



# Americans for Safe Access

Activist Newsletter

Defending Patients' Access to Medical Marijuana

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## ASA Analysis Shows Cannabis Misclassified as Schedule I



On the last day of June, ASA released the results of an independent scientific analysis showing cannabis has been misclassified under federal law as a highly dangerous drug with a high potential for abuse and no medical use. The report concludes that cannabis is a uniquely safe therapeutic substance.

Written and reviewed by internationally recognized experts, ASA's 8-Factor Analysis is based on more than 550 published peer-reviewed scientific articles on cannabis's medical uses, abuse and dependence. ASA's detailed report uses the criteria specified in the Controlled Substances Act of 1970 (CSA) for determining the proper classification of medications and other drugs from Schedule I to Schedule V.

"Our analysis represents the current state of knowledge regarding cannabis, its use, abuse, toxicology, and a review of the standards being implemented to ensure public safety," stated Dr. Jahan Marcu, Chief Scientist for ASA. "Our review arrives at the same conclusion as DEA Judge Francis Young did in 1988, that this plant in its natural form is 'one of the safest therapeutically active substances known to man'."

The Drug Enforcement Administration (DEA), which received a copy of the report, is expected to issue a decision this summer regarding whether to change the classification of cannabis from Schedule I.

Schedule I drugs such as heroin and LSD cannot be prescribed under any circumstance.

Drugs that can be prescribed range from Schedule II, which includes cocaine and methamphetamine, to Schedule V, which includes drugs such as prescription cough syrup. Over the counter drugs such as aspirin are not considered controlled substances. Schedule I status has proven to be a barrier to the clinical research on cannabis that physicians, patients and policymakers have sought.

"The DEA's decision will have substantial implications for the two million Americans who currently treat their medical conditions using medical cannabis products under state laws," said Mike Liszewski, ASA Government Affairs Director. "We've applied the legal and scientific standards to cannabis to assist the DEA and other interested government officials in understanding how preposterous the current classification is."

## Senate Briefing Urges Action on CARERS



On June 21, ASA presented a Senate briefing with Sen. Kirsten Gillibrand (D-NY) on the Compassionate Access, Research Expansion, and Respect States (CARERS) Act she introduced in 2015. The briefing featured co-sponsor Sen. Cory Booker (D-NJ), as well as policy experts and medical cannabis stakeholders including patients. All urged Congress to take swift action to protect existing medical cannabis programs and the patients that rely upon them by



Back (L-R): Rabbi Jeffrey Kahn; Mike Liszewski, ASA; Christine Stenquist, Beth Collins, ASA; Grace Wallack, Brookings Institute; Steph Sherer, ASA. Seated (L-R): Sen. Mark Madsen; Beatriz Long, Epilepsy Foundation

passing the CARERS Act, a bill that is stalled in the Judiciary Committee.

Among the speakers was Christine Stenquist, a stay-at-home mother from Ogden, Utah, who has been living with the effects of a brain tumor for 20 years and has lobbied for comprehensive medical cannabis legisla-

tion in Utah over the past two years. Utah has an extremely limited law that provides a legal defense exclusively for epilepsy patients in pos-

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ASA's report was sent to all members of Congress and the heads of the Department of Justice, the Department of Health and Human Services, the Office of National Drug Control

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## Research Act Would Remove Barriers



A bipartisan medical cannabis research bill, the Medical Marijuana Research Act of 2016, was introduced in both the U.S. Senate and House of Representatives last month. If enacted, the bill would require the National Institute on Drug Abuse (NIDA) to supply all approved researchers with cannabis seedlings and seeds so they can produce their own research material. NIDA would have 180 days to create a policy for production of research cannabis. They would be required to take action on any requests for research materials within 30 days.

Access to research cannabis, which is only available from NIDA's single cultivation facility at the University of Mississippi, has been limited by delays in NIDA and other bureaucratic approvals. In 2007, as the result of a suit brought by Prof. Lyle Craker of University of Massachusetts at Amherst, the DEA was ordered to provide more cultivation licenses by Administrative Law Judge Mary Ellen Bittner, who ruled that increased availability of research cannabis is in the public interest. The DEA has ignored her order.

## Veterans Access Blocked Despite Passing



Political maneuvering cost veterans safe access this month. Even though both the House and Senate had voted to include it, an amendment that would have freed Veterans Health Administration physicians to discuss medical cannabis with their patients and provide the documentation they need to participate in state programs was stripped from the final version of the bill.

The Veterans Equal Access Amendment passed the Senate Appropriations Committee 20-9 and was approved by the House of Representatives with a vote of 233-189. Because the House and Senate versions of the budget bill to which the amendment was

attached differed, they went to a House Conference committee to resolve differences. But when the Military Construction and Veterans Affairs and Related Agencies Appropriations Act 2017 emerged, it was gone.

The amendment would have prevented the Department of Veterans Affairs (VA) from using any funds in its budget to punish physicians who discuss the benefits of or recommend medical cannabis in accordance with state law. Currently, VA policy prohibits their doctors from recommending medical cannabis under state law, and veterans who rely on the VA for their health care are denied access to state-regulated medical cannabis programs.

