



Americans for Safe Access

Activist Newsletter

Defending Patients' Access to Medical Marijuana

JANUARY 2017

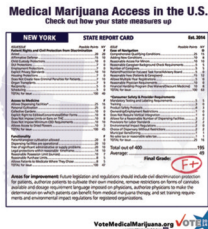
Volume 12, Issue 1

ASA in 2016: Protecting Patients, Defending Facts, Educating Leaders

Americans for Safe Access took several important steps in 2016. As the leading grassroots organization for medical cannabis patients, ASA lobbied, educated and litigated on the federal, state and local levels. That included groundbreaking reports on how cannabis can ease the opiate overdose crisis, what elected officials can do now to resolve policy conflicts, and how states are implementing medical cannabis programs. ASA's strategic partnerships are creating new legal and educational opportunities for patients and professionals, and ASA staff have been at the center of international policy reform and medical research efforts.

Annual Report Finds States Improved

At the start of last year, ASA issued its annual report, "Medical Marijuana Access in the US: A Patient-Focused Analysis of the Patchwork of State Laws." The 2016 report used a new rubric that put added emphasis on quality assurance and product safety regulations that protect vulnerable consumers from pesticides and other potential risks. Nineteen states introduced legislation to legalize medical cannabis in 2015. More than a dozen of the states with robust programs passed legislation in 2015 or created new regulations to expand or improve them, including California, which adopted a comprehensive regulatory approach and added civil protections for patients. The most notable state trend in 2015 was the spread of comprehensive product safety rules, many based on the Recommendations to Regulators from the American Herbal Product Association (AHPA).



ASA Brings Pleas for Reform to UN

In April, ASA was part of the International Medical Cannabis Patients Coalition (IMCPC) urging the United Nations to update its drug policies. The UN General Assembly Special Session (UNGASS) on drug policy opened with a discussion of the conflict



between medical cannabis laws and the UN treaties prohibiting marijuana, with the UNGASS president noting "access to drugs for medical use is a human right to protect." ASA Executive Director Steph Sherer was one of those who met with UN officials to reconsider its classification of cannabis. To help educate UN member states, ASA and IMCPC created a one-page document, Moving Global Cannabis Policy Forward, that ties cannabis to the UN's stated priorities for drug policy. ASA also distributed a 94-page report, Cannabis and Cannabis Resin: Critical Review Preparation Document, which reflects the consensus of more than a dozen experts and was

peer-reviewed at ASA's 2016 Unity Conference. Since then, ASA has successfully lobbied the World Health Organization Expert Committee on Drug Dependence to create a pre-critical review document to be presented at next year's annual meeting in Geneva, the first step in rescheduling cannabis under the UN Single Treaty.

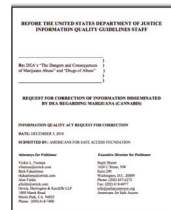
Report Shows Answer to Opioid Crisis

Medical cannabis can alleviate the opioid painkiller crisis, according to an ASA report released in July and delivered to all members of Congress. The report, *Medical Cannabis Access for Pain Treatment: A Viable Strategy to Address the Opioid Crisis*, shows legislators and health practitioners how medical cannabis can ease the overdose epidemic that has seen fatalities quadruple over the last 20 years. Based on research data showing cannabis can be an effective painkiller that reduces opioid use, the report provides recommendations for elected officials and physicians.



ASA Files Demand to Fix DEA Info

ASA took legal action in December 2016 to compel the Drug Enforcement Administration (DEA) to immediately correct their 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. Some of the erroneous DEA claims challenged by ASA's petition were refuted by the DEA itself in documents it released in August. ASA argues that the DEA's presentation of inaccurate information jeopardizes public health. The petition, ASA's second such challenge to government claims about cannabis, was prepared with Orrick, Herrington & Sutcliffe, a global law firm providing pro bono aid in partnership with ASA. The partnership between ASA and Orrick will include new legal



FEDERAL MEDICAL CANNABIS DEVELOPMENTS

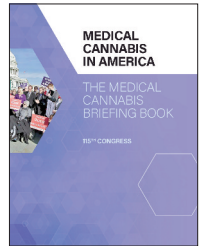
Congress Extends Protections through April

