



## Supreme Court Rejects Medical Cannabis Case



A closely watched case that challenged the Constitutionality of marijuana scheduling and law enforcement was denied a hearing by the U.S. Supreme Court. The case of *Washington v. Barr* was brought by five plaintiffs, including three who rely on treatment with cannabis to keep them alive. They argued that the classification of cannabis under the CSA as a Schedule I drug is unconstitutionally irrational and violates plaintiffs' fundamental rights to equal protection under the law, substantive due process and treatment with life-saving medication.

The government contended that the plaintiffs should pursue administrative options such as a rescheduling petition, even though they raised Constitutional issues that are decided by courts. Lower courts accepted that argument, and on October 12, the U.S. Supreme Court announced that it would not review the appellate court's decision.

ASA was one of several groups that filed a "friend of the court" brief with the court, urging them to hear the case. ASA's amicus brief was filed with the pro bono support of attor-

neys in Goodwin's cannabis and appellate practice groups and focused on the barriers patients face in accessing and using medical cannabis. Lead plaintiff Marvin Washington, a Super Bowl-winning NFL player, was profiled in last month's newsletter.

One of the plaintiffs facing life-threatening complications if unable to access medical cannabis is Jagger Cotte, a child in Georgia with a severe neurological disorder. His father, Sebastien Cotte, knew that the Supreme Court appeal was a longshot, but he has no regrets.

"This has been a groundbreaking case. Let's not forget that we still had a federal judge saying on record that no one can deny that cannabis has medical properties," Cotte said.

Administrative options have consistently been a dead-end for those seeking federal recognition of medical cannabis. The petitioning process has no time limits, which has allowed federal agencies to stall consideration for many years. Ever since cannabis was provisionally classified as a Schedule I substance with no medical use, petitions for rescheduling have

been presented and then rejected after delays of many years.

The first rescheduling petition, filed in 1972 not long after scheduling was created, wound through administrative channels and court challenges for 22 years before it received final rejection. The next rescheduling petition was filed in 1995, the year following that rejection, and was not acted on for six years. In 2002, another rescheduling petition was filed by a coalition of advocate groups that included ASA, which took nine years and legal action by ASA and other groups to receive an answer. ASA appealed that decision but was rejected by the DC Circuit in January 2013, and the Supreme Court declined to review it.

Subsequent rescheduling petitions have suffered a similar fate, including one filed in 2011 by the then-governors of Rhode Island and Washington State, which took five years to receive an answer.

## House Delays MORE Act Vote



After scheduling for late September a vote on the MORE Act, the most significant cannabis reform legislation ever considered, House leadership decided to delay it until after the November election. The stated reason was making time for considering additional COVID-relief bills.

The co-chairs of the Congressional Cannabis Caucus, Reps. Earl Blumenauer (D-Ore.) and Barbara Lee (D-Calif.), say they have been given an "ironclad commitment" there will be a House vote on the bill by the end of the year.

The MORE Act (HR 3884/S 2227) would remove cannabis from the Controlled Substances Act altogether. The bill would also impose a 5-percent tax on cannabis products that would fund job-training, expunge cannabis-related criminal records, and create a national equity licensing program.

Americans for Safe Access is a supporter of the MORE Act and encourages its members and other advocates to lobby their representatives to cosponsor and vote for the bill. For more information on getting involved, visit ASA's action page at [safeaccessnow.org/more](http://safeaccessnow.org/more).

## ASA/PFC Submit Comments to USDA on Hemp



ASA's Patient Focused Certification program has submitted comments on a proposed national domestic hemp program. The US Department of Agriculture (USDA) had presented 12 questions for public comment.



ASA's PFC program, a leader in regulatory and testing standards, addressed in the comments additional requirements for measurement uncertainty and the

use of sound scientific methodology when quantitatively determining THC content. This is the second set of comments submitted to the USDA by ASA/PFC.

"We look forward to results of this comment period in order to continue to improve the PFC program so that certification clients know they are getting the most up-to-date assessment," said PFC Director Heather Despres.

## ASA Events: Cannabis Education and Standards

On October 21, ASA's Dustin McDonald will be presenting "ASA State of the States Unmasked: The Status of U.S. Medical Cannabis Policy Amidst a Global Pandemic" at the ASTM International's D37 Cannabis Committee's Global Workshop on Cannabis and Hemp Standardization. This meeting has been made virtual for 2020. ASTM is an international standards organization that develops and publishes consensus technical standards for materials, products, systems, and services.

ASA Executive Director Debbie Churgai partic-

ipated in the University of Maryland School of Pharmacy's Medical Cannabis Science and Therapeutics Virtual Fall Symposium, facilitating professional networking sessions on September 30 and October 7.

On October 3, ASA's Patient Focused Certification Director Heather Despres participated in an online roundtable discussion of Regulatory Considerations for Clinical Practice & Research as part of the CannaBizMD Cannabis Science + Therapeutics Provider Education Forum, which was a virtual event.

