



## Rallies Call for Medical Cannabis Solution to Opioid Crisis



The role medical cannabis can play in addressing the opioid crisis was the focus of rallies advocates held on November 1. In Washington, D.C., Americans for Safe Access, the US Pain Foundation, and about 150 advocates held a press conference and rally with Rep. Earl Blumenauer (D, OR-03; pictured) to encourage policymakers to consider medical cannabis as an option for treating pain.



Rep. Blumenauer at the DC rally

Following the D.C. action, advocates delivered a letter to the leadership of the Senate and House Committees on Appropriations urging them to include the medical cannabis amendment in the FY18 appropriations package. The amendment prevents the Department of Justice from using any funds to interfere with state medical cannabis programs, including federal prosecution of state-compliant individuals. The letter was signed by the National Multiple Sclerosis Society, Michael J. Fox Foundation, US Pain

Foundation, Epilepsy Foundation, Tourette Association of America, National Women's Health Network, Realm of Caring, and Americans for Safe Access.

"The opioid crisis is a national emergency, killing 147 people a day. We must do more to help the families and communities torn apart by addiction," said Congressman Earl Blumenauer (OR-03). "At the very least, the federal government should stay out of the way as states allow access to safer alternatives to opioids like medical cannabis."

The medical cannabis amendment has been included in the federal budget each year since 2015, but this year the House Committee on Rules blocked a floor vote. The Senate version of the amendment was passed in July in the Senate FY2018 Commerce, Justice, Science and Related Agencies Appropriations bill.

The November rallies come on the heels of the

Administration's formal announcement last week declaring the opioid crisis a public health emergency. That declaration does not include provisions for additional funds states need to combat the crisis, nor does it acknowledge the potential role of medical cannabis in fighting the epidemic.

A study in the Journal of the American Medical Association found that when states implemented medical cannabis programs unintentional opioid overdose deaths dropped by 25%. That study also showed a 13% decrease in hospitalizations from opioid-related causes. In a survey of nearly 3,000 pain patients, 93% preferred medical cannabis over opioid therapies for pain management.

### ASA Co-Authors JAMA Study on CBD Product Label Errors



Nearly 70 percent of all cannabidiol (CBD) products sold online are either over or under labeled, according to a new study co-authored by Jahan Marcu, Ph.D, ASA Chief Science Officer and Director of Patient Focused Certification (PFC). The study, which was published in the prestigious Journal of the American Medical Association (JAMA), analyzed 84 CBD products available online from 31 companies.

"This is a wake-up call for the CBD industry to standardize their products," said Dr. Marcu, "Manufacturers need to adopt best practices and guidance to improve consistency and safety for consumers. Reaching compliance with existing standards for cannabis-products could help address this issue."

Analysis from jointly PFC certified & ISO17025 accredited laboratories showed 43 percent of products contained more CBD than indicated on the label, 26 percent contained less, and 31 percent were accurately labeled within 10 percent. This degree of mislabeling creates challenges for establishing and maintaining safe and effective dosages, particularly since these CBD formulations are often used to treat children with epilepsy.

Interest in the medicinal use of CBD, a chemical in the cannabis plant, has increased with accumulating evidence that it has therapeutic benefits without intoxication or risk of abuse.

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## ASA Files for Info on Opioid Commission



Following the release of the White House opioid report, ASA has asked for information about what was discussed about medical cannabis.

ASA's two requests under the Freedom of Information Act (FOIA), filed November 9, seek disclosure of how the President's Commission on Combating Drug Addiction and the Opioid Crisis draft final report came to include just one cannabis study. That study only used survey data obtained before medical cannabis programs were operating in the United States. The commission's report omits all the available clinical research data on the safety and effectiveness of cannabis for treating chronic pain.

The FOIA requests were sent to the White House Office of National Drug Control Policy and the National Institute of Drug Abuse.

"The President's Opioid Commission presented grossly misleading information in its final report, excluding proven strategies such as medical cannabis that can reduce opioid deaths," said Steph Sherer, ASA Executive

Director. "They did not use the best available science. Americans concerned about opioid addiction need to know why the Commission used one marginal study to dismiss cannabis as a therapeutic alternative."

The Commission was formed just months after the National Academies of Sciences, Engineering, and Medicine released "The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research," which compiled findings from over 10,000 studies. The report found that "in adults with chronic pain, patients who were treated with cannabis or cannabinoids are more likely to experience a clinically significant reduction in pain symptoms," and "there is substantial evidence that cannabis is an effective treatment for chronic pain in adults."

An introductory letter to the report dismisses the science and pleas from patients by citing a single study suggesting cannabis use is linked to opiate abuse. Claims of a 'gateway effect' have been repeatedly disproven, as even the DEA has acknowledged.