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# ASA Activist Profile: Christine Stenquist, Ogden, Utah

A diagnosis for Christine Stenquist's acute pain and problems with balance and hearing came in November, 1996: a brain tumor. The acoustic neuroma was attached to the main nerve leading from her left inner ear to her brain. Surgery to remove the tumor had to be halted with only 40 percent of it removed because she started to hemorrhage. When she came out of a coma three days later, she was a shell of her former self.

She would learn to walk and talk again, but the hearing in her left ear would never return and simple tasks such as swallowing remain a challenge. Pain was the real problem, however. As she grappled with her condition, medical disability appeared to be her fate.

"I truly thought my life was over," she says. "But it wasn't. It was just waiting until I could discover what would give me my life back."

That would take a while. Over the next 16 years that suffering continued as her doctors tried treatment after treatment, and her conditions were becoming more complex. Christine would be prescribed more than 45 pharmaceutical medications and try alternatives such as homeopathic remedies but still found herself bedridden and vomiting. Desperate, she began researching medical cannabis online.

When she approached her doctor about it in 2012, Utah still had no medical cannabis law of any kind, so he prescribed dronabinol, pure synthetic THC taken in capsule form. The psy-

choactive side effects were so severe, she only lasted two weeks. Desperate but conflicted about breaking the law to use cannabis, she called her father, a retired law enforcement officer with 27-years in narcotics, for advice. He told her to just try it.

She did and found not just relief but a cause. In 2013 Christine began attending organizing meetings of patients working to get a medical cannabis bill passed. As Christine spent time at the state capitol, she met other lobbyists who taught her how to connect with lawmakers.

"I'm a stay-at-home mom used to working with kids, so I approach self-advocating with an attitude of 'let's learn together' how to be effective politically."

Early in 2015, Christine found an ally in Utah state Senator Mark Madsen, whose own experience with a near-fatal accidental overdose of a narcotic painkiller had convinced him to champion new medical cannabis legislation. Madsen introduced S.B. 259 that year, which would have allowed whole plant medicines to be produced and distributed within Utah, but the bill lost by a single vote. A watered-down version passed the state senate this year but was further diluted in the House before being returned to a Senate committee, where it was defeated in March. Last month, Christine and Sen. Madsen travelled to Washington, D.C. for ASA's Senate briefing on the Compassionate Access, Research Expansion, and Respect States Act (CARERS), which would allow state programs to operate without interference.



Christine continues to work for a better law in Utah through the group she founded, Together for Responsible Use and Cannabis Education (TRUCE). She and Sen. Madsen hope to put before voters an initiative for the type of robust program that meets patient needs.

## Cannabis Certification Workshops, July 11-15



Industry professionals can earn a credential this month through Patient Focused Certification (PFC) and the American Association for Laboratory Accreditation (A2LA), which will jointly host a PFC Verified Professional (PFCVP) training July 11-15 in Frederick, Maryland.

The PFCVP standards reflect expert consensus on cannabis, hemp and botanical product regulations. PFCVP recipients will have mastered core industry standards, laws and regulations, and product safety protocols. They will also have completed the 100 Level of the PFC Auditors Training Program. Register for the workshop online at [safeaccessnow.org/pfcvp](http://safeaccessnow.org/pfcvp).

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session of low-THC cannabis extracts. Such CBD-only products do not offer medical relief from Christine's condition, even if it qualified under the law, which it does not.

Additional speakers who addressed issues the CARERS Act would resolve included Utah State Senator Mark Madsen (R) and Washington, D.C. dispensary operator Rabbi Jeffrey Kahn. Madsen shared a personal story about the dangers of prescription opioids and how federal law is keeping states from doing more. Kahn spoke on how the federal banking policy for medical cannabis businesses harms patients by driving up costs and forcing them to use cash.

Other speakers included Grace Wallack from The Brookings Institution, who explained why rescheduling cannabis to Schedule II would not threaten current programs. Beatriz Duque Long of the Epilepsy Foundation discussed its importance for people living with seizures.

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Policy and the Food and Drug Administration (FDA), as well as the DEA.

Patient groups and organizations such as the American College of Physicians and American Academy of Pediatrics are not the only ones calling on the DEA to reschedule cannabis. Elizabeth Warren (D-MA) and seven other U.S. Senators sent a letter to the Attorney General and the DEA pressing the issue. They ask for immediate action because the current classification is a barrier to research and the disconnect between state and federal law creates problems for regulating businesses in the 42 states have adopted medical cannabis laws.

## ACTION ALERT: Sign the Sen. Grassley Petition!

Right now the CARERS Act, the most important legislation addressing medical cannabis in Congress, is being blocked by Senator Chuck Grassley. Sen. Grassley needs to hear from medical cannabis patients and caregivers who can tell him how important it is that we pass the CARERS Act. Please sign the petition today at [www.safeaccessnow.org/grassley\\_petition](http://www.safeaccessnow.org/grassley_petition).

## DONATE TODAY!

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