

Americans For Safe Access

AN ORGANIZATION OF MEDICAL PROFESSIONALS, SCIENTISTS, AND PATIENTS HELPING PATIENTS

MEDICAL CANNABIS DISPENSING COLLECTIVES AND LOCAL REGULATION



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California's original medical cannabis law, the Compassionate Use Act (Prop. 215), directs local officials to implement ways for qualified patients to access their medicine. With the passage of state legislation (SB 420) in 2003, and the 2005 court ruling in *People v. Urziceanu*, medical cannabis dispensing collectives (or dispensaries) are now recognized as legal entities. Since most of the more than 150,000 cannabis patients in California (NORML 2005 estimate) rely on dispensaries for their medicine, communities across the state are facing requests for business licenses or zoning decisions related to the operation of dispensaries.

Americans for Safe Access, the leading national organization representing the interests of medical cannabis patients and their doctors, has undertaken a study of the experience of those communities that have dispensary ordinances. The report that follows details those experiences, as related by local officials; it also covers some of the political background and current legal status of dispensaries, outlines important issues to consider in drafting dispensary regulations, and summarizes a recent study by a University of California, Berkeley researcher on the community benefits of dispensaries. In short, this report describes why:

Regulated dispensaries benefit the community by:

- providing access for the most seriously ill and injured

- offering a safer environment for patients than having to buy on the illicit market
- improving the health of patients through social support
- helping patients with other social services, such as food and housing
- having a greater than average customer satisfaction rating for health care

Creating dispensary regulations combats crime because:

- dispensary security reduces crime in the vicinity
- street sales tend to decrease
- patients and operators are vigilant
- any criminal activity gets reported to police

Regulated dispensaries are:

- legal under California state law
- helping revitalize neighborhoods
- bringing new customers to neighboring businesses
- not a source of community complaints

This report concludes with a section outlining the important elements for local officials to consider as they move forward with regulations for dispensaries. ASA has worked successfully with officials in Kern County, Los Angeles, San Francisco and elsewhere to craft ordinances that meet the state's legal requirements, as well as the needs of patients and the larger community. Please contact ASA if you have questions: 888-929-4367.

OVERVIEW OF MEDICAL CANNABIS DISPENSARIES

"As the number of patients in the state of California who rely upon medical cannabis for their treatment continues to grow, it is increasingly imperative that cities and counties address the issue of dispensaries in our respective communities. In the city of Oakland we recognized this need and adopted an ordinance which balances patients' need for safe access to treatment while reassuring the community that these dispensaries are run right. A tangential benefit of the dispensaries has been that they have helped to stimulate economic development in the areas where they are located."

- Desley Brooks, Oakland City Councilmember

ABOUT THIS REPORT

Land-use decisions are now part of the implementation of California's medical marijuana, or cannabis, laws. As a result, medical cannabis dispensing collectives (dispensaries) are the subject of considerable debate by planning and other local officials. Dispensaries have been operating openly in many communities since the passage of Proposition 215 in 1996. As a compassionate, community-based response to the problems patients face in trying to access cannabis, dispensaries are currently used by more than half of all patients in the state and are essential to those most seriously ill or injured. Since 2003, when the legislature further implemented state law by expressly addressing the issue of patient collectives and compensation for cannabis, more dispensaries have opened and more communities have been faced with questions about business permits and land use options.

In an attempt to clarify the issues involved, Americans for Safe Access has conducted a survey of local officials in addition to continuously tracking regulatory activity throughout the state. (safeaccessnow.org/regulations.) The report that follows outlines some of the underlying questions and provides an overview of the experiences of cities and counties around the state. In many parts of California, dispensaries have operated responsibly and provided essential services to the most needy without local intervention, but

city and county officials are also considering how to arrive at the most effective regulations for their community, ones that respect the rights of patients for safe and legal access within the context of the larger community.

ABOUT AMERICANS FOR SAFE ACCESS

Americans for Safe Access (ASA) is the largest national member-based organization of patients, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic uses and research. ASA works in partnership with state, local and national legislators to overcome barriers and create policies that improve access to cannabis for patients and researchers. We have more than 30,000 active members with chapters and affiliates in more than 40 states.

THE NATIONAL POLITICAL LANDSCAPE

A substantial majority of Americans support safe and legal access to medical cannabis. Public opinion polls in every part of the country show majority support cutting across political and demographic lines. Among them, a Time/CNN poll in 2002 showed 80% national support; a survey of AARP members in 2004 showed 72% of older Americans support legal access, with those in the western states polling 82% in favor.

This broad popular consensus, combined with an intransigent federal government which

refuses to acknowledge medical uses for cannabis, has meant that Americans have turned to state-based solutions. The laws voters and legislators have passed are intended to mitigate the effects of the federal government's prohibition on medical cannabis by allowing qualified patients to use it without state or local interference. Beginning with California in 1996, voters passed initiatives in eight states plus the District of Columbia -- Alaska, Colorado, Maine, Montana, Nevada, Oregon, and Washington. State legislatures followed suit, with elected officials in Hawaii, Maryland, Rhode Island, and Vermont taking action to protect patients from criminal penalty, and the California legislature amending its voter initiative in 2003.

Momentum for these state-level provisions for compassionate use and safe access has continued to build as more research on the therapeutic uses of cannabis is published. And the public advocacy of well-known cannabis patients such as the Emmy-winning talkshow host Montel Williams has also increased public awareness and created political pressure for compassionate state and local solutions.

Twice in the past decade the U.S. Supreme Court has taken up the question. In the most recent case, *Gonzales v. Raich*, a split court upheld the ability of federal officials to prosecute patients if they so choose, but did not overturn state laws. In the wake of that decision, the attorneys general of California, Hawaii, Oregon, and Colorado all issued legal opinions or statements reaffirming their state's medical cannabis laws. The duty of state and local law enforcement is to the enforcement and implementation of state, not federal, law.

HISTORY OF MEDICAL CANNABIS IN CALIFORNIA

Local officials and voters in California have recognized the needs of medical cannabis patients in their communities and have taken action, even before voters made it legal in 1996. In 1991, 80% of San Francisco voters

supported Proposition P, a ballot initiative which recommended a non-enforcement policy for the medical use, cultivation and distribution of marijuana. In 1992, citing both the interests of their constituency and the endorsement of therapeutic use by the California Medical Association, the San Francisco Board of Supervisors adopted a resolution urging the mayor and district attorney to accept letters from recommending physicians (Resolution No. 141-98). In 1993, the Sonoma Board of Supervisors approved a resolution mirroring a Senate Joint Resolution passed earlier that year, noting that a UN committee had called for cannabis to be made available by prescription and calling on "Federal and State representatives to support returning [cannabis] preparations to the list of available medicines which can be prescribed by licensed physicians" (Resolution No. 93-1547).

Since 1996 when 56% of California voters approved the Compassionate Use Act (CUA), public support for safe and legal access to medical cannabis has only increased. A statewide Field poll in 2004 found that "three in four voters (74%) favors implementation of the law. Voter support for the implementation of Prop. 215 cuts across all partisan, ideological and age subgroups of the state." (field.com/fieldpollonline/subscribers/RIs2105.pdf)

Even before the release of that Field poll, state legislators recognized that there is both strong support among voters for implementing the safe and legal access promised by the Compassionate Use Act (CUA) and little direction as to how local officials should proceed. This led to the drafting and passage of Senate Bill 420 in 2003, which amended the CUA to spell out more clearly the obligations of local officials for implementation.

WHAT IS A CANNABIS DISPENSARY?

The majority of medical marijuana (cannabis) patients cannot cultivate their medicine for themselves or find a caregiver to grow it for them. Most of California's estimated 200,000 patients obtain their medicine from a Medical

Cannabis Dispensing Collective (MCDC), often referred to as a "dispensary." Dispensaries are typically storefront facilities that provide medical cannabis and other services to patients in need. There are more than 200 dispensaries operating in California as of August 2006. Dispensaries operate with a closed membership that allow only patients and caregivers to obtain cannabis and only after membership is approved (upon verification of patient documentation). Many dispensaries offer on-site consumption, providing a safe and comfortable place where patients can medicate. An increasing number of dispensaries offer additional services for their patient membership, including such services as: massage, acupuncture, legal trainings, free meals, or counseling. Research on the social benefits for patients is discussed in the last section of this report.

RATIONALE FOR CANNABIS DISPENSARIES

While the Compassionate Use Act does not explicitly discuss medical cannabis dispensaries, it calls for the federal and state governments to "implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana." (Health & Safety Code § 11362.5) This portion of the law has been the basis for the development of compassionate, community-based systems of access for patients in various parts of California. In some cases, that has meant the creation of patient-run growing collectives that allow those with cultivation expertise to help other patients obtain medicine. In most cases, particularly in urban settings, that has meant the establishment of medical cannabis dispensing collectives, or dispensaries. These dispensaries are typically organized and run by groups of patients and their caregivers in a collective model of patient-directed health care that is becoming a model for the delivery of other health services.

MEDICAL CANNABIS DISPENSARIES ARE LEGAL UNDER STATE LAW

In an effort to clarify the voter initiative of 1996 and aid in its implementation across the

state, the California legislature enacted Senate Bill 420 in 2004, which expressly states that qualified patients and primary caregivers may collectively or cooperatively cultivate cannabis for medical purposes (Cal. Health & Safety Code section 11362.775). This provision has been interpreted by the courts to mean that dispensing collectives, where patients may buy their medicine, are legal entities under state law. California's Third District Court of Appeal affirmed the legality of collectives and cooperatives in 2005 in the case of *People v. Urziceanu*, which held that SB 420, which the court called the Medical Marijuana Program Act (MMPA), provides collectives and cooperatives a defense to marijuana distribution charges. Drawing from the Compassionate Use Act's directive to implement a plan for the safe and affordable distribution of medical marijuana, the court found that the MMPA and its legalization of collectives and cooperatives represented the state government's initial response to this mandate. By expressly providing for reimbursement for marijuana and services in connection with collectives and cooperatives, the Legislature has abrogated earlier cases, such as *Trippett*, *Peron*, and *Young*, and established a new defense for those who form and operate collectives and cooperatives to dispense marijuana. (See *People v. Urziceanu* (2005) 132 Cal.App.4th 747, 33 Cal.Rptr.2d 859, 881.)

This new case law parallels the interpretation of SB 420 provided to the League of Cities last year by Berkeley Assistant City Attorney Matthew J. Orebic, in his presentation "Medical Marijuana: The conflict between California and federal law and its effect on local law enforcement and ordinances." As he states in that report:

In the 2004 legislation, Section 11362.775 ... expressly allow[s] medical marijuana to be cultivated collectively by qualified patients and primary caregivers, and by necessary implication, distributed among the collective's members... Under the collective model, qualified patients who are unwilling or unable to cultivate marijuana

on their own can still have access to marijuana by joining together with other qualified patients to form a collective.

