

Exhibit 10

**BEFORE THE UNITED STATES DEPARTMENT OF JUSTICE
INFORMATION QUALITY GUIDELINES STAFF**

Re: DEA's "The Dangers and Consequences
of Marijuana Abuse" and "Drugs of Abuse"

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**REQUEST FOR CORRECTION OF INFORMATION DISSEMINATED
BY DEA REGARDING MARIJUANA (CANNABIS)**

INFORMATION QUALITY ACT REQUEST FOR CORRECTION

DATE: DECEMBER 5, 2016

SUBMITTED BY: AMERICANS FOR SAFE ACCESS FOUNDATION

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Request for Correction Pursuant to the DOJ's Information Quality Guidelines

ISSUE

The Drug Enforcement Agency's ("DEA") website (dea.gov) contains inaccurate statements that do not meet the standards of quality required by the Department of Justice ("DOJ") and Office of Management and Budget ("OMB") under the Information Quality Act ("IQA"). In particular, the DEA continues to disseminate certain statements about the health risks of medical cannabis use that have been incontrovertibly refuted by the DEA itself in its recent "Denial of Petition to Initiate Proceedings to Reschedule Marijuana" (the "DPR"), issued August 12, 2016. In fact, the DEA's recent statements confirm scientific facts about medical cannabis that have long been accepted by a majority of the scientific community. Accordingly, Americans for Safe Access ("ASA") requests that the DEA correct or remove from the dea.gov website the inaccurate statements described below in Section II (a)-(d). At minimum, the corrections should comport with the DEA's statements in the DPR.

PETITIONER

Americans for Safe Access Foundation ("ASA"), a non-profit advocacy group that represents the interests of medical cannabis patients and caregivers, files this Request for Correction of inaccurate information, disseminated by the DEA, relating to certain purported health effects of cannabis use. ASA brings this action on behalf of patients, their families, medical providers, scientists, and veterans across the United States who are deeply and immediately affected by the DEA's controverted statements. The seriously ill patients that ASA represents suffer variously from cancer and the side-effects of its treatments, multiple sclerosis, HIV/AIDS, spinal injury, chronic seizures, and other medical conditions that produce chronic pain, nausea, loss of appetite and spasticity. Many of these persons who use medical cannabis to treat these symptoms do not respond to conventional treatment options, cannot tolerate certain medications, or have serious health needs not treatable by pharmaceutical medicine. If patients, who currently have access to medical cannabis under state programs, were to lose access, they would be irreparably harmed. And, patients in need of medical cannabis, but without access, are already being seriously harmed.

The DEA's misinformation informs the opinions and actions of Congress. As a result of this misinformation, there is a substantial risk that Congress will fail to reauthorize the Rohrabacher-Farr Medical Cannabis Amendment ("the Amendment") (discussed below)—failure to reauthorize would encourage the DOJ to dismantle state medical cannabis systems and prosecute medical cannabis users and providers throughout the nation. Furthermore, the CARERS Act (discussed below) has yet to receive a vote, due in part to the dissemination of DEA misinformation. ASA's members reside in every United States Congressional District—they have been negatively affected by Congress' continuing refusal to hold a vote on the CARERS Act, and they will be negatively affected by Congress' failure to reauthorize the Amendment.

RELIEF REQUESTED

ASA requests corrections to DEA disseminated information as described in Section II (a)-(d).

ASA files this Request for Correction pursuant to the Information Quality Act amendments to the Paperwork Reduction Act, 44 U.S.C. § 3516 Statutory and Historical Notes, P.L. 106-554 (“Information Quality Act”), as implemented through the Office of Management and Budget’s “Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies,” 67 Fed. Reg. 8452 (Feb. 22, 2002) (“OMB Guidelines”), and the “DOJ Information Quality Guidelines,” <https://www.justice.gov/iqpr/information-quality> (“DOJ Guidelines”).

FACTUAL BACKGROUND

For years, the DEA has published scientifically inaccurate information about the health effects of medical cannabis, directly influencing the action – and inaction – of Congress. The Compassionate Access, Research Expansion, and Respect States Act (“CARERS”) is a prime example. Three senators introduced CARERS in March 2015 and an identical bill was introduced in the House later that month. The legislation seeks to protect patient access to medical cannabis in states with existing medical cannabis programs from federal intervention, thereby codifying the collection of DOJ memoranda that currently govern federal policy of medical cannabis enforcement against the states.¹ Notably, CARERS would also reschedule cannabis from Schedule I to Schedule II status, thus easing current restrictions on medical and scientific research of the substance.² Furthermore, the Act would exclude cannabidiols (cannabis derivatives with less than 0.3% THC content) from the definition of cannabis entirely,³ permit businesses acting in conformity with state cannabis laws to access banking services,⁴ mandate the issuance of additional licenses to cultivate cannabis for FDA approved research,⁵ and grant VA dependent veterans access to state medical cannabis programs.⁶

Since the CARERS Act was introduced in March of 2015, it has received additional support in the Senate and House, but it seems unlikely that there will be a formal vote on the bill before the new administration commences in January 2017. Proponents of the Act believe that it is less likely to pass once the new Congress is sworn in and the new administration takes control. The House bill is sitting in four committees and subcommittees; the Senate analog sits in the Senate Judiciary Committee.⁷ Committee leadership in both chambers have denied the respective bills a

¹ <https://www.congress.gov/bill/114th-congress/senate-bill/683/text>, at Section 2 (The Controlled Substances Act, “shall not apply to any person acting in compliance with State law relating to the production, possession, distribution, dispensation, administration, laboratory testing, or delivery of medical marihuana.”).

² *Id.* at Section 3.

³ *Id.* at Section 4.

⁴ *Id.* at Section 6.

⁵ *Id.* at Section 7.

⁶ *Id.* at Section 8.

⁷ H.R. 1538 has been assigned to the (1) House Energy and Commerce Subcommittee on Health; (2) House Judiciary Subcommittee on Crime, Terrorism, Homeland Security, and Investigations; (3) House Financial Services