



# MEDICAL CANNABIS UPDATE

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## **NATIONAL: New Federal Medical Cannabis Raids in Colorado, Hawaii, California Challenged by Legislators**

The Obama Administration is facing tough questions about its policy on medical cannabis after a series of raids involving federal agents in Colorado, as well as California and Hawaii. The raids in California and Hawaii have generated considerable concern among patients and advocates, but the ones in Colorado have drawn official rebuke.

Four Colorado state lawmakers and a member of the state's Congressional delegation have asked that the raids be stopped because they are interfering with the state's ability to create effective regulations for controlling access to medical cannabis, which was approved by voters in 2000. The state's second-largest newspa-

per joined the lawmakers in publicly challenging the DEA's actions in their state.

The DEA actions in Colorado began with raids on laboratories in Denver and Colorado Springs that tested for THC levels and contaminants, in accordance with state law. DEA agents then raided home of a Colorado man who was growing cannabis for patients and arrested him on charges that could mean 40 years in federal prison.

Following the raids, the DEA special agent in charge of the Denver office, Jeffrey Sweetin, told the media that the federal interventions would continue.

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## **NATIONAL DEA Nominee May Face Questions About Medical Cannabis Tactics**

Medical cannabis patients and advocates have asked the U.S. Senate to question carefully the Obama Administration's nominee to head the Drug Enforcement Administration (DEA). The current Acting Administrator, Michele Leonhart, has been tapped for the job, though she is a hold-over from the Bush Administration, which appointed her Deputy Administrator in 2004 and then Acting Administrator in 2008.

"Nominating a Bush appointee to continue as head of a critical agency, even though she has been actively undermining the Obama Administration's policy on medical cannabis, does not look like change we can believe in," said ASA Government Affairs Director Caren Woodson. "We can only hope that the confirmation process will reveal she's had a change of heart, or that the Senate will demand a nominee who respects the chain of command."

As deputy administrator, Leonhart was part of the DEA management team that attempted to undermine state medical cannabis programs. Leonhart helped orchestrate more than 200 raids targeting medical cannabis patients and caregivers, primarily in California. Many of the raids



*Michelle Leonhart*

Leonhart may have also played a role in a federal campaign of intimidation aimed at property owners in California. Hundreds of landlords throughout the state were sent official letters threatening them with criminal prosecution and civil asset forfeiture for renting commercial property to patient

employed "shock and awe" tactics involving coordinated simultaneous paramilitary assaults on multiple locations with heavily armed agents.

collectives. The DEA's involvement in directing banks to close the accounts of patient collectives is also the subject of investigation by House Banking Committee members.

As acting administrator, Leonhart has ignored the ruling of the DEA's own administrative law judge and singlehandedly blocked research applications by university scientists. As DEA administrator, Leonhart will be responsible for responding to a longstanding petition to reschedule cannabis in accordance with the scientific and medical consensus about its medical utility and safety. Currently, cannabis is

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## **STATE UPDATES New Jersey Becomes 14th State with Legal Access to Medical Cannabis**



New Jersey became the 14th state to establish protections for patients who use cannabis on the advice of their doctors.

The "New Jersey Compassionate Use Medical Marijuana Act" signed into law by Governor Jon Corzine shields qualified patients from arrest and prosecution for possession and transportation, and mandates distribution of medical cannabis by state-regulated "Alternative Treatment

Centers." As the 11th most populous state in the nation, New Jersey is the third largest state to pass medical cannabis legislation, after California and Michigan.

"The passage of New Jersey's medical cannabis law is a victory for commonsense health policies," said Caren Woodson, ASA's government affairs director. "It's only a matter of time before the federal

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# D.C. Medical Marijuana Law Enacted then Suspended

## District Council Working on Regulations for Safe Access



The medical cannabis initiative in Washington, D.C. passed its mandatory 30-day Congressional review period last month but was immediately suspended by the local District Council so they can complete regulations for implementing the new law.

Initiative 59, known as the Legalization of Marijuana for Medical Treatment Initiative, was approved by 69% of voters in 1998 but blocked by Congress from taking effect then. That ban was lifted earlier this year.