Orebic also notes that the law allows for those involved to "receive reimbursement for services rendered in supplying the patient with medical marijuana."

WHY PATIENTS NEED CONVENIENT DISPENSARIES

While some patients with long-term illnesses or injuries have the time, space, and skill to cultivate their own cannabis, the majority in the state, particularly those in urban settings, do not have the ability to provide for themselves. For those patients, dispensaries are the only option for safe and legal access. This is all the more true for those individuals who are suffering from a sudden, acute injury or illness.

Many of the most serious and debilitating injuries and illnesses require immediate relief. A cancer patient, for instance, who has just begun chemotherapy will typically need immediate access for help with nausea, which is why a Harvard study found that 45% of oncologists were already recommending cannabis to their patients, even before it had been made legal in any state. It is unreasonable to exclude those patients most in need simply because they are incapable of gardening or cannot wait months for relief.

WHAT COMMUNITIES ARE DOING TO HELP PATIENTS

Many communities in California have recognized the essential service that dispensaries provide and have either tacitly allowed their creation or, more recently, created ordinances or regulations for their operation. Dispensary regulation is one way in which the city can exert local control over the policy issue and ensure the needs of patients and the community at large are being met. As of August 2006, twenty-six cities and seven counties have enacted regulations, and many more are considering doing so soon. See appendix D.)

Officials recognize their duty to implement state laws, even in instances when they may not have previously supported medical cannabis legislation. Duke Martin, mayor pro tem of Ridgecrest said during a city council hearing on their local dispensary ordinance, "it's something that's the law, and I will uphold the law."

"Because they are under strict city regulation, there is less likelihood of theft or violence and less opposition from angry neighbors. It is no longer a controversial issue in our city."

-Mike Rotkin, Santa Cruz

This understanding of civic obligation was echoed at the Ridgecrest hearing by Councilmember Ron Carter, who said, "I want to make sure everything is legitimate and above board. It's legal. It's not something we can stop, but we can have an ordinance of regulations."

Similarly, Whittier Planning Commissioner R.D. McDonnell spoke publicly of the benefits of dispensary regulations at a city government hearing. "It provides us with reasonable protections," he said. "But at the same time provides the opportunity for the legitimate operations."

Whittier officials discussed the possibility of an outright ban on dispensary operations, but Greg Nordback said, "It was the opinion of our city attorney that you can't ban them; it's against the law. You have to come up with an area they can be in." Whittier passed its dispensary ordinance in December 2005.

Placerville Police Chief George Nielson commented that, "The issue of medical marijuana continues to be somewhat controversial in our community, as I suspect and hear it remains in other California communities. The issue of 'safe access' is important to some and not to others. There was some objection to the dispensary ordinance, but I would say it was a vocal minority on the issue."

IMPACT OF DISPENSARIES AND REGULATORY ORDINANCES ON COMMUNITIES IN CALIFORNIA

DISPENSARIES REDUCE CRIME AND IMPROVE PUBLIC SAFETY

Some reports have suggested that dispensaries are magnets for criminal activity or other behavior that is a problem for the community, but the experience of those cities with dispensary regulations says otherwise. Crime statistics and the accounts of local officials surveyed by ASA indicate that crime is actually reduced by the presence of a dispensary. And complaints from citizens and surrounding businesses are either negligible or are significantly reduced with the implementation of local regulations.

This trend has led multiple cities and counties to consider regulation as a solution. Kern County, which passed a dispensary ordinance in July 2006, is a case in point. The sheriff there noted in his staff report that "regulatory oversight at the local levels helps prevent crime directly and indirectly related to illegal operations occurring under the pretense and protection of state laws authorizing Medical Marijuana Dispensaries." Although dispensary-related crime has not been a problem for the county, the regulations will help law enforcement determine the legitimacy of dispensaries and their patients.

The sheriff specifically pointed out that, "existing dispensaries have not caused noticeable law enforcement of secondary effects and problems for at least one year. As a result, the focus of the proposed Ordinance is narrowed to insure Dispensary compliance with the law" (Kern County Staff Report, Proposed Ordinance Regulating Medical Cannabis Dispensaries, July 11, 2006).

The presence of a dispensary in the neighborhood can actually improve public safety and reduce crime. Most dispensaries take security

for their members and staff more seriously than many businesses. Security cameras are often used both inside and outside the premises, and security guards are often employed to ensure safety. Both cameras and security guards serve as a general deterrent to criminal activity and other problems on the street. Those likely to engage in such activities will tend to move to a less-monitored area, thereby ensuring a safe environment not only for dispensary members and staff but also for neighbors and businesses in the surrounding area.

Residents in areas surrounding dispensaries have reported improvements to the neighborhood. Kirk C., a long time San Francisco resident, commented at a city hearing, "I have lived in the same apartment along the Divisadero corridor in San Francisco for the past five years. Each store that has opened in my neighborhood has been nicer, with many new restaurants quickly becoming some of the city's hottest spots. My neighborhood's crime and vandalism seems to be going down year after year. It strikes me that the dispensaries have been a vital part of the improvement that is going on in my neighborhood."

Oakland's city administrator for the ordinance regulating dispensaries, Barbara Killey, notes that "The areas around the dispensaries may be some of the most safest areas of Oakland now because of the level of security, surveillance, etc...since the ordinance passed."

Likewise, Santa Rosa Mayor Jane Bender noted that since the city passed its ordinance, there appears to be "a decrease in criminal activity. There certainly has been a decrease in complaints. The city attorney says there have been no complaints either from citizens nor from neighboring businesses."

Those dispensaries that go through the permitting process or otherwise comply with local ordinances tend, by their very nature; to be those most interested in meeting community standards and being good neighbors. Cities enacting ordinances for the operation of dispensaries may even require security measures, but it is a matter of good business practice for dispensary operators since it is in their own best interest. Many local officials surveyed by ASA said dispensaries operating in their communities have presented no problems, or what problems there may have been significantly diminished once an ordinance or other regulation was instituted.

Mike Rotkin, fifth-term councilmember and former four-term mayor in the City of Santa Cruz, says about his city's dispensary, "It provides a legal (under State law) service for people in medical need. Because it is well run and well regulated and located in an area acceptable to the City, it gets cooperation from the local police. Because they are under strict city regulation, there is less likelihood of theft or violence and less opposition from angry neighbors. It is no longer a controversial issue in our city."

Regarding the decrease in complaints about existing dispensaries, several officials said that ordinances significantly improved relations with other businesses and the community at large. An Oakland city council staff member noted that they, "had gotten reports of break ins. That kind of activity has stopped. That danger has been eliminated."

WHY DIVERSION OF MEDICAL CANNABIS IS TYPICALLY NOT A PROBLEM

One of the concerns of public officials is that dispensaries make possible or even encourage the resale of cannabis on the street. But the experience of those cities which have instituted ordinances is that such problems, which are rare in the first place, quickly disappear. In addition to the ease for law enforcement of monitoring openly operating facilities, dispensaries universally have strict rules about how

members are to behave in and around the dispensary. Many have "good neighbor" trainings for their members that emphasize sensitivity to the concerns of neighbors, and all absolutely prohibit the resale of cannabis to anyone. Anyone violating that prohibition is typically banned from any further contact with the dispensary.

"The areas around the dispensaries may be some of the most safest areas of Oakland now because of the level of security, surveillance, etc. since the ordinance passed."

-Barbara Killey, Oakland

As Oakland's city administrator for the regulatory ordinance explains, "dispensaries themselves have been very good at self policing against resale because they understand they can lose their permit if their patients resell."

In the event of street or other resale, local law enforcement has at its disposal all the many legal penalties the state provides. This all adds up to a safer street environment with fewer drug-related problems than before dispensary operations were permitted in the area. The experience of the City of Oakland is a good example of this phenomenon. The city's legislative analyst, Lupe Schoenberger, stated that, "...[P]eople feel safer when they're walking down the street. The level of marijuana street sales has significantly reduced."

Dispensaries operating with the permission of the city are also more likely to appropriately utilize law enforcement resources themselves, reporting any crimes directly to the appropriate agencies. And, again, dispensary operators and their patient members tend to be more safety conscious than the general public, resulting in great vigilance and better preemptive measures. The reduction in crime in areas with dispensaries has been reported anecdotally by law enforcement in several communities.

DISPENSARIES CAN BE GOOD NEIGHBORS

Medical cannabis dispensing collectives are typically positive additions to the neighborhoods in which they locate, bringing additional customers to neighboring businesses and reducing crime in the immediate area.

Like any new business that serves a different customer base than the existing businesses in the area, dispensaries increase the revenue of other businesses in the surrounding area simply because new people are coming to access services, increasing foot traffic past other establishments. In many communities, the opening of a dispensary has helped revitalize an area. While patients tend to opt for dispensaries that are close and convenient, particularly since travel can be difficult, many patients will travel to dispensary locations in parts of town they would not otherwise visit. Even if patients are not immediately utilizing the services or purchasing the goods offered by neighboring businesses, they are more likely to eventually patronize those businesses because of convenience.

ASA's survey of officials whose cities have passed dispensary regulations found that the vast majority of businesses adjoining or near dispensaries had reported no problems associated with a dispensary opening after the implementation of regulation.

Kriss Worthington, longtime councilmember in Berkeley, said in support of a dispensary there, "They have been a responsible neighbor and vital organization to our diverse community. Since their opening, they have done an outstanding job keeping the building clean, neat, organized and safe. In fact, we have had no calls from neighbors complaining about them, which is a sign of respect from the community. In Berkeley, even average restaurants and stores have complaints from neighbors."

Mike Rotkin, fifth term councilmember and former four term mayor in the City of Santa Cruz said about the dispensary that opened there last year, "The immediately neighboring businesses have been uniformly supportive or neutral. There have been no complaints either

about establishing it or running it."

Mark Keilty, Planning and Building director of Tulare, when asked if the existence of dispensaries affected local business, said they had "no effect or at least no one has complained."

And Dave Turner, mayor of Fort Bragg, noted that before the passage of regulations there were "plenty of complaints from both neighboring businesses and concerned citizens," but since then, it is no longer a problem. Public officials understand that, when it comes to dispensaries, they must balance both the humanitarian needs of patients and the concerns of the public, especially those of neighboring residents and business owners.

"Dispensaries themselves have been very good at self policing against resale because they understand they can lose their permit if their patients resell." -Barbara Killey, Oakland

Oakland City Councilmember Nancy J. Nadel wrote in an open letter to her fellow colleagues across the state, "Local government has a responsibility to the medical needs of its people, even when it's not a politically easy choice to make. We have found it possible to build regulations that address the concerns of neighbors, local businesses law enforcement and the general public, while not compromising the needs of the patients themselves. We've found that by working with all interested parties in advance of adopting an ordinance while keeping the patients' needs foremost, problems that may seem inevitable never arise."

