabis resins, the WHO concluded dronabinol (Marinol) and other THC isomers should be removed from the 1971 Convention on Psychotropic Substances and added to the lowest classification of the 1961 Convention. The WHO also recommended that cannabidiol (CBD) preparations containing not more than 0.02% of THC be exempted from all international control. None of these changes would modify the prohibition of cannabis for recreational use.

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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