"We're extremely pleased that Congress finally decided to allow the District of

Columbia's medical marijuana law to take effect," said Nikolas Schiller from the D.C. chapter of ASA. "We're also anxious to see the District Council quickly establish regulations that will grant voter-approved rights to patients, which have been denied for far too long."

The local moratorium follows a hearing last month on proposed amendments co-introduced by District Council Chairman Vincent C. Gray (D) and Councilmembers David A. Catania (I-At Large) and Phil Mendelson (D-At Large).

"The District Council needs to consider regulations from the patient perspective," said ASA Executive Director Steph Sherer,



Steph Sherer

who is a resident of the District. "Patients are not served by only allowing primary care physicians to recommend medical marijuana, limiting patients to a single caregiver, relegating dispensaries to remote areas, or jeopardizing sensitive patient information."

Once the Council adopts regulations, the law will undergo a second 30-day Congressional review period, as required under the Home Rule Act that gives Congress control over District legislation.

## STATE UPDATE Washington State Expands Cannabis Access for Patients

### Naturopaths, Nurse Practitioners, and PAs Can Now Recommend



Washington State has expanded its existing medical cannabis laws to allow more health care professionals to legally recommend therapeutic cannabis to their patients.

Governor Christine Gregoire has signed SB 5798, which will allow patients in Washington to register with the state's medical cannabis program on the advice of naturopathic doctors, nurse practitioners and physicians' assistants.

The change makes Washington State the most expansive in terms of the range of health professionals patients can consult about cannabis under the law. The change in part reflects the difficulties some patients face in finding physicians who will sign the required state paperwork.

Many doctors continue to fear retribution because of old threats from the federal government about suspending their prescription privileges if they discuss cannabis

with their patients. The U.S. Supreme Court in 2003 barred such retribution and affirmed First Amendment protections for doctor-patient communication.

Washington lawmakers also amended their state medical cannabis law to require all medical recommendations to be printed on tamper-resistant paper to protect against counterfeiting. The changes passed the House 58-39 and the Senate 34-13.

## Maryland Senate Debates Bill to Make Medical Cannabis Legal

### Senate Judiciary Committee Passes Measure 7-4



The Maryland Senate is debating a bill that would expand the state's medical cannabis law, after the Senate Judiciary Committee passed it by a margin of 7-4.

The bill includes provisions to protect patients from arrest and prosecution and reclassify cannabis as a Schedule II drug with accepted medical use.

ASA advocates were among those who helped convince committee members that they need to fix their state's medical cannabis law.

"The Maryland legislature recognizes patients should not be treated like criminals," said Caren Woodson, ASA Government Affairs Director. "We are working to make sure they understand what it takes to meet the real needs of patients."



Caren Woodson

The new bill would make the state's health department responsible for a medical marijuana program that would include licensing patients, caregivers, cul-

tivators and distributors.

Maryland's current medical marijuana law reduces penalties for patients who present evidence of medical use in court to a \$100 fine, but does not prevent them from being arrested, prosecuted or convicted.

A vote on Senate Bill 627 is expected within a week. The bill is a companion to House Bill 712, which was introduced by House Delegate Dan Morhaim M.D. If the senate bill passes, it will go to the House Rules Committee for consideration.

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# Iowa Pharmacy Board Wants Cannabis Reclassified, Access Studied

**IA** The state of Iowa's governing body for medications has unanimously said that cannabis has medical uses and established a task force for creating a state medical cannabis program. The state Pharmacy Board's decision to recommend the reclassification of marijuana from a Schedule I to a Schedule II substance makes Iowa the first state where medical professionals have acted before voters or lawmakers

have legalized medical marijuana.

"Iowa's state medical officials have now formally recognized what polls say a majority of Iowans understand—cannabis has important medical uses," said ASA Government Affairs Director Caren Woodson. "Now it's up to state lawmakers to stop making criminals of patients who take their doctor's advice."

The Pharmacy Board's recommendation

on cannabis classification goes to state lawmakers for action. The Board also established a task force to study the steps necessary for creating a medical cannabis program in Iowa.

A February poll found that 64% of Iowans support legal access to medical cannabis.