Mike Rotkin of Santa Cruz stated that since Santa Cruz enacted an ordinance for dispensary operations, "Things have calmed down. The police are happy with the ordinance, and that has made things a lot easier. I think the fact that we took the time to give people who wrote us respectful and detailed explanations of what we were doing and why made a real difference."

BENEFITS OF DISPENSARIES TO THE PATIENT COMMUNITY

DISPENSARIES PROVIDE MANY BENEFITS TO THE SICK AND SUFFERING

Safe and legal access to cannabis is the reason dispensaries have been created by patients and caregivers around the state. For many people, dispensaries remove significant barriers to their ability to obtain cannabis. Patients in urban areas with no space to cultivate cannabis, those without the requisite gardening skills to grow their own, and, most critically, those who face the sudden onset of a serious illness or who have suffered a catastrophic illness - all tend to rely on dispensaries as a compassionate, community-based solution that is an alternative to potentially dangerous illicit market transactions.

Many elected officials around the state recognize the importance of dispensaries for their constituents. As Nathan Miley, former Oakland City councilmember and now Alameda County supervisor said in a letter to his colleagues, "When designing regulations, it is crucial to remember that at its core this is a healthcare issue, requiring the involvement and leadership of local departments of public health. A pro-active healthcare-based approach can effectively address problems before they arise, and communities can design methods for safe, legal access to medical marijuana while keeping the patients' needs foremost."

Likewise, Abbe Land, mayor of West Hollywood says safe access is "very important" and long-time councilmember John Duran agreed, adding, "We have a very high number of HIV-positive residents in our area. Some of them require medical marijuana to offset the medications they take for HIV." Jane Bender, mayor of Santa Rosa, says, "There are legitimate patients in our community, and I'm glad they have a safe means of

obtaining their medicine."

Oakland's city administrator for ordinances, said safe access to cannabis is "very important" for the community. "In the finding the council made to justify the ordinance, they say 'have safe and affordable access'."

And Mike Rotkin, the longtime Santa Cruz elected official, said that this is also an important matter for his city's citizens: "The council considers it a high priority and has taken considerable heat to speak out and act on the issue."

It was a similar decision of social conscience that led to Placerville's city council putting a regulatory ordinance in place. Councilmember Marian Washburn told her colleagues that "as you get older, you know people with diseases who suffer terribly, so that is probably what I get down to after considering all the other components."

While dispensaries provide a unique way for patients to obtain the cannabis their doctors have recommended, they typically offer far more that is of benefit to the health and welfare of those suffering both chronic and acute medical problems.

Dispensaries are often called "clubs" in part because many of them offer far more than a clinical setting for obtaining cannabis. Recognizing the isolation that many seriously ill and injured people experience, many dispensary operators chose to offer a wider array of social services, including everything from a place to congregate and socialize to help with finding housing and meals. The social support patients receive in these settings has far-reaching benefits that is also influencing the development of other patient-based care models.

RESEARCH SUPPORTS THE DISPENSARY MODEL

A 2006 study by Amanda Reiman, Ph.D. of the School of Social Welfare at the University of California, Berkeley examined the experience of 130 patients spread among seven different dispensaries in the San Francisco Bay Area. Dr. Reiman's study cataloged the patients' demographic information, health status, consumer satisfaction, and use of services, while also considering the dispensaries' environment, staff, and services offered. The study found that "medical cannabis patients have created a system of dispensing medical cannabis that also includes services such as counseling, entertainment and support groups, all important components of coping with chronic illness." She also found that levels of satisfaction with the care received at dispensaries ranked significantly higher than those reported for health care nationally.

Patients who use the dispensaries studied uniformly reported being well satisfied with the services they received, giving an 80% satisfaction rating. The most important factors for patients in choosing a medical cannabis dispensary were: feeling comfortable and secure, familiarity with the dispensary, and having a rapport with the staff. In their comments, patients tended to note the helpfulness and kindness of staff and the support found in the presence of other patients.

Patients in Dr. Reiman's study frequently cited their relationships with staff as a positive factor. Comments from six different dispensaries include:

"I love this spot because of the love they give, always! They treat everyone like a family loved one!"

"This particular establishment is very friendly for the most part and very convenient for me."

"The staff and patients are like family to me!"

"The staff are warm and respectful."

"The staff at this facility are always cordial

and very friendly. I enjoy coming."

"This is the friendliest dispensary that I have ever been to and the staff is always warm and open. That's why I keep coming to this place. The selection is always wide."

MANY DISPENSARIES PROVIDE KEY SOCIAL SERVICES

Dispensaries offer many cannabis-related services that patients cannot otherwise obtain. Among them is an array of cannabis varieties, some of which are more useful for certain afflictions than others, and staff awareness of what types of cannabis other patients report to be helpful. In other words, one variety of cannabis may be effective for pain control while another may be better for combating nausea. Dispensaries allow for the pooling of information about these differences and the opportunity to access the type of cannabis likely to be most beneficial.

"There are legitimate patients in our community, and I'm glad they have a safe means of obtaining their medicine."

-Jane Bender, Santa Rosa

Other cannabis-related services include the availability of cannabis products in other forms than the smokeable ones. While most patients prefer to have the ability to modulate dosing that smoking easily allows, for others, the effects of edible cannabis products are preferable. Dispensaries typically offer edible products such as brownies or cookies for those purposes. Many dispensaries also offer classes on how to grow your own cannabis, classes on legal matters, trainings for health-care advocacy, and other seminars.

Beyond providing safe and legal access to cannabis, the dispensaries studied also offer important social services to patients, including counseling, help with housing and meals, hospice and other care referrals, and, in one case,

even doggie daycare for members who have doctor appointments or work commitments. Among the broader services the study found in dispensaries are support groups, including groups for women, veterans, and men; creativity and art groups, including groups for writers, quilters, crochet, and crafts; and entertainment options, including bingo, open mike nights, poetry readings, internet access, libraries, and puzzles. Clothing drives and neighborhood parties are among the activities that patients can also participate in through their dispensary.

Social services such as counseling and support groups were reported to be the most commonly and regularly used service, with two-thirds of patients reporting that they use social services at dispensaries 1-2 times per week. Also, life services, such as free food and housing help, were used at least once or twice a week by 22% of those surveyed.

"Local government has a responsibility to the medical needs of its people, even when it's not a politically easy choice to make. We have found it possible to build regulations that address the concerns of neighbors, local businesses law enforcement and the general public, while not compromising the needs of the patients themselves. We've found that by working with all interested parties in advance of adopting an ordinance while keeping the patients' needs foremost, problems that may seem inevitable never arise." -Nancy Nadel, Oakland

Dispensaries offer chronically ill patients even more than safe and legal access to cannabis and an array of social services. The study found that dispensaries also provided other social benefits for the chronically ill, an important part of the bigger picture:

[T]he multiple services provided by the

social model are only part of the culture of social club facility. Another component of this model ... is the possible benefit that social support has for one diagnosed with a chronic and/or terminal physical or psychological illness. Beyond the support that medical cannabis patients receive from services is the support received from fellow patients, some of whom are experiencing the same or similar physical/psychological symptoms.... It is possible that the mental health benefits from the social support of fellow patients is an important part of the healing process, separate from the medicinal value of the cannabis itself.

Several researchers and physicians who have studied the issue of the patient experience with dispensaries have concluded that there are other important positive effects stemming from a dispensary model that includes a component of social support groups.

Dr. Reiman notes that, "support groups may have the ability to address issues besides the illness itself that might contribute to long-term physical and emotional health outcomes, such as the prevalence of depression among the chronically ill."

For those who suffer the most serious illness, such as HIV/AIDS and terminal cancer, these groups of like-minded people with similar conditions can also help patients through the grieving process. Other research into the patient experience has found that many patients have lost or are losing friends and partners to terminal illness. These patients report finding solace with other patients who are also grieving or facing end-of-life decisions. A medical study published in 1998 concluded that the patient-to-patient contact associated with the social club model was the best therapeutic setting for ill people.

CONCLUSION

Dispensaries are proving to be an asset to the communities they serve, as well as the larger community within which they operate.

ASA's survey of local officials and monitoring of regulatory activity throughout the State of California has shown that, once working regulatory ordinances are in place, dispensaries are typically viewed favorably by public officials, neighbors, businesses, and the community at large, and that regulatory ordinances can and do improve an area, both socially and economically.

Dispensaries - now expressly legal under California state law - are helping revitalize neighborhoods by reducing crime and bringing new customers to surrounding businesses. They improve public safety by increasing the security presence in neighborhoods, reducing illicit market marijuana sales, and ensuring that any criminal activity gets reported to the appropriate law enforcement authorities.

More importantly, dispensaries benefit the community by providing safe access for those who have the greatest difficulty getting the

medicine their doctors recommend: the most seriously ill and injured. Many dispensaries also offer essential services to patients, such as help with food and housing.

Medical and public health studies have also shown that the social-club model of most dispensaries is of significant benefit to the overall health of patients. The result is that cannabis patients rate their satisfaction with dispensaries as far greater than the customer-satisfaction ratings given to health care agencies in general.

Public officials across the state, in both urban and rural communities where dispensary regulatory ordinances have been adopted, have been outspoken in praise of what. Their comments are consistent on and favorable to the regulatory schemes they enacted and the benefits to the patients and others living in their communities.

As a compassionate, community-based response to the medical needs of more than 150,000 sick and suffering Californians, dispensaries are working.

APPENDIX A

RECOMMENDATIONS ON DISPENSARY REGULATIONS

Cannabis dispensaries have been operating successfully around California for a decade with very few problems. But since the legislature and courts have acted to make their legality a matter of state law more than local tolerance, the question of how to implement appropriate zoning and business licensing is coming before local officials all across the state. What follows are recommendations on matters to consider, based on adopted code as well as ASA's extensive experience working with community leaders and elected officials.

COMMUNITY OVERSIGHT

In order to appropriately resolve conflict in the community and establish a process by which complaints and concerns can be reviewed, it can often be helpful to create a community oversight committee. Such committees, if fair and balanced, can provide a means for the voices of all affected parties to be heard, and to quickly resolve problems.

The Ukiah City Council created such a task force in 2005; what follows is how they defined the group:

The Ukiah Medical Marijuana Review and Oversight Commission shall consist of seven members nominated and appointed pursuant to this section. The Mayor shall nominate three members to the commission, and the City Council shall appoint, by motion, four other members to the commission. Each nomination of the Mayor shall be subject to approval by the City Council, and shall be the subject of a public hearing and vote within 40 days. If the City Council fails to act on a mayoral nomination within 40 days of the date

the nomination is transmitted to the Clerk of the City Council, the nominee shall be deemed approved. Appointments to the commission shall become effective on the date the City Council adopts a motion approving the nomination or on the 41st day following the date the mayoral nomination was transmitted to the Clerk of the City Council if the City Council fails to act upon the nomination prior to such date.

