



## The CCIC Podcast

April 22<sup>nd</sup>, 2016

This month: Steph Sherer  
Interview by Dr. Mark A. Ware

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### *Introduction*

Hello and welcome to the CCIC Podcast. The CCIC Podcast is a series of in depth interviews with leading experts and opinion leaders in the world of medical cannabis and cannabinoids.

In this edition of the podcast we are delighted to welcome Steph Sherer, Executive Director of Americans for Safe Access, discussing her work on developing good practices in medical cannabis cultivation:

“As we all know, as a substance, cannabis is a very safe plant, but commercialization is not safe, and so we began looking at how we could bring product safety protocols to patients.”

...and reflecting on the need to stay vigilant as the world moves to legalize cannabis:

“If you want to see this future with legal regulated cannabis, then we need to be very mindful of how we are approaching that, and to know that there isn’t momentum, that maybe we are not pushing up such a steep hill, but if we stop in any way this rock can roll back over us, or even worse the rock is moving but we have no control of where it’s going. ”

Steph Sherer is founder and Executive Director of Americans for Safe Access (ASA), the largest national member-based organization of patients, medical professionals, scientists, and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research.

We spoke on April 22nd, 2016.

*Mark Ware* So thank you Steph for joining me, the first question is really a broad one; how did you first come into contact with the world of medical cannabis?

*Steph Sherer* Well actually I am a medical cannabis patient, and that is what brought me on to this amazing path. I had a neck injury in 2000 that I wasn't recovering from, and later I was diagnosed with dystonia. In the process of figuring out that diagnosis and treating the condition, we knew that it was an inflammation issue, and my doctor had prescribed me 2400 to 3600 mg of ibuprofen a day; that's what I had to take just to get out of bed, and in that process my kidneys actually started failing. I was twenty-four years old at the time, and my doctor one day said "We are six months away from dialysis, we need to find something else to work". So my options were taking less of the anti-inflammatories, which meant limited quality of life day to day, or continuing to take them and have sort of a dim future, so one day my doctor came in to the exam room, closed the door and asked me if I smoked pot, and I told him I didn't, and he asked me if I knew where to get some, and I asked him if I was his youngest patient because I actually thought he was trying to score weed from me! I had no idea why we were talking about marijuana in this setting, and that's when he explained to me he didn't really understand how it worked, he knew that it was legal in the State of California, and that he had two patients that were substituting cannabis for ibuprofen and other pain medications which worked for them, and if I could find some he thought that we should try it. I was twenty-four and living in San Diego at the time, so not an insurmountable task to find cannabis, so I literally called my friends that listen to reggae and Wu-Tang, and asked them if they used cannabis and if they could help me find some.

*MW:* *Since that journey began, you have done a number of very impressive things. Looking back from those early days to where you are now, what do you feel has been your most important contribution to date?*

*SS:* That's a tough question, but there is one thing that we have done at Americans for Safe Access, which runs with the themes of other accomplishments, and that was really bringing the patient's voice into the dialogue about medical cannabis. What I mean by that, is when I became a patient in 2001, the law that had been passed in California was really just a criminal exemption bill that said that if I was arrested, and I had a letter from my doctor, then maybe I wouldn't have to go to jail. But as a patient, that was really only one of my concerns (going to jail); the day-to-day concerns were where am I going to have safe access? What was in the medicine I was getting? Could I keep my job/my home? These were the civil aspects of being a medical cannabis patient. So I think the most significant thing we have been able to do at Americans for Safe Access is put the patient in the dialogue and make sure legislation and regulations are meeting their needs.