Medical cannabis legislation went before a state senate subcommittee in 2009 but did not advance.

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government catches up."

The bill was passed by a 48-14 vote by the General Assembly and a 25-13 vote by the State Senate after years of lobbying by patients and advocates. New Jersey officials must now develop regulations for administering the program that will go into effect in six months.

The law prohibits patients from cultivating their own medicine, requiring them to purchase their medicine from one of the six distribution centers to be established by the state.

The number of patients who will qualify for access through the state-run program is unclear, since lawmakers intentionally excluded the primary condition for which patients use cannabis: chronic pain.

Among the qualifying conditions for which a doctor may recommend cannabis are cancer, HIV/AIDS, Lou Gehrig's disease, muscular dystrophy and multiple sclerosis.



*Rep. Donald Payne*

Following the signing of his state's medical cannabis bill, U.S. Representative Donald Payne (NJ-10) added his name to the list of co-sponsors on the federal Truth in Trials bill, which would allow medical cannabis patients who face federal charges to show at trial they acted under state law.

Currently, federal rules of evidence prevent cannabis patients from using any type of medical defense.

## Medical Cannabis Bills Pending in Many States

In addition to Maryland and Iowa, state lawmakers around the country are considering measures to remove criminal penalties for those who use cannabis as a medical treatment.



In **Ohio**, a bill to remove criminal penalties for dispensing, growing and using cannabis for medical purposes has been introduced in the state House with six co-sponsors.

The new bill is similar to an Ohio Senate Bill from the last session. The bill's backers, including a former state lawmaker who helped craft the current measure, say they will take the issue directly to the state's voters via initiative if it does not pass this year.



In **Missouri**, a bill to allow patients to use cannabis medically has been introduced for the fourth year in a row, this time with 17 bi-partisan co-sponsors in the state House, including a Republican representative who is also a physician.

Missouri's HB 1670 would reclassify marijuana as a Schedule II drug in Missouri and allow registered patients and caregivers to possess up to seven marijuana plants and three ounces of usable marijuana, as well as establishing regulated non-profit distribution centers for patients to access their medicine.



In **Alabama**, state lawmakers are again considering a medical cannabis bill. HB 642, which would allow patients with specified medical conditions to use mari-

juana, has been approved by the House Judiciary Committee. Legislative scheduling is such that the full house is unlikely to debate the bill before their session ends, but the bill's sponsor intends to introduce it again next year if that is the case.

Medical marijuana bills have been introduced in Alabama each of the past three years but have not made it out of committee. A 2004 poll found 75% support in the state for legal access to cannabis under a doctor's supervision.



In **Delaware**, SB94 would establish a medical cannabis program that would protect registered patients from arrest; patients would be able to possess six ounces and cultivate up to 12 plants.



In **Illinois**, SB 1381, the Compassionate Use of Medical Cannabis Pilot Program Act, is awaiting action from the House after passing the state Senate last May.



In **Massachusetts**, the House medical cannabis bill, HB 2160, was sent out of committee for study; recent polling in the state found 81% support for legal medical access.



In **New York**, twin bills in the Senate and Assembly would allow patients legal access to cannabis through state regulated dispensaries.

In **Wisconsin**, Assembly Bill 554 would make medical use of cannabis legal. The bill must clear two committees and a floor vote by the end of the session, April 22.

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## RESEARCH UPDATE: Report on State-Funded Studies

A series of 14 studies of medical marijuana funded by the state of California has confirmed that the drug is uniquely effective for relieving neuropathic pain and reducing muscle spasms, among other conditions.

Take a Closer Look

Cannabis is Medicine

"This report further confirms the claims of ASA's Data Quality Act petition," said ASA Government Affairs Director Caren Woodson. "The law requires the federal government to acknowledge the science and admit that marijuana has medical uses."

The Center for Medicinal Cannabis Research issued a report on the 10-year program as part of its mandate by the state legislature, which established the center to fund and coordinate research at campuses of the University of California. Results of only five of the 14 studies have been published to date, with a sixth completed but not yet published. The remaining studies have not yet been completed.