Of the three members nominated by the Mayor, the Mayor shall nominate one member to represent the interests of City neighborhood associations or groups, one member to represent the interests of medical marijuana patients, and one member to represent the interests of the law enforcement community.

Of the four members of the commission appointed by the City Council, two members shall represent the interests of City neighborhood associations or groups, one member shall represent the interests of the medical marijuana community, and one member shall represent the interests of the public health community.

DISPENSARIES REGULATIONS ARE BEST HANDLED THROUGH THE HEALTH OR PLANNING DEPARTMENTS, NOT LAW ENFORCEMENT AGENCIES

Reason: To ensure that qualified patients, caregivers, and dispensaries are protected, general regulatory oversight duties - including permitting, record maintenance and related protocols - should be the responsibility of the local department of public health (DPH) or planning department. Given the statutory mission and responsibilities of DPH, it is the

natural choice and best-suited agency to address the regulation of medical cannabis dispensing collectives. Law enforcement agencies are ill-suited for handling such matters, having little or no expertise in health and medical affairs.

Examples of responsible agencies and officials:

- Angels Camp - City Administrator
- Atascadero - Planning Commission
- Citrus Heights - City Manager
- Los Angeles - Planning Department
- Plymouth - City Administrator
- San Francisco - Department of Public Health
- Selma - City Manager
- Visalia - City Planner

ARBITRARY CAPS ON THE NUMBER OF DISPENSARIES CAN BE COUNTER-PRODUCTIVE

Reason: Policymakers do not need to set arbitrary limitations on the number of dispensing collectives allowed to operate because, as with other services, competitive market forces and consumer choice will be decisive. Dispensaries which provide quality care and patient services to their memberships will flourish, while those that do not will fail.

Capping the number of dispensaries limits consumer choice, which can result in both decreased quality of care and less affordable medicine. Limiting the number of dispensing collectives allowed to operate may also force patients with limited mobility to travel farther for access than they would otherwise need to.

Artificially limiting the supply for patients can result in an inability to meet demand, which in turn may lead to such undesirable effects as lines outside of dispensaries, increased prices, and lower quality medicine.

Examples of cities and counties without numerical caps on dispensaries:

- Dixon
- Elk Grove
- Fort Bragg

- Placerville
- Ripon
- Selma
- Tulare
- Calaveras County
- Kern County
- Los Angeles County
- City and County of San Francisco.

RESTRICTIONS ON WHERE DISPENSARIES CAN LOCATE ARE OFTEN UNNECESSARY AND CAN CREATE BARRIERS TO ACCESS

Reason: As described in this report, regulated dispensaries do not generally increase crime or bring other harm to their neighborhoods, regardless of where they are located. And since for many patients travel is difficult, cities and counties should take care to avoid unnecessary restrictions on where dispensaries can locate. Patients benefit from dispensaries being convenient and accessible, especially if the patients are disabled or have conditions that limit their mobility.

It is unnecessary and burdensome for patients and dispensaries, to restrict dispensaries to industrial corners, far away from public transit and other services. Depending on a city's population density, it can also be extremely detrimental to set excessive proximity restrictions (to schools or other facilities) that can make it impossible for dispensaries to locate anywhere within the city limits. It is important to balance patient needs with neighborhood concerns in this process.

PATIENTS BENEFIT FROM ON-SITE CONSUMPTION AND PROPER VENTILATION SYSTEMS

Reason: Dispensaries that allow members to consume medicine on-site have positive psychosocial health benefits for chronically ill people who are otherwise isolated. On-site consumption encourages dispensary members to take advantage of the support services that improve patients' quality of life and, in some cases, even prolong it. Researchers have shown that support groups like those offered

by dispensaries are effective for patients with a variety of serious illnesses. Participants active in support services are less anxious and depressed, make better use of their time and are more likely to return to work than patients who receive only standardized care, regardless of whether they have serious psychiatric symptoms. On-site consumption is also important for patients who face restrictions to off-site consumption, such as those in subsidized or other housing arrangements that prohibit smoking. In addition, on-site consumption provides an opportunity for patients to share information about effective use of cannabis and to use specialized delivery methods, such as vaporizers, which do not require smoking.

Examples of localities that permit on-site consumption (many stipulate ventilation requirements):

- Berkeley
- San Francisco
- Alameda County
- Kern County
- Los Angeles County

DIFFERENTIATING DISPENSARIES FROM PRIVATE PATIENT COLLECTIVES IS IMPORTANT

Reason: Private patient collectives, in which several patients grow their medicine collectively at a private location, should not be required to follow the same restrictions that are placed on retail dispensaries, since they are a different type of operation. A too-broadly written ordinance may inadvertently put untenable restrictions on individual patients and caregivers who are providing either for themselves or a few others.

Example: Santa Rosa's adopted ordinance, provision 10-40.030 (F)

"Medical cannabis dispensing collective," hereinafter "dispensary," shall be construed to include any association, cooperative, affiliation, or collective of persons where multiple "qualified patients" and/or "primary caregivers," are organized to provide education,

referral, or network services, and facilitation or assistance in the lawful, "retail" distribution of medical cannabis. "Dispensary" means any facility or location where the primary purpose is to dispense medical cannabis (i.e., marijuana) as a medication that has been recommended by a physician and where medical cannabis is made available to and/or distributed by or to two or more of the following: a primary caregiver and/or a qualified patient, in strict accordance with California Health and Safety Code Section 11362.5 et seq. A "dispensary" shall not include dispensing by primary caregivers to qualified patients in the following locations and uses, as long as the location of such uses are otherwise regulated by this Code or applicable law: a clinic licensed pursuant to Chapter 1 of Division 2 of the Health and Safety Code, a health care facility licensed pursuant to Chapter 2 of Division 2 of the Health and Safety Code, a residential care facility for persons with chronic life-threatening illness licensed pursuant to Chapter 3.01 of Division 2 of the Health and Safety Code, residential care facility for the elderly licensed pursuant to Chapter 3.2 of Division 2 of the Health and Safety Code, a residential hospice, or a home health agency licensed pursuant to Chapter 8 of Division 2 of the Health and Safety Code, as long as any such use complies strictly with applicable law including, but not limited to, Health and Safety Code Section 11362.5 et seq., or a qualified patient's or caregiver's place of residence.

PATIENTS BENEFIT FROM ACCESS TO EDIBLES AND MEDICAL CANNABIS CONSUMPTION DEVICES

Reason: Not all patients smoke cannabis. Many find tinctures (cannabis extracts) or edibles (such as baked goods containing cannabis) to be more effective for their conditions. Allowing dispensaries to carry these items is important to patients getting the best level of care possible. For patients who have existing respiration problems or who otherwise have an aversion to smoking, edibles are

essential. Conversely, for patients who do choose to smoke or vaporize, they need to procure the tools to do so. Prohibiting dispensaries from carrying medical cannabis consumption devices, often referred to as paraphernalia, forces patients to go elsewhere to procure these items. Additionally, when dispensaries do carry these devices, informed dispensary staff can explain their usage to new patients.

Examples of localities allowing dispensaries to carry edibles and delivery devices:

- Angels Camp
- Berkeley
- Citrus Heights
- Santa Cruz
- Sutter Creek
- West Hollywood
- Alameda County
- Kern County
- Los Angeles County.

APPENDIX B

MEDICAL CANNABIS DISPENSARY ORDINANCE EVALUATION SURVEY QUESTIONS

1. What is your name and position?
2. How important is safe access to medical marijuana in your community?
3. On what date did your city/county pass its ordinance?
4. Were there medical cannabis dispensaries in your district before the ordinance? How many?
5. If any, were there any complaints against them before the ordinance was passed? If yes, who made the complaints? What were the specific complaints that were made? How frequently were complaints made?
6. Were there any objections to passing an ordinance to regulate medical cannabis dispensaries?
7. If so, what were the primary objections? Who were the main objectors?
8. Has the ordinance implementation allayed or amplified those concerns?
9. How many medical cannabis dispensaries are there now? What is the estimated population of the area that may utilize them? Do you think the current number of dispensaries is enough to address the needs of the community?
10. Has there been an increase or decrease in criminal activity related to dispensaries since the regulations were implemented?
11. How has the ordinance improved the public safety in your community? Has it worsened the public safety? How?
12. Has the existence of dispensaries affected local business? How do neighboring businesses view dispensaries?
13. What would you advocate be changed in the current regulations?
14. Do you have anything else you would like to say in evaluation of the medical cannabis ordinance?

APPENDIX C

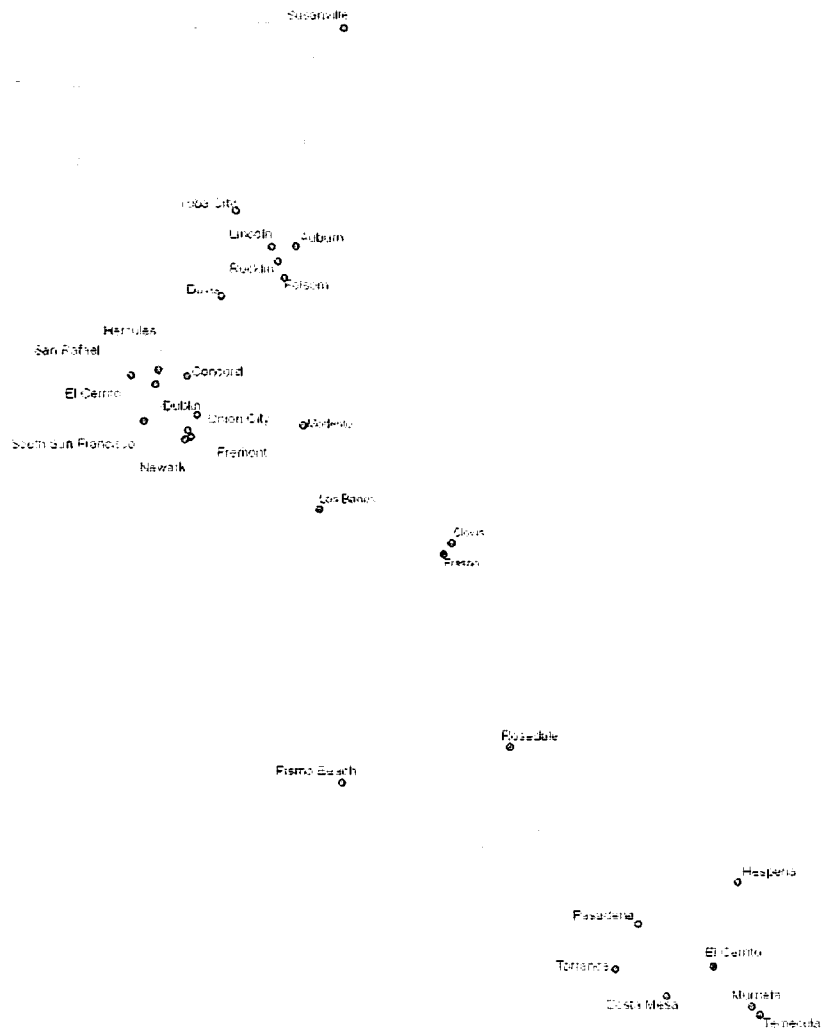
SURVEY ANSWER AND DATA ANALYSIS

Summary

- The majority of responses were positive.
- Safe access is important to every community.
- Complaints of dispensaries generally decrease after regulation.
- Objections to the ordinance were allayed after implementation.
- Regulation improved public safety.
- Crime decreases or shows no effect affect after regulations
- Most businesses are either supportive of or neutral about neighboring dispensaries.

