



ASA's Annual State Access Report Finds Improvements

The latest edition of ASA's annual report on the status of state medical cannabis programs was released February 28. The 2018 report, *Medical Marijuana Access in the United States: A Patient-Focused Analysis of the Patchwork of State Laws*, reviews existing laws and regulations and laws passed in 2017, giving states letter grades from "A" to "F," based on how well their programs meet patient needs.



Inside Look at the Report:

The criteria for assigning the grades include such factors as how easily patients can navigate the program, what type of access to medicine is available and what civil protections for patients are provided, as well as consumer

safety and overall functionality of the system.

With 46 states and three U.S. territories having some form of medical cannabis program, 95% of the American population lives somewhere that has a medical cannabis law. The report both evaluates those state policies and makes suggestions for improvement. This year it also

urges states to improve their programs to use medical cannabis as a tool to fight the opioid crisis.

"With the ongoing opioid crisis, we must look for solutions that can help reduce the number of preventable deaths. Research has shown that medical cannabis can play a significant role in mitigating the opioid epidemic," said Pennsylvania State Sen. Mike Folmer. "Americans for Safe Access' model legislation and regulations take the guesswork out of drafting laws that help patients, including those with chronic pain."

ASA's report makes it easy to see the differ-
(continues page 2)

DEA Removes More Misinformation from Website



The Drug Enforcement Administration (DEA) has removed misinformation about medical cannabis from its website after receiving a petition from Americans for Safe Access more than a year ago. ASA's petition under the Information Quality Act (IQA) asked the DEA to correct information on its website on the health effects of medical cannabis.

and inaccurate information about the health effects of medical cannabis. ASA's petition noted that the DEA has directly contradicted much of this misinformation in recent public statements. ASA argued that the information required correction because Congress relies on the DEA for tools to make informed decisions about public health.

The petition, filed with pro bono legal assistance from the international law firm Orrick, was ostensibly denied in a letter dated January 26th, but the letter also stated that the DEA had removed documents and updated much of the information that ASA had objected to. The letter claimed that the changes were the result of a "regular review process."

After filing the request last year, ASA launched an online petition calling on the DEA to correct the misinformation. Shortly after ASA's petition surpassed 100,000 signatures, the DEA removed from their website the document "Dangers and Consequences of Marijuana," which contained 23 of the 25 factual inaccuracies that ASA pointed out. The correction of the last two inaccuracies ASA had identified came this January as part of several updates to the document "Drugs of Abuse."

For years, the DEA has published incomplete

Scholarships Available for ASA's 2018 Unity Conference

Scholarships to attend ASA's 2018 National Medical Cannabis Unity Conference and Lobby Day are available, but the deadline for applying is March 7. The link to apply is at the top of the conference page at www.nationalmedicalcannabisunityconference.org, where you can also find Early-bird Registration.

ASA's Unity Conference is an opportunity to learn best practices, exchange ideas and network with experts and advocates from across the country. This conference will provide professional development and leadership training in all areas of advocacy, including government and community relations, public policy and legislation, and political engagement and campaigns. Attendees will also have the chance to do direct citizen lobbying on Capitol Hill.

The 2018 Unity Conference will be May 22-24 in Washington, D.C. at the Omni Shoreham Hotel. This year's conference focuses on the life-saving role that medical cannabis can play in the fight against the opioid epidemic that claims 91 American lives a day.

Register today to receive preferential early-bird prices at safeaccessnow.org/unity.

CBD Businesses Raided, Charges Now Dropped



CBD medicines were the target of nearly two dozen raids in Rutherford County, Tennessee last month. On February 11, DEA agents and local police and sheriff's officers raided 23 businesses alleged to be selling edible candies and other products made with cannabidiol (CBD), a non-intoxicating extract of the cannabis plant. Law enforcement claimed that the products were seemingly being marketed towards minors.

On March 2, the District Attorney General for the county announced all charges were being dropped because the state crime laboratory is unable to determine the source of any of the cannabinoids detected in seized products.

Tennessee law allows CBD products, including nutritional supplements, pharmaceuticals, and industrial oils, as long as they are derived from industrial hemp. Hemp is defined as cannabis plants containing less than 0.3% tetrahydrocannabinol (THC). States have been able to develop industrial hemp programs under the 2014 Farm Bill, but there is ongoing conflict with the DEA on interpretation of the law.

CBD's efficacy and lack of side effects has been documented by the National Institute on Drug Abuse (NIDA). The World Health Organization (WHO) recently reported that "cannabidiol does not appear to have abuse potential or cause harm" and recommended to the United Nations that it have no restrictions on use.