# ASA ACTIVIST PROFILE: Justin Arriola, Utah

Navy veteran Justin Arriola, a former petty officer 3rd class who served in the Gulf, knows cannabis can help treat the effects of the herniated disc he suffered in the line of duty, but he doesn't consider himself a patient. It was his mother's breast cancer diagnosis that made him a public advocate.



Justin's mother still speaks about her cannabis in whispers and doesn't want her sisters to know, so Justin speaks for not just her but the other members of his family who have had to live with cancer. He also sees what a difference safe access to medical cannabis could make for other veterans, as well as the many Utahans who are confronting opiate addiction.

But legal consequences and stigma are still substantial in Utah, so speaking out has not been without risk. Justin had to think long and hard about the effects advocacy might have on his engineering business. He'd learned quite a lot about medical cannabis and was already applying his technical expertise to helping patients by consulting on setting up cultivation, working through an underground network of doctors and nurses facilitating medicine to individuals.

He was also chasing engineering jobs all over

the country, which took him to Washington State and other places with robust medical cannabis programs. He used his industrial skills to help providers scale up from clandestine, hand-watered cultivation to automated 20,000-plant facilities with remote monitoring. He took classes and got certified in Colorado on extraction techniques.

As Justin learned the science, he met more patients and became privy to their stories. He saw the success people in other states. Seeing the people fighting finally have access and get the life they'd been fighting for helped him understand the need to speak out. Justin worked on safe access campaigns in the State of Washington, but he assumed he'd never see it happen in Utah. But things have changed.

For the past year, Justin has worked with TRUCE, an advocacy organization in Utah, and is now working with a local veterans group for cannabis. Last May, he received a scholarship to attend ASA's National Unity Conference, where he connected with other advocates, learned more about cannabis, and lobbied on Capitol Hill.

"It's been hot and heavy since we've been back," Justin says. "We've got a ballot initia-

tive campaign in Utah, and public opinion has gone through the roof. I think we're going to get on the ballot and get this passed."

Justin worried that becoming a public voice would mean career suicide in a state such as Utah, but the blowback he feared never materialized. In fact, it's proven to be a net positive. Now, he's looking to push it national.

"I believe in the plant," Justin says. "I've seen it do wonderful things for both people who are sick with disease and people who are sick with addiction."

## PFC Trainings Span the US



ASA's Patient Focused Certification (PFC) continues its busy schedule of trainings and outreach. In October, PFC was in Tennessee working with advocates and appearing before the state task force on medical cannabis. Officials said they were looking to PFC for how to implement standards in the state. PFC will be back in Tennessee in early 2018 training regulators, stakeholders and patients as part of a tour that will include Arkansas and Louisiana.

ASA's Patient Focused Certification team was in Las Vegas at the MJ Biz Conference from November 15-17. PFC talked to industry professionals about training, education and business certification, as well as ASA's opioid campaign, End Pain Not Lives.

PFC will be back in Maryland until December 8, helping prepare medical cannabis businesses for state inspections. Submissions for Stage 2 licenses require on-site inspections by the Maryland Medical Cannabis Commission at a mutually agreed time prior to December 8. Applicants who are interested in PFC's pre-licensing inspection assistance can make appointments via the PFC website at [patient-focusedcertification.org](http://patient-focusedcertification.org).

*CBD, continued from page 1*

Recent research supports use of CBD for children with serious seizure disorders, and patients in states where CBD products are legally available report it can be effective for a variety of health conditions.

The market for CBD products may grow to more than \$2 billion in consumer sales within the next three years, according to industry analysts. Yet little has been done to ensure regulation and oversight of the manufacture and sale of products containing CBD.

Like cannabis, CBD is currently classified by the DEA as a Schedule I controlled substance with no current accepted medical use, despite being available for medicinal use in many states. Many online retailers sell CBD products, though the FDA has issued warnings about making medical claims about those products.

## ACTION ALERT: Support the CJS Cannabis Amendment!

Take action today to continue federal protections for medical cannabis patients and their providers! Congress needs to hear from you why it's critically important to renew the CJS Medical Marijuana Amendment. Since 2015, participants in state medical cannabis programs have been protected from federal interference by the CJS Medical Marijuana Amendment, which has to be renewed each year. This year, the Senate passed it, but the House leadership blocked it from coming to a vote. That means Congress will have to "reconcile" the two versions of the FY2018 appropriations package, and the amendment may not survive.

The current protections are set to expire on December 8th, so your help is essential to ensure these protections continue in 2018. Contact your Senators and Representative today! [SafeAccessNow.org/cjsamendment](http://SafeAccessNow.org/cjsamendment).

## JOIN TODAY!

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