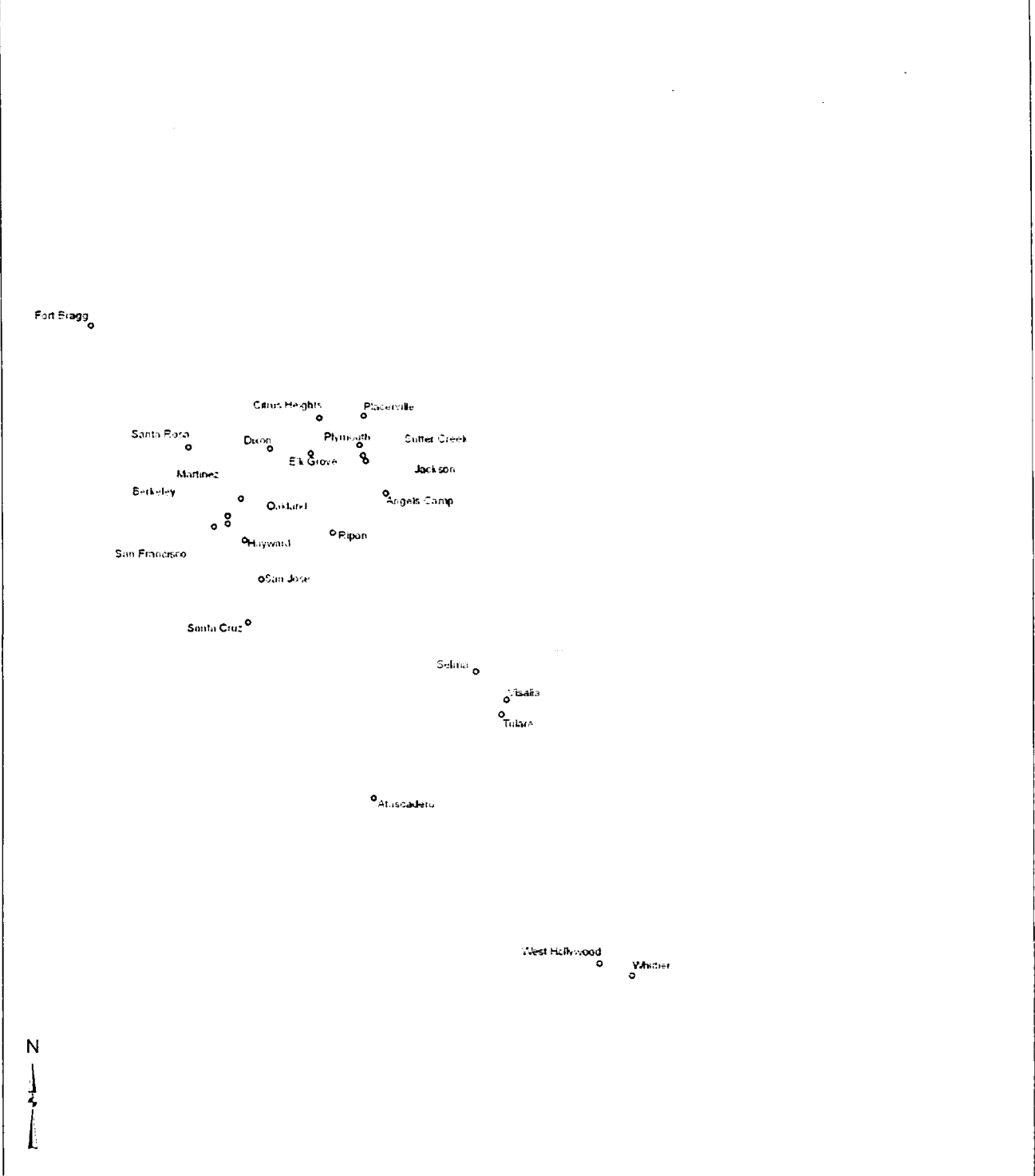
	Safe access important to local community	Dispensaries existed prior to regulation	Complaints of existing dispensaries prior to ordinance	Complaints decreased after passage of ordinance	Community objections to the ordinance	Regulation implementation allayed ordinance objections	Regulation improved public safety	Regulation resulted in decrease of crime around dispensaries	Positive effects on business post-regulation	Responses
Fort Bragg		✓	✓	✓						Yes
	✓									No
					✓	✓	✓	✓	✓	Neutral
Oakland										Yes
	✓	✓	✓	✓	✓	✓	✓	✓	✓	No
										Neutral
Placerville		✓			✓					Yes
										No
	✓		✓	✓		✓	✓	✓	✓	Neutral
San Francisco		✓	✓		✓				✓	Yes
										No
				✓		✓	✓	✓		Neutral
Santa Cruz		✓	✓	✓	✓	✓	✓	✓	✓	Yes
										No
										Neutral
Santa Rosa		✓	✓	✓	✓	✓	✓	✓		Yes
										No
									✓	Neutral
Tulare		✓	✓		✓					Yes
			✓			✓				No
				✓			✓	✓	✓	Neutral
West Hollywood		✓	✓				✓			Yes
			✓		✓					No
				✓		✓		✓	✓	Neutral

California Cities with Dispensary Bans



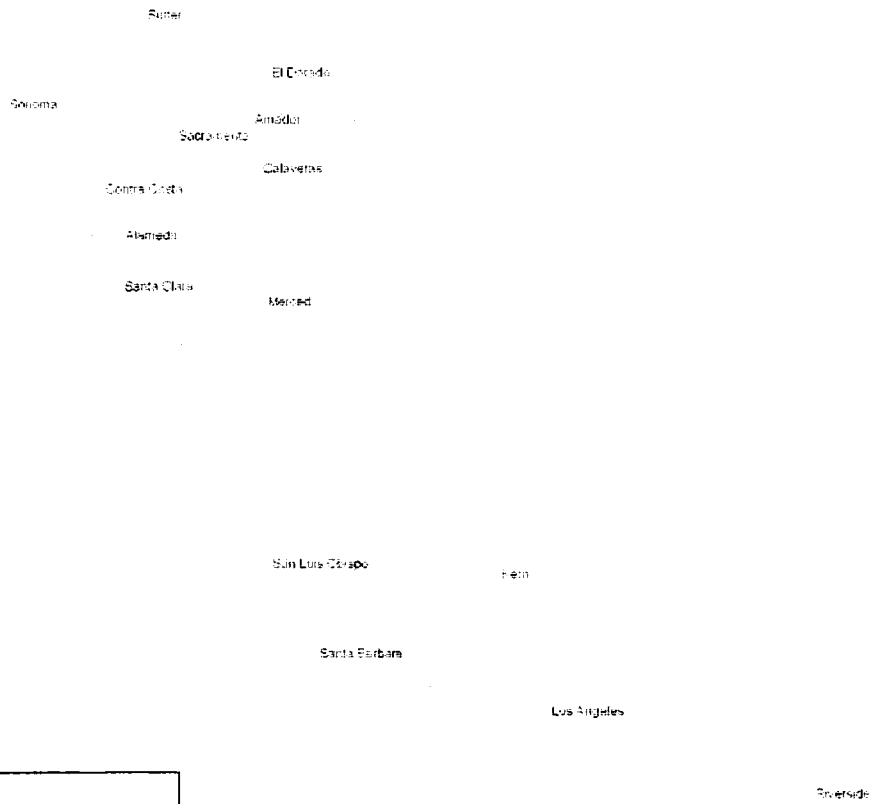
For more information, see www.AmericansForSafeAccess.org or contact the ASA office at 1-888-929-4367 or 510-251-1856.

California Cities Allowing for and Regulating Dispensaries




For more information, see www.AmericansForSafeAccess.org or contact the ASA office at 1-888-929-4367 or 510-251-1856

California Counties with Moratoriums, Bans and Ordinances



Legend

- Bans
- Moratoria
- Ordinances



For more information, see www.AmericansForSafeAccess.org or contact the ASA office at 1-888-929-4367 or 510-251-1856.





Americans for Safe Access

1322 Webster St., Ste. 208
Oakland, CA 94612
Phone: 510-251-1856
Fax: 510-251-2036
www.SafeAccessNow.org

April 13, 2006

Dear City Councils and County Boards of Supervisors,

The last year has seen a significant increase in the number of medical cannabis collectives and cooperatives opening in California. Until recently, most were concentrated in the San Francisco Bay Area. We are now seeing dispensaries opening in larger numbers in Southern California, suburban cities, and rural areas.

This trend presents a respectable challenge for California City Councils and County Boards of Supervisors to create and adopt ordinances, which have both the patients and the public in mind. Regardless of the federal government's position on medical marijuana, it is up to the states, and their counties and municipalities to determine what is best for the health of its people. Appropriately, and in accordance with SB 420, state lawmakers have placed the responsibility with cities and counties to take action to regulate the provision of medical cannabis to California's estimated 75,000 qualified patients.

The goals of local regulation should be: (1) to ensure that there is a safe, reliable, and sanctioned source of medication for legal patients in the community; and (2) to protect the community from nuisance activity or other harm that may result from the improper operation of these organizations. With these goals in mind, Americans for Safe Access (ASA) is working with policy makers in cities and counties across the state to develop sensible and compassionate regulations for medical cannabis collectives and cooperatives that comply with both the letter and the spirit of the law.

It is reasonable for civic leaders to have concerns about medical cannabis programs. This is an entirely new area of activity, but there are successful precedents to follow. It is important to remember that medical cannabis is legal under state law, and that we are developing regulations for access to legitimate medicine. For this reason, policy makers must approach the issue of collectives and cooperatives from the standpoint of regulating a condoned and legal activity. As such, it is more appropriate for city councils, boards of supervisors or even departments of public health to create and propose regulations than it is for law enforcement.