# Activist Profile: Doug Distasio, District of Columbia

Lt. Col. (ret.) Doug Distasio had his Air Force career upended by an aircraft accident in 2014. The host of injuries, including back, neck and head trauma, entailed a “bunch of stuff” he “wasn’t ready to deal with.” From 2014 until his retirement from active duty in 2017, Doug’s experience was what he calls “the standard wounded warrior story – a guy who got hurt and just tried to get better.” That meant a large number of pharmaceutical drugs, psychiatric support, and physical therapy. The drug side effects proved problematic.



Doug now works for a DC consulting firm on defense issues, and since he was already working on the Hill, becoming an advocate for veterans’ access to cannabis seemed like a good fit. Still, he thought about it a lot, recognizing the challenges that come with advocacy.

They also had a campaign early this year in Massachusetts on why dispensaries should be classified as essential businesses. They ran some ads, and state officials changed course.

The group has been focused on “targets of opportunity,” but Doug recognizes that federal prohibition is “wiping out progress, no matter what you do on the state level.”

“The obstinacy of those in charge is shocking,” Doug says, noting that 90% of the public agree veterans should have safe access to cannabis for medicinal use, and support among veterans was 92% in an American Legion poll. “Cannabis is not a panacea or cure all, but if it can take you down a few pills, it’s worth it.”

Veterans are central to cannabis advocacy in Doug’s view, who reminds people that we lose 22 veterans a day because of pain and lack of hope and friendship, all of which he sees cannabis as naturally addressing. His strategy is “direct action missions.”

“As vets it’s our responsibility to explain this to people who’ve dug in their heels,” Doug says. “When we get to a congressman or senator we can give them that personal story, make it not so obscure.”

Bringing the military spouses in to testify to that is the next step Doug sees in bringing comprehensive change for veterans who use cannabis to heal.

When Doug was promoted to full colonel, he talked to his wife, and they decided he should decline the promotion and leave the Air Force after 21 years of service. The injuries and meds were just too much.

The transition from military pilot and commander working at the Pentagon to private sector citizen was a hard one for Doug, and the many medications left him “discombobulated.” Some friends who had also left the military suggested cannabis to Doug as a way to ween off the opioids and other medications.

“I went cold turkey, which I don’t recommend,” Doug recalls. “A slow drip wasn’t going to help. I needed to take bold action, but with my wife’s help, I pulled it off

Doug used cannabis to manage his opioid withdrawal, which helped minimize his symptoms, but he says withdrawal was still hard.

“I couldn’t see not doing it, after it helped so much,” Doug says.

After Doug retired in the summer of 2017, he started talking to Nick Etten, a former Navy SEAL who had founded the Veterans Cannabis Project, an advocacy group for service members in 2015. When Nick asked Doug for his help, Doug agreed. The group is still small but is involved in a number of state campaigns. Doug became the executive director in 2019.

“In Virginia, we did a mission where we took three or four vets to the state capitol and had a discussion with lawmakers about why we’re doing this, what vets need,” Doug says. We reached 20,000 advocates in just a few months there, organizing petitions and other ways to show direct support to state lawmakers.”

This year, their focus is on Florida, where they are helping fight the caps on THC content.

## Action Alert: Vote Medical Cannabis!

With the 2020 election upon us, the future of medical cannabis depends on you and your vote! At the state level and at the federal level, voters will decide on ballot initiatives and legislators that can improve cannabis law and policy. The upcoming 117th Congress will have the best opportunity yet to enact federal medical cannabis laws. Your vote can help keep existing allies in office and bring new advocates in. To pass those laws, we will not only need champions in the House and the Senate but also support in the White House.

Use ASA’s tools to check your registration status, register to vote, or find out how to vote in your state. Then get friends and family do the same. Every vote is a medical cannabis vote! Take action at [www.safeaccessnow.org/vote\\_medical\\_marijuana](http://www.safeaccessnow.org/vote_medical_marijuana)

## ASA Broadcast Archives Available Free Online

Three ASA live event broadcasts are now available for free online streaming.

Last month’s Symposium on Pediatric Neurology Conditions with Sonoma County ASA is at: [safeaccessnow.org/neuro20\\_video](http://safeaccessnow.org/neuro20_video). This live webinar was recorded September 26, 2020.

An overview of ASA’s 2020 State of the State’s Report, the annual evaluation of state medical cannabis programs from the patient perspective, is at: [safeaccessnow.org/sos20\\_video](http://safeaccessnow.org/sos20_video). Hosted by Dustin McDonald and featuring Debbie Churgai and Andrew Coon, this webinar provides background and context to the report, covers the major conclusions and includes a question and answer segment at the end. This webinar was presented live and recorded on September 23, 2020.

ASA’s 2020 National Medical Cannabis Unity Conference is also now available. See all the expert panel discussions on a variety of topics affecting patients, caregivers and providers at: [safeaccessnow.org/unity20\\_video](http://safeaccessnow.org/unity20_video). This annual event, held virtually this year due to the pandemic, was recorded live March 27, 2020.

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