Pain relief was the focus of many of the double-blind placebo-controlled studies in the \$8.7-million research effort. Two showed that smoked cannabis was effective

for hard-to-treat pain in HIV patients. One demonstrated that cannabis is effective for relieving neuropathic pain related to spinal cord injuries and other conditions. Another study found that higher doses of cannabis produced more relief in sub-

jects who had pain induced via chemical heat.

The fifth study compared smoking cannabis to the use of a vaporization device, which subjects found effective and preferable to smoking.

The studies published to date appeared in the peer-reviewed journals *Neurology*, *Clinical Pharmacology & Therapeutics*, *Anesthesiology*, *Journal of Pain* and *Neuropsychopharmacology*.

The sixth completed study, which has not been published, found that smoked marijuana reduced spasticity and associated pain for patients with multiple sclerosis.

Each of the studies completed to date confirms the findings of other researchers and anecdotal reports by medical marijuana patients.

looked into it. A whistleblower within the DEA brought to light actions under Leonhart's command that Rep. Jones said constitute "conspiracy, corruption and cover-up."

Leonhart has also faced criticism for her use of an infamous confidential informant, Andrew Chambers, who was paid more than \$2 million for his testimony in over 300 drug cases, though one federal appeals court characterized Chambers as a "total liar." Leonhart and other officials violated DEA regulations by hiding records of the informant's arrests and convictions from defense attorneys—a history he routinely denied when testifying. Chambers was finally "deactivated" from the DEA by order of then-Attorney General Janet Reno after a federal judge said that his serial perjury for the DEA was "very compelling" evidence of government misconduct.

Leonhart's confirmation hearing before the Senate Judiciary Committee, chaired by Sen. Patrick Leahy, has not yet been scheduled.

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"It's still a violation of federal law," Sweetin said. "It's not medicine. We're still going to continue to investigate and arrest people."

In the wake of the raids, freshman Congressman Jared Polis (CO-2) met with Obama Administration Drug Czar Gil Kerlikowske and also asked Attorney



Rep. Jared Polis

General Eric Holder to investigate the DEA's actions in light of the Obama Administration's stated policy on respecting state medical cannabis laws. In February 2009, Holder said at a press conference with DEA Acting Administrator Michelle

Leonhart that the Justice Department would not arrest or prosecute people for marijuana violations if they are following state medical cannabis laws. A memo to that effect was issued in October.

A bi-partisan group of four Colorado state lawmakers who are crafting medical cannabis regulations also asked Holder to halt the raids. In a formal letter sent to the Attorney General, the legislators—Democratic Sen. Chris Romer and Rep. Beth McCann of Denver and Republican Sen. Nancy Spence of Centennial and Rep. Tom Massey of Poncha Springs—said the raids are "complicating" their attempt to craft new rules.

"These raids discourage dispensary operators, caregivers, growers and patients from providing testimony or recommendations to state lawmakers, hampering our ability to develop a workable and realistic regulatory arrangement for medical marijuana," the state lawmakers wrote. No response from the Attorney General has been reported.

*The Gazette*, a newspaper in the conservative city of Colorado Springs, leveled a similar complaint, writing that federal agents "acted with disrespect for the voters of Colorado to undermine our state's constitutional right to buy, sell, produce and consume medical marijuana. Their actions have undermined sincere efforts by state and local politicians to achieve responsible medical marijuana regulation."

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classified as a Schedule I drug, meaning it has not currently accepted medical use in the U.S. and is highly dangerous, despite an overwhelming body of evidence to the contrary.

Since the Department of Justice issued its memo stating that federal resources should not be used to target individuals in compliance with their state's medical cannabis laws, Leonhart has directed continuing DEA raids in Colorado, California and Hawaii. These raids have targeted not just medical cannabis patients but even independent laboratories tasked with ensuring that the medical cannabis being distributed through state programs is unadulterated.

Congress has previously raised questions about Leonhart's judgment in areas other than medical cannabis. She has faced questions about her role in a botched attempt to infiltrate the Juarez cartel that left 12 people dead in El Paso. That case "had a terrible odor," according to Rep. Walter B. Jones (R, NC), one of those who

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