Medical cannabis collectives and cooperatives can be a positive part of a community. When properly regulated and operated, they will prevent lawful patients from unnecessary and potentially harmful entanglements with illicit markets or law enforcement. They will also be a key element in ensuring that patients are legally qualified and well educated about their rights and responsibilities under the law. Most importantly, a medical cannabis collective or cooperative will be a place that community members suffering from AIDS, cancer, multiple sclerosis, and other serious illnesses can find support, safety, and healing.



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We need the participation of the entire community to develop and successfully implement effective regulations for medical cannabis collectives and cooperatives. Our hope is that the voices of patients, caregivers, and advocates will be heard along side those of law enforcement and civic leaders. ASA is committed to help local governments find ways to implement the will of California voters while protecting the interests of patients and their neighbors. Thank you for taking the time to create safe and legal access for California's most vulnerable citizens. Our knowledgeable staff is available to answer any questions you may have. Please do not hesitate to call.

Regards,

Steph Sherer
Executive Director
Americans for Safe Access
(510) 251-1856
www.SafeAccessNow.org



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April 13, 2006

Dear City Attorney and County Counsel,

I am writing today in order to clarify the meaning and intent of the *Gonzales v. Raich* decision issued by the U.S. Supreme Court on June 6, 2005, and how it applies, or does not apply, to cities and counties that currently enforce regulations around medical marijuana dispensing facilities.

The *Raich* decision held, in a very narrow ruling, that the federal government has the authority under the interstate commerce clause to regulate marijuana even for medical use. However, in his majority opinion, Justice Stevens recognized that marijuana may have medicinal value and stated that, although the federal government can prosecute patients, the Court was not deciding whether it is wise to do so.

In addition, the *Raich* decision says nothing about the conduct of medical marijuana dispensaries and in no way restricts local government from condoning and/or regulating such conduct. It remains the purview of states and their local governments to oversee and regulate the provision of medical marijuana. While the federal government does maintain control over many aspects of medicine and treatment in the U.S., the states are still primarily responsible for the health and welfare of their people.

In keeping with Justice O'Connor's reminder that it is necessary for states to serve as laboratories to test the wisdom of legalized medical marijuana, California Attorney General Bill Lockyer issued a statement following the *Raich* decision reaffirming the Compassionate Use Act (Proposition 215), and declaring that "[t]oday's ruling does not overturn California law permitting the use of medical marijuana." More than 130 years of binding precedent from the highest court of this State makes clear that state officers have an obligation to enforce state, rather than, federal law. See *People v. Kelly* (1869) 38 Cal. 145, 150; *People v. Tilekooch* (2003) 113 Cal.App.4th 1433, 1445.

More than ever, medical marijuana patients need state and local governments to uphold their rights under SB 420. Under this law, localities have an obligation to ensure and allow for the safe and affordable distribution of marijuana to qualified patients or, at a minimum, not to interfere with this effort. In addition, SB 420 expanded the protections afforded to primary caregivers and to others who dispense medical marijuana to qualified patients.

Medical marijuana patients will continue to reside in California and therefore must have safe and legal means to get their medicine, rather than being forced to rely on the illicit drug market. Given that most patients do not have the ability to grow their own medicine nor have caregivers that can do it for them, they regularly rely on dispensing facilities to assist them.

Americans for Safe Access applauds your decision to protect the rights of patients and provide a safe and affordable means to access much-needed medicine. As such, we would discourage any change in regulations that would hinder or restrict that access, for this would not only cause needless suffering for thousands of patients but will contravene the clear intent of the voters as expressed in Proposition 215. Where cities and counties pass ordinances that permanently ban dispensing of medical marijuana, state



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courts will be called upon to adjudicate the issue. *See Americans for Safe Access v. City of Fresno*, No. 05CECG01245MWS (Sup. Ct. 2005).

Americans for Safe Access is here to provide information and assistance on this issue if it is needed. Do not hesitate to contact our office for this purpose.

Sincerely,

Joseph D. Elford
Director of Legal Affairs
Americans for Safe Access
(415) 573-7842

CITY OF OAKLAND



CITY HALL • 1 FRANK H. OGAWA PLAZA • OAKLAND, CALIFORNIA 94612

NANCY J. NADEL
Councilmember
District #3

(510) 238-7003
FAX: (510) 238-6129
TDD: (510) 238-7413

March 23, 2005

Dear City Councilmembers and County Supervisors,

I commend you for tackling the issue of regulating the provision of medical marijuana in your area. Ensuring that people who use marijuana for medical reasons have safe and affordable access to their medicine is an important but often daunting task.

The city of Oakland was the first municipality to adopt such regulations, and we are proud that our city continues to be at the forefront of ensuring safe and effective access to medical marijuana. Local government has a responsibility to the medical needs of its people, even when it's not a politically easy choice to make.

When you decide how dispensaries should be regulated in your community, I urge you to remember that this is a health care issue. We have found that it is possible to build regulations that address the concerns of neighbors, local businesses, law enforcement, and the general public, while not compromising the needs of the patients themselves. We've found that by working with all interested parties in advance of adopting an ordinance while keeping the patients' needs foremost, problems that may seem inevitable need never arise.

This is an important time for the state of California. As public officials, we have the opportunity to formulate policies across the state that will provide safe and affordable access to medical marijuana for many years to come. I am happy to support you in any way possible in this work. Do not hesitate to contact my office with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy J. Nadel".

Nancy J. Nadel
Oakland City Councilmember



Board of Supervisors

Nathan A. Miley
Supervisor, District 4

Oakland Office
1221 Oak Street, Suite 536
Oakland, California 94612

(510) 272-6694 Main Line
(510) 465-7628 Facsimile
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April 6, 2005

Dear City Council Members and County Supervisors:

Thank you for addressing the implementation of the Compassionate Use Act and the provision of safe and legal access to medical marijuana, an important community issue. Like you, officials in many municipalities and counties throughout California are currently creating and adopting sensible regulations of medical marijuana dispensary collectives and cooperatives.

In Alameda County, we take pride in breaking new ground in this area of medical marijuana. The City of Oakland was the first municipality in the state to adopt regulations and Alameda County is currently considering an ordinance to regulate medical marijuana in the unincorporated area. Four other municipalities, Berkeley, Hayward, Fremont and San Leandro have either incorporated an ordinance or are considering one.

The needs of the entire community should be taken into account when drafting ordinances regulating medical marijuana dispensation. It is important to consider all of the stakeholders: the general public, neighbors, local businesses, law enforcement, and especially the patients themselves.

When designing regulations, it is crucial to remember that at its core this is a healthcare issue, requiring the involvement and leadership of local departments of public health. A proactive healthcare-based approach can effectively address problems before they arise, and communities can design methods for safe, legal access to medical marijuana while keeping the patients' needs foremost.

I welcome this opportunity to improve health care for California patients, and I encourage municipalities and counties around the state likewise to pioneer this effort, with the goal of implementing policies that provide safe and affordable access to medical marijuana. I look forward to aiding in this process in any way that may be helpful. My office is open for consultation.

Sincerely,

A handwritten signature in cursive script that reads "Nate Miley".

Nate Miley
Supervisor, Fourth District

NM:rh

June 6, 2005
05-040
FOR IMMEDIATE RELEASE
(916) 324-5500

ATTORNEY GENERAL LOCKYER ISSUES STATEMENT
ON US SUPREME COURT'S MEDICAL MARIJUANA RULING

(SACRAMENTO) - Attorney General Bill Lockyer today issued the following statement on today's ruling by the U.S. Supreme Court in *Gonzales v. Raich*, which holds that federal laws prohibiting the use of medical marijuana remain in effect regardless of state laws that permit its use:

"Today's ruling does not overturn California law permitting the use of medical marijuana, but it does uphold a federal regulatory scheme that contradicts the will of California voters and limits the right of states to provide appropriate medical care for its citizens. Although I am disappointed in the outcome of today's decision, legitimate medical marijuana patients in California must know that state and federal laws are no different today than they were yesterday.

"Californians spoke overwhelmingly in favor of medical marijuana by passing Proposition 215, the Compassionate Use Initiative, and that law still stands in our state. Unfortunately, federal law continues to criminalize the use of physician-recommended marijuana medicine. This conflict between state and federal law means that seriously ill Californians will continue to run the risk of arrest and prosecution under federal law when they grow or use marijuana as medicine.

"Today's ruling shows the vast philosophical difference between the federal government and Californians on the rights of patients to have access to the medicine they need to survive and lead healthier lives. Taking medicine on the recommendation of a doctor for a legitimate illness should not be a crime.

"There is something very wrong with a federal law that treats medical marijuana the same as heroin. The United States Congress and the President have the power to reform and modernize federal law in order to bring relief to medical patients and still punish those who illegally traffic in substances. Patients, physicians and the public that support medicinal marijuana should tell their Congressional Representatives and Senators to take a fresh look at the federal laws that ban its use."

Attorney General Bill Lockyer
California Department of Justice

BILL LOCKYER
Attorney General

State of California
DEPARTMENT OF JUSTICE



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June 9, 2005

BULLETIN TO ALL CALIFORNIA LAW ENFORCEMENT AGENCIES

On Monday, June 6, 2005, the United States Supreme Court issued its decision in *Gonzales v. Raich*. The Supreme Court held that the Ninth Circuit Court of Appeals had erred in reversing a District Court decision that had denied plaintiff marijuana users' request for a preliminary injunction. The preliminary injunction would have prohibited the enforcement of the federal Controlled Substances Act to the extent that Act prevented the plaintiffs from possessing, obtaining, or manufacturing marijuana for their personal medical use as authorized under California's Compassionate Use Act of 1996 (Proposition 215). In its decision, the Supreme Court found the federal law to be a valid exercise of Congress' legislative power, but did not address the validity of California's Compassionate Use Act.

Legal staff in our office have reviewed carefully the *Raich* decision, and it is our opinion that California's Compassionate Use Act is not preempted by federal law (the Controlled Substances Act) as a result of this decision. Therefore, it is our conclusion that the use of medicinal marijuana under state law is unaffected by *Raich*. Accordingly, California law enforcement agencies should not, because of *Raich*, change their current practices for the non-arrest and non-prosecution of individuals who are within the legal scope of California's Compassionate Use Act.

If warranted by further developments, we will send out additional bulletins on this important subject.

If you have any questions about this subject, please contact Special Assistant Attorney General Scott Thorpe at (916) 324-5294.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Anderson".

ROBERT ANDERSON
Chief Assistant Attorney General

For **BILL LOCKYER**
Attorney General

Los Angeles Times

TUESDAY, APRIL 26, 2005

Medical Marijuana Advocacy Group Sues Fresno

By TONYA ALANEZ
Times Staff Writer

Medical marijuana advocates sued the city of Fresno on Monday, hoping to overturn what they called unreasonable restrictions on medical marijuana dispensaries.

