



White House Removes Barrier to Cannabis Research



A bureaucratic barrier to medical cannabis research has fallen. The Obama Administration has dropped a review requirement that researchers working with no other drug faced. Last month, the Office of National Drug Control Policy (ONDCP) announced that new cannabis research will no longer have to pass review by the Public Health Service (PHS) as well as the Food and Drug Administration.

In May, a bipartisan group of lawmakers led by Representative Earl Blumenauer (D-OR) had sent a letter to the Secretary of Health and

Human Services calling for an end to the additional PHS review requirement. For the past 16 years, research studies on cannabis have been the only ones for which the government has required the extra step.

"The US government has systematically impeded marijuana efficacy research, and the PHS review has played a large role in that stonewalling," said Sue Sisley MD, whose research has been delayed. "To see the government finally eliminate this waste of taxpayer dollars is a triumph and hopefully represents another historic shift in drug policy reform."

Since 2009, Dr. Sisley has been attempting to start a research study on using cannabis to treat post traumatic stress disorder among veterans of the US military. The project, which is sponsored by the Multidisciplinary Association for Psychedelic Studies, received final approval March 12, 2014 from the Department of Health and Human Services. The State of Colorado has provided a \$2 million grant for the study, but researchers are still waiting for federal cannabis to be released by the National Institute on Drug Abuse, which holds the only federal license to produce research cannabis in the US, despite a DEA ruling calling for more.



Dr. Sisley at ASA's Unity Conference

Senate Pushes Cannabis Policy Changes



Congressional support for new medical cannabis policy continues to grow. Last month, the powerful Senate Appropriations Committee adopted an amendment aimed at stopping federal interference with medical cannabis programs. The amendment offered by Sen. Barbara Mikulski (D-MD) to the Commerce, Science and Justice (CJS) Appropriations bill for fiscal year 2016 mirrors the bipartisan Rohrabacher-Farr amendment add by the House in May. The Mikulski amendment marks the first time the Senate has voted on a measure that supports state-level medical cannabis programs. It passed out of the committee with the support of 13 Democrats and seven Republicans.

The change to the CJS budget bill would continue the 2015 Rohrabacher-Farr amendment's ban on federal interference with state medical cannabis programs that was enacted last year, to the surprise of many pundits. The Senate never voted on last year's CJS amendment, but

the conference committee that resolved differences between the House and Senate versions of the budget preserved it, thanks to the support of Sen. Mikulski and others. Support for the measure has grown in the House, which passed it 242 to 186.



Sen. Mikulski

Also progressing is a different bipartisan budget measure that would enable physicians in the Veterans Health Administration to complete the paperwork their patients need to participate in state medical cannabis programs. The amendment was originally offered by Reps. Earl Blumenauer (D-OR), Sam Farr (D-CA) and Dana Rohrabacher (R-CA) but narrowly lost in the House in May. Both appropriations bills have to go through the House-Senate conference committee and get re-voted on as a whole before they go to President Obama for a signature.

Study Finds Medical Edibles Mislabeled

American consumers expect to be able to check the labels of food products to determine what is in them. For products infused with medical cannabis, that is all the more important, but a new study finds that cannabis products may be more often mislabeled than not.

Last fall, researchers from Johns Hopkins University School of Medicine collected edible medical cannabis products from dispensaries in San Francisco, Los Angeles and Seattle. Their analysis, published this month in the *Journal of the American Medical Association*, found that THC and CBD content matched the labels in

only 13 of the 75 different products tested. Accurate labeling was considered to be measuring within 10 percent of the listed amount.

THC content was less than the product label listed in 45 of the 75 samples, sometimes strikingly so. According to lead author Ryan Vandrey, two products that were supposed to contain 100 milligrams of THC had only two to three milligrams.

Potentially even more problematic than patients not getting the medicine they pay for

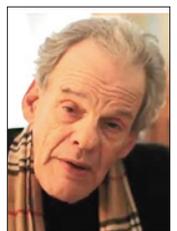
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California Legislature Passes Transplant Bill



An ASA-sponsored bill to prevent medical cannabis patients from being denied life-saving organ transplants is on the desk of California Governor Jerry Brown, awaiting his signature.

On June 22, the California Senate approved AB 258, the Medical Cannabis Organ Transplant Act, to prohibit discrimination against medical cannabis patients. AB 258 passed the Senate by a vote of 33 to 1 after 200 patients and advocates visited Senate offices in support of it as part of ASA's California Citizen Lobby Day. The bill, sponsored by Assembly Member Marc Levine (D-San Rafael), passed the state Assembly on April 30 by a vote of 64 to 12.



Norman Smith

Medical cannabis patients in California are routinely removed from the organ transplant waiting list if they test positive for cannabis use, even when that use was recommended by their doctor. Many transplant centers define all cannabis use as drug abuse, making qualified patients ineligible for transplants. Those policies have cost several Californians their lives.