At the end of 2016, Congress extended through April the limits on the Department of Justice (DOJ) that protect state-legal medical cannabis patients and providers. The restrictions are part of budget approval for the DOJ. The Rohrabacher-Farr amendment language from last year's DOJ spending package was included in H.R. 2028, a continuing resolution that funds the federal government through April 28, 2017. The Rohrabacher-Farr amendment has figured in cases such as U.S. vs. McIntosh, which held that, so long as the amendment remains in

effect, federal medical cannabis prosecutions cannot proceed unless the government can show there was a violation of state law. The new US Attorney General could decide to resume pursuing medical cannabis cases, but the Rohrabacher-Farr amendment is binding law, at least through April. The amendment must be reauthorized every year with the Commerce-Justice-Science appropriations bill, which Congress will likely debate and vote on in late April. ASA members and other advocates will lobby Congress directly during ASA's 2017 Unity Conference Lobby Day on April 11.

Roadmap for Policy Shows Solutions

2017 can be the year federal policy makers resolve the 20-year conflict over medical cannabis programs. They just have to follow the roadmap released by ASA in December. ASA's briefing book, "Medical Cannabis in America," shows what the federal-state conflict means for the millions of medical cannabis patients and what Congress can do to fix it. The report includes steps for President Obama to take immediately, as well as suggestions for the incoming Congress and President-elect. ASA's briefing book provides up-to-date science on medical cannabis, outlines how federal agencies can help states increase the quality and safety of their programs, and details a role for federal oversight after the passage of comprehensive legislation. The immediate opportunities for President Obama include directing the DEA to correct misinformation, ordering federal agencies to reevaluate barriers to cannabis research and releasing remaining medical cannabis POWs.



Educational Resource Launched Online

Cannabis Care Certification (CCC) debuted last month as a comprehensive online resource for doctors and patients. It is a collaboration with TheAnswerPage, which has provided accredited continuing medical education since 1998. The CCC Medical Professional Education Program is a comprehensive introduction to medical cannabis, from the endocannabinoid system to therapeutic use of cannabis in multiple disease states. Healthcare professionals who complete it will be awarded CME credits, a Cannabis Care Certification, a patient education subscription, and an option to be listed on the referral section of the CCC website. The CCC Patient & Caregiver Education Program for patients has two hours of video education on issues such as determining dosage and participating in state programs.

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STATE MEDICAL CANNABIS PROGRESS

Lawmakers Enact New Medical Cannabis Laws in Ohio and Pennsylvania



Ohio's new medical cannabis law, HB 523, went into effect in September. There is currently no legal means to obtain it, and physicians do not yet have guidance from the state medical board on issuing the recommendations that will provide patients with an affirmative defense until the state issues patient identification cards. Full implementation of the law may take another two years. Once registered, patients with one or more of 22 qualifying conditions will be able to access certain medical cannabis products from dispensaries that will be licensed by the state Board of Pharmacy. Smoking cannabis is prohibited, but vaporizing, oils, tinctures, edibles and topicals will be allowed.



The Pennsylvania Medical Marijuana Program, signed into law April 17, 2016, is being implemented by the Department of Health in a process expected to take between 18 and 24 months. The state will separately license grower/processors and dispensaries to distribute a limited range of medical cannabis products to qualifying patients. Applications for grower/processor and dispensary permits will be available on January 17 and are due on March 20. The program also includes a research component.

Lawmakers in Many States Expand and Accelerate Safe Access

In Connecticut, state officials in March expanded their medical cannabis program to protect more patients. Regulators added six conditions to the list for which doctors may recommend medical cannabis, including ALS, ulcerative colitis, sickle cell disease, and three pain conditions.

In Florida, Gov. Rick Scott in March signed House Bill 307 to allow terminally ill patients to use medical cannabis immediately. The bill expanded the state's

'Right to Try Act' that permits the use of non-FDA approved medicines by the dying. The bill also attempted to resolve implementation problems with the state's limited 2014 medical cannabis law that has yet to make any medicine available to Floridians. The November approval of Amendment 2 should resolve much of that.