*MW:* *And transitioning from the patient level to the planetary level, if I could say that, you've just come out of the UNGASS meetings in New York City this week,*

*turning the perspective to these global issues, how do you see global cannabis drug policy, and any changes coming out of the UNGASS meetings?*

SS: I think what was most exciting about the UNGASS meeting was just hearing medical cannabis being brought up by dozens of member states, that were actually looking at programs in their country. The most frustrating was that the United States would not talk about medical cannabis, and sort of the elephant in the room is that our UN officials here in the US, are saying that they would like to see flexible interpretations of the single treaty that governs international cannabis laws, and unfortunately that's the same argument countries are making that want to still inflict death penalties for the possession of drugs. And so if you're asking for flexibility, in Eastern policy, you are basically seeing the US and Russia on the same side, your asking for the same thing for very different reasons. So coming out of UNGASS, what I'm feeling is that there is a lot of work to do before 2019, which is when the next UNGASS on drug policy will be, that the United States have a special amount of work to influence international drug policy especially around the scheduling of cannabis, that there is a lot of work that the nation, the member states that have programs that are working, there needs to be more of an alliance between those countries, when interacting with the UN and WHO, and that we have got to get on course to reschedule cannabis tomorrow, so that nations around the world can really have a conversation about medical cannabis and their citizens without worrying about someone placing embargos on their nation. So I had an amazing time talking to countries around the world about medical cannabis, but I am definitely feeling leaving that meeting, that there is a lot more work to do before we are going to be able to have international policies that reflect the needs of global citizens.

*MW: I notice you say citizens because clearly these kind of transitions revolve around not just medical cannabis, but potentially recreational cannabis use as well. How do you think changing drug policy to allow recreational use will affect the work you have done so far to enhance medical users rights and responsibilities?*

SS: It's interesting because at the policy level, you know, adding recreational policies, on one hand they make the conservative topic in the room. But what I think is most interesting is that it's showing me how much data we have about medical use, and in the areas of policy science around running these programs, and how much the recreational community still has to do. So as states in the US and nations around the world are looking at recreational cannabis policies, they are asking a lot of new questions that weren't part of the medical cannabis dialogue, and that is; what does adding in new intoxicants to a culture mean for its citizens, what does it mean for public health? What does it mean for teenagers? What will it mean for communities? How will advertising be in place? And so on one hand, more people are

talking about cannabis, but for me it's showing really how different the two topics are. I think from an agricultural and product safety perspective its very similar, it's the same plant, so we know how to cultivate and manufacture these products in a way that at least they don't have contaminants (or that we should be doing that), and that the potency is accurate, but once we really get into distribution and how society wants to deal with access, for me it really show that we are talking about two very different subjects, and that the policy future is very different.

*MW: You mentioned trying to generate more research and more data; you've recently initiated the ICCI, Can you tell us a little bit about what the ICCI is?*

*SS: Yes I would love to. In December, Americans for Safe Access was part of launching the first cannabis and cannabinoids center of excellence, which we are calling the International Cannabis and Cannabinoids Institution (ICCI) It is located in Prague, and basically just like other centers of excellence, we are bridging together across scientific disciplines, to come together and answer the question of access to these medicines. So it means looking at the field of biomedicine, life sciences and policy sciences. And even though so much work has been done around creating these medical cannabis programs, the truth is what we have truly learned over the last 20 years, is really in the area of policy sciences. We figured out how to deal with diversion, we figured out how to deal with product safety protocols from a public health perspective. Really the next answer is that we need a society to really talk about how to effectively take advantage of cannabis therapeutics. Those answers are going to come through science, they're going to come through clinical trials, through really understanding more what is inside this amazing plant. With cannabis research, it's interesting because unlike traditional pharmaceutical research, you are trying to figure out a puzzle, and part of that puzzle is how a human will react to a substance. With cannabis, we are seeing more what's in it, and we can see the effect, and our challenge is to bring scientists together to explain what's happening in between. So what we've done in Czech Republic is we've basically created a platform for scientists to come together and create priorities. We have a great working relationship with the Czech Republic (medical cannabis is legal there), and so we are able to move forward with human clinical trials, we are able to do large agricultural projects, and working directly with Charles University, we are able to bring in the best minds across the globe to help answer these questions. And so its definitely very different from the work we have been doing at Americans for Safe Access as far as the advocacy and policy, but this is where we are going to get the answerers to continue the advocacy we've been doing at ASA.*

*MW: In terms of doing clinical research, obviously some major questions are around products that we have available to us for research purposes, you've done a lot of work on trying to establish standards for the industry regarding cannabis and the development of protocols for accrediting and evaluating cannabis*

*companies, can you tell me a little about your work with this accreditation side of things?*