Americans for Safe Access, an Oakland-based nonprofit group, and William McPike, an attorney, caregiver and qualified medical marijuana patient, filed the complaint in Superior Court in Fresno.

"They contend that what they refer to as a "ban" unlawfully deprives qualified medical marijuana patients the medicine al-

lowed them under California state law.

In 1996, California voters passed Proposition 215, which legalized the use of marijuana for medical treatment.

Since then, cannabis clubs have opened in many parts of the state to distribute the drug. Many cities have instituted moratoriums on such clubs, and three others have banned them.

Under a Fresno ordinance approved Oct. 26, 2004, a dispensary cannot distribute pot to more than two people.

"It's not a ban," said city spokesman Ken Shockley. "The city law is clear that, in the city of Fresno, a dispensary is limited to

providing for two patients. If his position is that he cannot dispense medical marijuana in the city of Fresno, that simply is not true."

Shockley said city officials had not received a copy of the lawsuit or had a chance to review it.

Joe Elford, the attorney representing Americans for Safe Access and McPike, conceded that the Fresno ordinance is "oddly worded."

"It looks like they may be leaving the door open to dispensing to two people," Elford said. "But limiting membership in collecting or cooperatives to no more than two people does not allow

collectives and cooperatives to function."

Thirty-two cities throughout the state have enacted moratoriums to halt dispensing while they develop policies to regulate pot clubs.

The Northern California towns of Rocklin, San Rafael and Yuba City have banned cannabis clubs outright.

Medical pot advocates hope to overturn Fresno's ordinance and encourage other California cities and counties to adopt "sensible" policies and regulations around dispensing medical marijuana, said Kris Hermes, legal campaign director of Americans for Safe Access.



Americans for Safe Access

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For Immediate Release
October 6, 2005

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Local Bans on Medical Marijuana Dispensaries Draw Lawsuits *Press Conference 10/6 With Attorneys, Plaintiffs, Advocates at League Of Cities Convention*

San Francisco, CA – Lawsuits over local bans on medical marijuana dispensaries will greet some of the elected officials gathering in San Francisco for the annual League of California Cities conference. Americans for Safe Access (ASA), an Oakland-based medical marijuana patient-advocacy group, will be announcing legal action against three California cities on the opening day of the convention. The ASA press conference will be held at 12:30 pm on Thursday, October 6, in front of the convention at Moscone Center West, 800 Howard St.

The lawsuits filed against Concord, Pasadena, and Susanville follow ASA's lawsuit filed this April against the city of Fresno for permanently banning medical cannabis dispensing collectives, which the suit contends illegally restricts the rights of qualified patients and their primary caregivers under California law. Each lawsuit includes a prospective dispensary operator plaintiff and a patient plaintiff.

"These bans clearly conflict with state law," said Joe Elford, ASA Chief Counsel. "The biggest hole in the Compassionate Use Act was in not describing the distribution method by which those who need the marijuana are able to legally access their medicine. The legislative response to the electorate's charge was SB 420's legitimization of dispensing collectives and cooperatives. Cities are beholden to both state law and to the well-being of their citizens."

In order for the patient plaintiffs to currently obtain the medicine their doctor has recommended, they must drive to other cities that have condoned and regulated dispensaries for their citizens. There are over 120 known dispensing collectives (dispensaries) throughout California, however they are unevenly distributed and not easily accessible to all legal patients. For example, it is a seven hour drive from Susanville, one of the cities whose ban is contested by ASA, to the closest dispensing collective.

State Attorney General Bill Lockyer recently issued an opinion affirming that municipalities may not restrict the protections afforded by the Compassionate Use Act and SB420 to qualified medical marijuana patients. (To see this opinion, go to <http://www.safeaccessnow.org/downloads/agopinion.pdf>) This is one of several legal opinions issued to clarify the legal rights and responsibilities of state officials since the US Supreme Court ruled that state-legal patients can still be prosecuted under federal marijuana laws.

"We hope this litigation will help local officials realize that permanent bans are unacceptable not just legally but morally, since they punish the sick and suffering in their communities who mainly rely on dispensaries," said ASA Legal Campaign Director Kris Hermes. "We're here to guide them through the process of establishing reasonable and sensible regulations." ASA publishes a variety of legal and medical reference materials, and will have information to aid city officials available to all in attendance at the League of Cities meeting.

Since Oakland established the first ordinance condoning and regulating dispensaries in early 2004, twenty-one other cities and counties have followed suit (see: <http://www.safeaccessnow.org/article.php?id=2208> for a list and links to the policies). Later in 2004, cities and counties began to establish moratoriums on dispensing in order to arrive at regulations. As of October 6, 2005, there are at least fifty-six localities with moratoriums and thirteen with permanent bans.

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For interviews with plaintiffs, local counsel, ASA chief counsel, or advocates, please contact Hilary McQuie at 510-333-8554 or hilary@safeaccessnow.org

Defending Safe Access To Medical Marijuana



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Americans for Safe Access

June 8, 2005

Dear City Attorney and County Counsel,

I am writing today in order to clarify the meaning and intent of the *Gonzales v. Raich* decision issued by the U.S. Supreme Court on June 6, 2005, and how it applies to cities and counties currently considering regulations around medical marijuana dispensing facilities.

The *Raich* decision held, in a very narrow ruling, that the federal government has the authority under the interstate commerce clause to regulate marijuana even for medical use. However, in his majority opinion, Justice Stevens recognized that marijuana may have medicinal value and stated that, although the federal government can prosecute patients, the Court was not deciding whether it is wise to do so.

In addition, the *Raich* decision says nothing about the conduct of medical marijuana dispensaries and in no way restricts local government from condoning and/or regulating such conduct. It remains the purview of states and their local governments to oversee and regulate the provision of medical marijuana. While the federal government does maintain control over many aspects of medicine and treatment in the U.S., the states are still primarily responsible for the health and welfare of their people.

In keeping with Justice O'Connor's reminder that it is necessary for states to serve as laboratories to test the wisdom of legalized medical marijuana, California Attorney General Bill Lockyer issued a statement following the *Raich* decision reaffirming the Compassionate Use Act (Proposition 215), and declaring that "[t]oday's ruling does not overturn California law permitting the use of medical marijuana." More than 130 years of binding precedent from the highest court of this State makes clear that state officers have an obligation to enforce state, rather than, federal law. See *People v. Kelly* (1869) 38 Cal. 145, 150; *People v. Filehkooh* (2003) 113 Cal.App.4th 1433, 1445.

More than ever medical marijuana patients need state and local governments to uphold their rights under SB 420. Under this law, localities have an obligation to seek ways to ensure the safe and affordable distribution of marijuana to qualified patients or, at a minimum, not to interfere with this effort. In addition, SB 420 expanded the protections afforded to primary caregivers and to others who dispense medical marijuana to qualified patients.

Medical marijuana patients will continue to reside in California and therefore must have safe and legal means to get their medicine, rather than being forced to rely on the illicit drug market. Given that most patients do not have the ability to grow their own medicine nor have caregivers that can do it for them, they regularly rely on dispensing facilities to assist them.

The time is ripe for local governments to rally behind the patients in their communities and forge ahead with regulation of dispensing facilities. Failure to do so will not only cause needless suffering for thousands of patients but will contravene the clear intent of the voters as expressed in Proposition 215. Where cities and counties pass ordinances that permanently ban dispensing of medical marijuana, state courts will be called upon to adjudicate the issue. See *Americans for Safe Access v. City of Fresno*, No. 05CECG01245 MWS (Sup. Ct. 2005).

Defending Safe Access To Medical Marijuana

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Americans for Safe Access

Americans for Safe Access is here to assist you in this process and would be more than willing to consult on any matter being debated. Do not hesitate to contact our office regarding the regulation of medical marijuana dispensing facilities.

Sincerely,

Joseph D. Elford

Joseph D. Elford
Director of Legal Affairs
Americans for Safe Access
(415) 573-7842

URL:

Medical Marijuana: An Overview
November 15, 2000

Marijuana has been found to relieve symptoms of many serious diseases, including asthma, glaucoma, muscle spasms, and loss of appetite and nausea due to AIDS wasting syndrome and chemotherapy treatment. Many professional medical associations, including the American Medical Association, the American Public Health Association, and the New England Journal of Medicine have publically supported prescriptive access to marijuana. The federal government, however, has long opposed the legalization of marijuana for medical use. It continues to list marijuana as a Schedule I drug: "unsafe, highly subject to abuse, and possessing no medical value."

Source: ACLU Spring Spotlight 98, among others.

Health Dangers of Marijuana Use Largely Myth:

Although the government has long opposed marijuana legalization in the name of public health and safety, every independent commission appointed to evaluate the dangers of marijuana use has found this claim to be unsubstantiated:

- For example, the National Commission on Marijuana and Drug Abuse, established in 1972, concluded in 1972, after years of research, that, "[t]here is little proven danger of physical or psychological harm from the experimental or intermittent use of natural preparations of cannabis." Despite the fact that it had been established in the hopes of finding fuel for just the opposite conclusion, the commission recommended the decriminalization of marijuana for personal use. Nixon ignored the recommendation of the commission his administration had appointed.

Source: "Marijuana: A Signal of Misunderstanding," the Report of the National Commission on Marijuana and Drug Abuse (available at above site)

- In 1982, the National Academy of Sciences released its report that, "[o]ver the last forty years marijuana has been accused of causing an array of anti-social effects including . . . provoking crime and violence, . . . leading to heroin addiction, . . . and destroying the American work ethic in young people. [These] beliefs . . . have not been substantiated by scientific evidence."

Source: Analysis of Marijuana laws conducted by National Academy of Sciences' Institute of Medicine, 1982 (available at above site).

- A report released in March of 1999 by the National Academy of Science's Institute of Medicine, the end result of two years of government-funded research, concluded that marijuana has beneficial medical effects, ranging from pain reduction, particularly for cancer patients, to nausea reduction and appetite stimulation, in certain circumstances. The report strongly recommended moving marijuana to the status of a schedule II drug, available for prescription by doctors. It also stated that many of the drug's supposed ill affects are *false or unsubstantiated by scientific evidence*. Among these are:
 - the supposed anti-motivational or anti-social affects of the drug;

- o that legalizing medical marijuana will increase overall use of the drug;
- o that the drug more addictive than other drugs available for prescription;
- o that its side affects are more harmful than those of other drugs;
- o that marijuana serves as a gateway drug;
- o that marijuana causes brain damage;
- o that marijuana causes fertility problems; and
- o that marijuana shortens life expectancy.

Source: National Academy of Science's Institute of Medicine 1999 report: "Marijuana and Medicine: Assessing the Science Base" and the Marijuana Policy Project.

