New ASA Partnership to Support Patients’ Rights

Americans for Safe Access and Orrick, Herrington & Sutcliffe LLP, a global legal powerhouse based in San Francisco, announced last month a new partnership to provide no-cost legal support to medical cannabis patients through ASA’s Patients’ Rights Project.

For more than a decade, ASA’s Patients’ Rights Project has helped medical cannabis stakeholders navigate the often confusing legal landscape, providing educational materials, advocating for better legislation, and working through the courts.

The partnership project will include new legal manuals for patients and guides for public defenders who represent them in court. In the fall, Orrick will begin coordinating attorneys to support ASA’s legal hotline for individual patients and monitor implementation of state medical cannabis programs.

Each of the dozens of state medical cannabis laws is unique, as are those in US territories. What counts as compliance with those laws is often decided by court cases, and confusion often leaves patients and providers vulnerable to arrest, prosecution, and incarceration.

“Partnering with Orrick on this important project will allow us to keep up with demand,” said Steph Sherer, ASA’s Executive Director. “With over two million medical cannabis patients and rapidly evolving laws, the services they also dropped their asset forfeiture suit against Harborside Health Center in Oakland.

The case against Harborside, the largest dispensary in the nation, was brought by the DOJ back in 2011 as part of a broad federal strategy of using asset forfeiture threats against landlords who rented to licensed medical cannabis businesses. The strategy was successful in closing hundreds of dispensaries.

The Harborside case was different from most in that the operators and landlord contested their ruling on the 14-year-old injunction that eventually shut the Marin Alliance for Medical Marijuana (MAMM), and later in the month the Department of Justice (DOJ) may finally be accepting the restrictions Congress placed on medical cannabis enforcement in 2014. Last month, prosecutors abandoned two civil cases targeting California dispensaries, following a federal court ruling last October that the Rohrabacher-Farr Amendment to the DOJ budget blocks such cases.

Early in April, the DOJ dropped its appeal of that ruling on record that the Drug Enforcement Administration (DEA) may issue more licenses to cultivate research cannabis. The DEA has long maintained that the monopoly on research cannabis production held by the National Institute on Drug Abuse (NIDA) was the only way to comply with UN treaties.

Legal analysis by the Bureau of International Narcotics and Law Enforcement at the State Department concluded otherwise, finding that the United Nations Single Convention on Narcotic Drugs does not prohibit multiple licenses for the cultivation of cannabis for medical and scientific purposes. The State Department finding came in response to an inquiry from Senator Kirsten Gillibrand (D-NY).

“For years, the DEA has cited this international treaty as the reason for limiting medical research,” said Sen. Gillibrand in a statement. “Now that the State Department has confirmed this treaty should not be a barrier to expanding research, the DEA should issue new licenses to supply medical researchers and stop letting antiquated ideology stand in the way of modern medical science.”

Currently, the only licensed cultivation facility is at the University of Mississippi. Researchers have complained for years that the facility does not provide sufficient amounts or appropriate types for research. In 2013 a DEA administrative law judge ruled that allowing more licenses is in the public interest, and NIDA itself went on record before Congress last year recommending their monopoly be discontinued.

Several countries have issued multiple licenses to grow cannabis for medical and scientific purposes. None have faced UN sanctions.
ASA Activist Profile: GEORGIA'S HOPE ACTION GROUP

Among those honored at ASA's annual Awards Dinner at the 2016 Unity Conference was the ASA Action Group of the Year, Georgia's Hope. The group was recognized for playing an instrumental part in advancing safe access in their state, with new legislation passed last year to protect qualified patients with eight medical conditions.

Georgia's Hope came together in late 2013 when two parent groups, one for children with seizures and one for kids with mitochondrial disorder, separately contacted ASA for support after seeing Sanjay Gupta’s medical cannabis documentary on CNN. Once ASA put the two groups in touch with each other, they committed to working together and established themselves as an ASA Action Group in early 2014. The first step was reaching out to their state legislators and the media, but they didn’t expect to get much attention.

Yet immediately that work resulted in the Atlanta ABC station airing a segment with local families of children with intractable seizures that might be helped by medical cannabis, followed a few days later by an on-air interview with Janea Cox and her four-year-old daughter Haleigh, who would become the namesake of the state’s medical cannabis law.

After State Rep. Allen Peake (R-Macon) met Haleigh Cox in the hospital, he reached out to the ASA group asking to meet. Within just a few weeks, Rep. Peake had introduced with five co-sponsors a limited medical cannabis bill. HB 885, also called Haleigh's Hope Act, passed the House 171 to 4 in 2014 but was denied a vote in the Senate by political maneuvering. As a result, many families, including Janea and Haleigh Cox, moved to other states to access cannabis treatment.

In 2015, Rep. Peake tried again, introducing HB 1 to allow cannabis oil with up to 5% THC for eight qualifying conditions. The bill passed and was signed by Gov. Nathan Deal in April, but with no mechanism in the law to produce or acquire medicine, Georgia's Hope was committed to passing a more comprehensive law.

“We will work until we get something,” said Sebastien Cotte, one of the leaders of Georgia's Hope whose son Jagger has mitochondrial disease. “It is not just for our kids, but for all patients.”

In 2016, the Georgia’s Hope, Facebook page grew to more than 16,000 followers. They teamed up with another group, Hope United, to get support from more people representing other conditions.

A new bill introduced by Peake this year, HB 722, would have established an in-state cultivation and distribution program, added more qualifying conditions, and removed the THC limit. The bill had support in the House, but opposition from Gov. Deal forced Peale to scale it back to an expansion of qualifying conditions. The stripped-down bill passed the House with overwhelming support but did not get a committee hearing in the Senate, despite patient lobbying into the final minutes of the session (pictured).

“We thought we had a good but still very conservative bill with a lot of support from our legislators,” said Shannon Cloud, another active member of Georgia’s Hope “It was very discouraging to find out that it didn’t have a chance once the governor said before session even started he would not support it. We will not give up until all patients have access.”

LEGAL SUPPORT, continued from page 1

DISPENSARIES, continued from page 1

the action and were joined in the court battle by the City of Oakland, which argued it had a right to regulate and tax the business without interference from federal authorities.

The government's decision was reportedly, at least in part, a direct result of the Rohrabacher-Farr Amendment to the 2016 budget, which says the DOJ cannot spend any money on interfering with state medical cannabis programs. The DOJ has argued that the amendment does not restrict civil suits and criminal prosecutions of individuals or businesses. ASA was among those who demonstrated the amendment’s intent and proper application prevents just such enforcement actions, which US District Judge Charles Breyer affirmed.

ASA worked for more than a decade through six House votes before getting it passed the first time in 2014, and again in 2015. As a budget rider, the amendment must be renewed each year. A durable solution will most likely come through direct legislation, such as the CARERS Act.