ASA Activist Profile: Ellen Lenox Smith, Rhode Island



Ellen Lenox Smith was a competitive swimmer and dedicated teacher and coach when, at age 42, it became clear something was wrong. She had pain that could not be identified or treated but worsened over the next dozen years until she was finally diagnosed with Ehlers-Danlo Syndrome, a rare genetic disorder that attacks the body's connective tissue. In the 25 years since her medical journey with this condition began, surgery after surgery has been required to deal with its effects, now totaling 24.

It was 2007 when Ellen decided she couldn't take the pain anymore. She was preparing to leave for another surgery with a specialist in Wisconsin when she asked her primary care physician for a referral to pain clinic. At the clinic, first the nurse and then the doctor asked her if she had children at home – her four were already adults by then – before the doctor confided that cannabis might help.

Ellen was shocked. She had never considered cannabis as an option for pain, and her minimal experience with it in college suggested the effects would be unpleasant. As someone who prizes being in control, she had hated it. But that was then, and now she was desperate.

Rhode Island had just enacted a medical cannabis law the year before, but it did not then allow for anything other than home cultivation, so Ellen's doctor suggested she find some cannabis on the illicit market and try it. If it worked, he'd sign her up for the state pro-

gram. Because she had also developed sarcoidosis in her lungs, smoking anything was out of the question, so she had to go with an oral cannabis extract. A friend of her son helped her obtain some plant material and convert it to an oil. After warning her husband that she was likely to turn into some sort of lunatic, she took some and went to bed.

Next thing she knew, it was morning. For the first time in years, she'd slept through the night.

"After that, there was no way I was going to keep my mouth shut," Ellen says. With the help of her pain specialist, she enrolled in the Rhode Island medical cannabis program. 2007 was also the year when her worsening condition meant she had to leave the career she'd loved behind, a heart-breaking decision, but it was the start of a different life.



"Cannabis gave me some dignity back," says Ellen, who is now 67. "It activated my life again. You wouldn't want to be in my body, but I was able to do things and smile again.

People can see the smile and assume I'm okay. I'm not, but it's great to be able to be positive."

Together with her husband, Ellen has become a compelling voice for pain patients and medical cannabis access, serving on the board of the U.S. Pain Foundation and as co-director of the foundation's cannabis advocacy, as well as working with the Rhode Island Patient Advocacy Coalition (RIPAC). Ellen presents regularly at conferences, including ASA's National Unity Conference, where she is slated to appear again in 2018.

ASA Partnering with Releaf App on Patient Services

ASA and Releaf App, an experience tracking tool for cannabis patients, have announced a partnership to empower medical cannabis patients. Training for dispensary staff can translate into patient education on varieties that can be tracked in the app.



ASA's projects, Patient Focused Certification (PFC) and Cannabis Care Certification (CCC), provide industry training for medical cannabis dispensary staff as well as free education for patients and caregivers. With Releaf App's real-time experience tracking platform, patients can record and anonymously report how effective the cannabis varieties and products are in relieving their symptoms. Releaf App then provides dispensaries with symptom-specific analytics recorded by their patients anonymously. Dispensaries can use this information to provide advice to patients.

"There is a lot of talk today about seed-to-sale, but where does that leave the patients? Sales are great, but we need to keep our focus on what matters most. On the other side of that sale is a patient trying to find out if cannabis can help them with their medical needs," says Franco Brockelman, Releaf App's CEO. "We're very excited to work with ASA to provide patients with the best tool possible to mindfully track and learn from their cannabis experiences and use that anonymized outcome data to strengthen feedback loops and improve patient-focused services for dispensaries that are ready to bring their services to the next level."

STATES REPORT, continued from page 1

ences between state approaches and their effects on patient access.

"Being able to compare my state's progress with the grades of other states is incredibly helpful in creating a roadmap for improvement," said Sen. Folmer.

No state received an "A" grade in 2017, but many states saw improvements in their grading from previous years. Seven states received a "B+" for their medical cannabis programs, a 133% increase from the 2016 year. Sixteen states received an "F". All states that received a failing grade limit their medical cannabis program to cannabidiol (CBD), an extract of the marijuana plant. The only states that did not receive a score were those that have no medical cannabis law of any kind: Idaho, Nebraska, Kansas, and South Dakota.

Americans for Safe Access is sending the 2018 report to elected officials and regulators in every state. ASA has published a report on state programs annually since 2014.

ACTION ALERT: Send the States Report to Officials!

ASA's annual report on medical cannabis access in the U.S. is a powerful tool for shaping the development of new laws and policies that better serve the needs of patients. Take action today to make sure your elected state officials see it and understand the importance of crafting more effective programs. You can send it directly from ASA's website at safeaccessnow.org/statesreport.

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