- To find out more about this important study, and its reassuring answers to many common questions concerning the dangers of marijuana use, visit the [Project's](#) website. Also read the [Project's](#) [FAQ](#).

Popularity of Medical Marijuana Legalization:

- A 1999 Gallup Poll found that 73% of Americans favored legalizing the prescription of marijuana by doctors.

Source: April 9, 1999 Gallup Poll Press Release (available at [above site](#)).

- Since 1996, Alaska, Arizona, California, Colorado, the District of Columbia, Nevada, Oregon, and Washington State have approved ballot initiatives legalizing medical marijuana.

Government Strong-arming in Response to Medical Marijuana Initiatives:

- The federal government, worried that the states were breaking rank, was quick to respond. When California passed its medical marijuana initiative in 1996, the government responded by threatening to arrest doctors who recommended the drug to patients. It again used gag-tactics in its attempt to shut up the voters of the District of Columbia, blocking the release of the election results of their medical marijuana ballot initiative in 1998.

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Learn more about the distinction between these two components of the ACLU.

SLO COUNTY

Supervisors vote to allow cannabis clubs

▶ However, process to open dispensaries will be a difficult one

BY APRIL CHARLTON
STAFF WRITER

With a 3-2 vote Tuesday, the San Luis Obispo County Board of Supervisors approved adding medical marijuana dispensaries to the county's land use ordinance.

But the supervisors didn't make it easy to open a cannabis club, as the dispensaries are commonly called.

Nonprofit organizations looking to open and operate a dispensary in an unincorporated part of the county will have to apply for a minor use permit and go through a public hearing process.

A minor use permit costs \$4,000, and the process can take between six and eight months to complete. Additionally, during the public hearing process, such conditions as restricted hours of operation and rules for security can be placed on the dispensaries.

The supervisors are also requiring that the dispensaries operate only within commercial services or commercial retail zoning, which limits the facilities to mostly central business districts.

The approval, in which 4th District Supervisor Katcho Achadjian was the swing vote, also prohibits dispensaries from operating within 1,000 feet of schools or youth and recreation centers.

Despite a conflict between state and federal law, 5th District Supervisor Jim Patterson said he feels the supervisors

Santa Maria Times
7-19-06

See **CANNABIS** | B2

CANNABIS:

Continued from page B1

have a duty to be compassionate. He made the motion to amend the county's land use ordinance to permit the establishment of cannabis clubs.

"I think that Californians have spoken to the fact that this should be available," Patterson said. "I don't think that we'd be aiding and abetting drug use. We owe to those suffering or in chronic pain to make their life better."

Californians passed Proposition 215, or the Compassionate Use Act, in 1996, legalizing marijuana for medicinal use. However, the federal government still lists marijuana as a controlled substance and continues to prosecute users and suppliers under federal drug laws.

Third District Supervisor Jerry Lenthall voted against allowing the dispensaries because, he said, the overwhelming sentiment

in his district is that the establishments aren't wanted.

"One thing that I've heard loud and clear is 'Not in my back yard,'" Lenthall said. "They just don't want (them), especially in Avila Beach. It's bad for business and bad for tourism."

A nonprofit organization — North County Resource Center — has proposed opening a dispensary on Ramada Drive in Templeton, but the location isn't zoned for commercial services or commercial retail.

Morro Bay permits dispensaries, and Central Coast Compassionate Caregivers has been operating in that city for about a year. All South County cities have bans on the operation of dispensaries.

According to statistics, at least 200,000 people across the state use marijuana for medicinal purposes.

April Charlton can be reached at 489-4206, Ext. 5016, or acharlton@santamariatimes.com.

Study: Pain benefit seen in medicinal pot

McCLATCHY NEWS SERVICE

SACRAMENTO — Smoking marijuana can ease HIV-related nerve pain, UC San Francisco researchers are reporting today, in a study being hailed by legalization advocates as proof that federal pot policy is deeply misguided.

The rigorous study, appearing in today's issue of the journal *Neurology*, was funded by a state effort to provide answers in the long debate over whether marijuana makes good medicine.

Primary investigator Dr. Donald Abrams, a professor of clinical medicine at UCSF, was not surprised that about half the people studied with burning, tingling nerve pain got relief smoking marijuana.

"It has a 5,000-year history of safety and effectiveness as a medicine that we've ignored quite grandly in the last 70 years," he said. "It's been used . . . in China, in India and also in Middle Eastern cultures as a medicinal substance."

Yet the study comes on the heels of an unrelated analysis, published in Monday's *Archives of Internal Medicine*, that links long-term exposure to marijuana smoke with coughing, wheezing and other respiratory complaints common among tobacco smokers.

"The bottom line is it certainly needs to be looked into further," said Dr. Jeanette Tetrault, a general internal medicine fellow at Yale University who is among those investigating possible lung cancer or respiratory disease links to marijuana smoking.

Santa Barbara News-Press

2-13-07

Nothing to hide, feeling all right

HortiPharm sells marijuana for medicinal use

By MELISSA EVANS
NEWS-PRESS STAFF WRITER

It is a shop that sells medicinal marijuana, but it could easily be mistaken for a nail salon. Magazines and newspapers are stacked neatly on a coffee table in the waiting room, artwork hangs in the office, relaxing music wafts in through a sound system.

Welcome to HortiPharm, a small shop off State Street that opened three weeks ago. Far from a shadowy operation, the shop's three young operators are sick of all the secrecy that has surrounded medicinal marijuana since California voters agreed to legalize the drug in 1996.

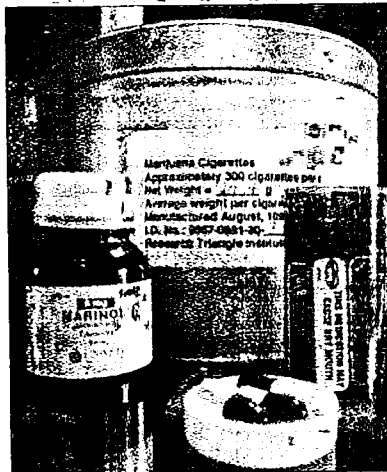
HortiPharm is one of at least three cannabis distributors in Santa Barbara, including the Compassion Center of Santa Barbara County and a place called Santa Barbara Patient Group on State Street. Another cannabis distributor — a home-delivery service — opened a few weeks ago in Buellton.

Local distributors say more shops may be on the way in Santa Barbara, a city they say has been sympathetic to the cause. Police and city officials, however, do not necessarily agree with that characterization.

Officers do not hassle medicinal marijuana users or those who runs shops such as HortiPharm — as long as they do not cause problems. Police Chief Cam Sanchez says. The chief met briefly with one of HortiPharm's operators and said he is willing to work with the new business to ensure it is doing things legally.

Joshua Braun, 28, Mark Russell, 27 — both graduates of Dos Pueblos High School — and Dayli Ward, 22, a Carpinteria native, opened the shop after building a base of clients and schooling themselves on growing techniques, medical research, the history of marijuana prohibition and legalization, and legal issues.

Please see **MARIJUANA** on A12



LEN WOOD / NEWS-PRESS

On display at HortiPharm are a variety of cannabis-related medications and an empty tin of marijuana cigarettes.

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3 young owners say it's not about cash

■ MARIJUANA

Continued from Page A1

They say landlords were a bit leery about leasing space to a cannabis distributor, particularly given the U.S. Supreme Court ruling two weeks ago that upheld the right of federal authorities to punish people who use medical marijuana despite state laws that allow it. But they are willing to take that risk.

So far, business has been good. The company has 125 clients who pay anywhere from \$3,600 a year for annual harvests that yield up to 2 pounds of cannabis to \$50 for one-eighth of an ounce of medicinal marijuana.

These business owners, however, say it is not about the money. They are on a mission.

Past the waiting room is another room with old pictures hanging up, some of which read: "Reefer Madness" and "Buddha Was Nourished By Hemp." Go a little farther, and the earthy aroma of cannabis arrests the senses.

In the back room, just beyond the consultation area, two dozen or so tiny jars filled with green buds are lined on a shiny granite counter. Behind a glass casing below, five larger jars with labels such as "AK-47," "Ogre" and "Kush" are stuffed with cannabis beside candy bars and cookies wrapped in cellophane. Today's menu features "Goddess Nipples," a coconut concoction made with marijuana-laced butter.

"It's important that people smell the cannabis first," Mr. Braun says, lifting one of the tiny jars to his nose. "I think the body has an innate sense for what it needs."

The city rebuffed activists a few years ago who wanted the City Council to endorse state law allowing medicinal marijuana, Mayor Marty Blum



LEN WOOD / NEWS-PRESS

Owners of HortiPharm are, from left, Mark Russell, Dayli Ward and Joshua Braun.

notes. Officials decided it would be best to leave that up to the county, which eventually agreed to issue cards that identify those who have received a doctor's recommendation for cannabis.

HortiPharm, however, issues its own plastic cards after verifying medical records and a doctor's recommendation. Clients then must sign a form appointing Mr. Braun, Mr. Russell or Ms. Ward as their primary caregiver.

That allows them to grow six adult plants per patient, the allotment allowed under state law. They have enough patients to grow hundreds of plants, but they say they do not want to risk felony prosecution by growing more than 99.

"If you grow more than that, it's a mandatory five-year sentence," Mr. Braun says, referring to federal law.

The company's owners do not want to give specifics, but they say they grow the marijuana plants in Santa Barbara County.

Mr. Braun majored in business and economics at UCSB, and Mr. Russell took a few classes in business. Other than that, the three are mostly

"I don't want people to think we have anything to hide."

Joshua Braun,
co-owner of HortiPharm

self-taught in the skill of cannabis consultation and distribution. They say they learned a lot from their own personal experimentation with medicinal marijuana.

Mr. Braun says he suffers from attention deficit disorder and uses marijuana to mitigate the side effects of his prescription medication. A few years ago, he stopped using marijuana at the behest of his fiancée, Ms. Ward, who was raised in the Church of Jesus Christ of Latter-day Saints and was adamantly against marijuana use.

He went sober for a year but began taking the prescription drug Xanax to help with side effects. He says that when he tried to get off Xanax, he suffered for days with cold sweats, sleepless nights, shaking and other

symptoms.

"They think pot is a problem?" he says sarcastically.

Ms. Ward says she also suffered a personal tragedy that she blames on prescription drugs. Her father had been taking dozens of different medications for depression, and two weeks after he was prescribed the pain killer OxyContin, he committed suicide, she says.

After his death, she suffered from chronic depression and became bulimic. She says she has changed her mind completely about medicinal marijuana because it helped her regain a healthy relationship with food.

The three say their primary goal is to spread information. In addition to marijuana distribution, they say they hope to make referrals for substance-abuse problems and explore use of other herbal remedies for various ailments.

"I don't want people to think we have anything to hide," Mr. Braun says.

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