In Illinois, lawmakers extended the state's pilot medical cannabis program for four more years. Despite opposing the program, Gov. Bruce Rauner signed the bill and added PTSD and terminal illnesses to the list of qualifying conditions. The state also issued new forms for physicians that permit them to simply certify their patients as having a qualifying condition without directly recommending medical cannabis as a treatment. Patient Identification cards are now good for three years, and patients with terminal illnesses qualify for free registration.

In Louisiana, lawmakers accelerated implementation of the state's medical cannabis program and expanded the list of qualifying conditions to include seizure disorders, HIV, muscular dystrophy, multiple sclerosis and other conditions. Senate Bill 271 was signed by Gov. John Bel Edwards in May. The program established last year has faced delays, and advocates estimate it may take another two years before patients can access medicine.

In Michigan, state lawmakers enacted a trio of bills to implement it by legalizing and regulating edibles and dispensaries, which Governor Rick Snyder signed on September 20. HB4209 creates a framework for licensing, taxing and regulating the cultivation, processing, transport and distribution of medical cannabis. HB4210 amends the original voter-approved Michigan Medical Marijuana Act to allow for the manufacture and use of cannabis-infused products by qualified patients. Edibles will be subject to limits on THC content. HB4827 establishes a seed-to-sale tracking database for all medical cannabis.

In Virginia, SB701, a bill that will allow for the production and distribution of limited cannabis extracts,

cleared both houses of the state legislature on unanimous votes and was signed by Gov. Terry McAuliffe on March 29. The new law does not go into effect unless it is reenacted by the legislature in 2017.

Voters OK Initiatives in Arkansas, North Dakota, Florida, Montana

In November, voters in Arkansas, Florida, Montana, and North Dakota approved medical cannabis initiatives. The measures in Florida and Montana expanded limited programs devised by their state legislatures, while Arkansas and North Dakota will start fresh. In Arkansas, Issue 6 prevailed with more than 53% voting in favor. A bill has been introduced to delay to July 1, 2017 the deadline for licensing distributors and cultivators. In North Dakota, Measure 5 passed with more than 63% support. Patients may obtain up to three ounces and cultivate if they live more than 40 miles from a dispensary. In Florida, Amendment 2 won with 73% voting in favor. The initiative creates a robust medical cannabis program that supplants the far more limited one established by the state legislature in 2014. In Montana, almost 58% of voters approved I-182, a new medical cannabis initiative, replacing the stripped-down law left by legislative changes to a 2004 voter initiative.

(FEDERAL DEVELOPMENTS, continued from page 1)

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

In August, the U.S. Court of Appeals for the Ninth Circuit ruled that the Justice Department cannot prosecute individuals for medical cannabis activities which are in compliance with state laws. The three-judge panel's unanimous ruling covered 10 criminal cases in California and Washington in which the defendants claimed they complied with state medical cannabis law. The court sent the cases back to lower courts to determine if the defendants had "strictly complied" with state law, directing the DOJ to drop the prosecutions if they did. Congress passed the bipartisan Rohrabacher-Farr amendment to the DOJ budget bill in 2014, after numerous attempts and extensive lobbying by ASA and other advocacy organizations. The appeals court decision echoes the logic of a district court that last fall lifted a civil injunction on a California dispensary, saying the amendment plainly prohibits such interference with state medical cannabis programs. Following that ruling, prosecutors abandoned two civil cases targeting California dispensaries.

DEA Again Denies Medical Value of Cannabis, Rejects Rescheduling

The Drug Enforcement Administration (DEA) in August rejected the latest attempt to have cannabis reclassified as having medical use. The DEA said its denial of the rescheduling petition filed by the governors of Rhode Island and Washington State reflects a 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 acknowledge that cannabis is not a gateway drug, nor does it cause mental health disorders. It also took a step toward ending the monopoly on research cannabis held by the National Institute on Drug Abuse. 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.

ACTION ALERT: Sign the Petition to Stop DEA Lies!

Sign ASA's change.org petition today urging President Obama to immediately order the Drug Enforcement Administration (DEA) to correct its unscientific information about medical cannabis. The falsehoods harm public health because they affect decisions by patients and medical professionals. ASA has also filed a legal action under the Information Quality Act that could force the DEA to correct false information. Sign the petition today!

change.org/p/president-obama-make-the-dea-tell-the-truth-about-marijuana

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