SS: When I started Americans for Safe Access fourteen years ago (actually we just had our 14th birthday on April 19th), the first models we were looking at for distribution were something we called community based access, and so we were trying to solve this problem in California. There were forty-thousand legal medical cannabis patients that had no idea where to get their medicine. So we weren't really going down an industrial path at that point, we're really talking about a small production where patients would bring in their excess cannabis, they would have five plants and maybe that was more than they needed, and so as a member of these collectives they could bring in the excess and sell it back to patients. We're talking really small scale gardens, but we knew that in order to get cannabis to everyone who needed it, that commercialization would have to be part of the equation. As we all know, as a substance, cannabis is a very safe plant, but commercialization is not safe, and so we began looking at how we could bring product safety protocols to patients, looking ahead and knowing if we are moving to a commercial market, that patients would have the right to know how their medicine was grown, that it was free of contaminants, and to know as much about the cannabinoid profiles as possible, and anything that the commercial market was selling them. So this undertaking was part of our strategic plan in 2003, and it took us about seven years to partner with organizations like; the American Herbal Pharmacopeia, the American Herbal Product Association, that are organizations that set the standards for herbal medicine in the U.S. We were a little too controversial for them until around 2010 where we began working on the Cannabis monograph with the American Herbal Pharmacopeia, and then we began working on a process where we brought 170 cannabis businesses together with experts in the field of herbal medicine regulations, and created best practices for cultivation, manufacturing, laboratories and distribution. Now here in the US, now that we have gone through that process, those best practice guides exist, we have been able to adopt those standards in sixteen states, and I think we are going to see five more by the end of the year. So when you add regulations to an existing industry, there is a learning curve. There was a way people were cultivating before, bringing them up to the standards to be able to regulate, they need to be educated to what the future is going to look like, and so at ASA, we created Patient Focused Certification (PFC), which is a tool for both the government and the industry, to be able to adhere to these standards, and for us at ASA to be able to communicate that to individual patients, and so we created this program as a way for patients to look for the PFC seal, to know that those products have gone through the highest standards, and that the labeling should be accurate, what's on the label should be in the package and that it should be free of contaminants, moulds and mildews.

*MW: Steph, as you know I admire the breadth and depth of your work, and the integrity you bring to it; I admire your accomplishments to date and I think there are still many great things to come. Before I close, are there any thoughts, or perhaps meanderings that you would like to share with our listeners?*

**SS:** Yes, what I think is such an interesting thing, is there is such an interesting dialogue around cannabis, whether you're talking about recreational or medical, but something that makes me a little nervous right now, is I'm in many conversations where people talk about momentum, with this sort of feeling that there will be nothing in our way, that in a few years every country will have recreational and medical cannabis programs and that people can just sit on the sidelines while this all unfolds, and my perspective is very different. Over history cannabis has almost been legal, and has gone back to an illicit market. There are many substances that have been used medically and recreationally like Ephedra, that were billion dollar industries that because people weren't more mindful about the regulations, are now schedule 1 substances, and these industries have just dried up. So I would just like to share that if you want to see this future with legal regulated cannabis, then we need to be very mindful of how we are approaching that, and to know that there isn't momentum, that maybe we are not pushing up such a steep hill, but if we stop in any way this rock can roll back over us, or even worse the rock is moving but we have no control of where its going. So as people are getting excited about the future, I don't want to say don't be excited, but I'm really hoping to see advocates and stakeholders in medical cannabis, really channel the success and the excitement of these successes, in a way that is really going to lead to global change.

*MW: Wise words indeed Steph. Thank you very much for taking some time out today to talk to me, and to share your thoughts and perspectives with our listeners, it's been a pleasure talking to you. Good luck in the coming days, weeks, months and years ahead, I really appreciate you taking the time to speak to me today.*

**SS:** Thanks for having me Mark.

*MW Thank you Steph.*

That was Steph Sherer, speaking to us via Skype from New York City.

Thank you for joining us.

Tune in next month to the CCIC podcast.

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The approximately 20 minute audio podcast of this interview is available online at [www.ccic.net/podcast](http://www.ccic.net/podcast) and are also available on iTunes

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