ASA member Norman Smith, who had liver cancer, died in 2012 after Cedars-Sinai Medical

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ACTIVIST PROFILE: Jennifer, Beth and Patrick Collins, Fairfax, Virginia

Over the past 18 months, 15 states have enacted laws allowing limited cannabis extract use. Behind that recent string of legislative victories are parents. Few politicians can say no to someone with a seriously sick child, and ever since the Sanjay Gupta's CNN special on how cannabis extracts can help control seizures, parents have been lining up to demand access.

In most of those 15 new states, the law requires those extracts to be predominately or exclusively cannabidiol (CBD), but Virginia allows extracts that contain not just CBD but THCA, the plant's non-psychoactive precursor of delta-9 tetrahydrocannabinol. It is not a coincidence that THCA is what has proven effective for managing one young Virginian's intractable seizures, though she and her mother had to move to Colorado to discover that.

After a year as a medical refugee, separated from her father and sister, Jennifer Collins, now



The Collinses with Sen. Marsden

had written to the Virginia legislature prompted Senator David Marsden to introduce a bill to make her medicine legal.

Jennifer and her parents, Beth and Patrick Collins, successfully lobbied for the bill none expected to pass. Along with other parents, Beth worked with Virginia Parents for Medical Marijuana, the national Parents Coalition for Rescheduling Medical Cannabis, and Americans for Safe Access.

15, has been back home in Virginia since last December. She and her mother returned because the stress of having the family split up was taking a toll, but a letter Jennifer

Jennifer was diagnosed in 2008 with a seizure disorder known as Jeavons Syndrome, a type of epilepsy that is lifelong and highly resistant to treatment. As she grew older, the seizures increased to as many as 300 a day. When she reached puberty, they began to occur in clusters that produced grand mal seizures that would leave her blue and convulsing. Her doctors tried a dozen different medications with little success. The drugs controlled the grand mal seizures but not the smaller ones, and the side effects were serious, including cognitive decline, suicidal thoughts and unpredictable rages. Since she began using THCA oil, Jennifer has reduced the number of both seizures and medications, as well as what she calls "outrageous side effects."

The Collins family has not stopped their advocacy efforts. They are working to see the law expanded and a robust medical cannabis program established in the Commonwealth.

TRANSPLANT, continued from page 1

Center in Los Angeles denied him a transplant because of the cannabis use his oncologist had recommended. Toni Trujillo was denied a life-saving kidney transplant at Cedars-Sinai in 2012 because her medical cannabis use was also classified as "substance abuse." Richard Hawthorne was denied a liver transplant by Stanford Medical School last year, despite a friend offering to be a donor.

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was the study's finding that 23 percent of the products contained more THC than the label indicated. The lag time between ingesting a product and feeling its effects make proper dosing tricky. Ingesting a more potent product than intended can be counterproductive to the therapeutic benefits sought and produce uncomfortable side effects

Cannabidiol (CBD) was also consistently mislabeled or not labeled at all. Of the 75 products tested, 54 showed detectable levels of CBD, but only 13 had CBD content labeled, and none were accurate. Four had less CBD than labeled, while nine had more.

"The manufacture and labeling of medicines must meet the most stringent standards," said Kristin Nevedal, director of the Patient Focused Certification program at Americans for Safe Access. "That's why third-party audits and verification are so important at every step, from cultivation to distribution to testing."

ASA's Patient Focused Certification program is working with industry stakeholders and regulators to provide objective verification that products and organizations meet the national standards established by the American Herbal Products Association for botanical medicines. To date, the PFC program has certified the compliance of companies in seven states.

California Moves toward State Regulation

CA On June 5, the California Assembly passed a compromise bill by a vote of 60-8 that would create a comprehensive regulatory structure for the state's medical cannabis program. ASA supports AB 266, the Medical Cannabis Regulation and Control Act, and is working to further improve it. AB 266 is scheduled for hearings before the Senate Health Committee on July 8.

Rival bills, AB 266 and AB 34, were merged to create the measure which passed. AB 266 is supported by the Emerald Growers Association,

which lobbies for small cannabis farms, as well as the Police Chiefs Association and the League of California Cities.

AB 266 would create an Office of Marijuana Regulation which would oversee implementation of licensing and regulation by various state agencies. Tiers of licenses based on the size of the operation would be available for cultivation, distribution and transportation. No licenses would be required for patient collectives of five or fewer persons, so long as they do not sell any medical cannabis products.

ACTION ALERT: Tell Congress to Pass the CARERS Act

Congress has the chance to take comprehensive action on medical cannabis with the Compassionate Access, Research Expansion, and Respect States (CARERS) Act. First introduced in the Senate, a bipartisan companion bill is now also in the House.

Take action today! Tell your Senators and Representative they need to resolve the conflicts between new state laws and outdated federal policies. CARERS would do that, as well as reschedule cannabis, allow VA doctors to discuss medical cannabis with veterans, and allow cannabis businesses to have bank accounts. Sign the Petition to tell Congress to support the CARERS Act at SafeAccessNow.org/carers.

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