

1/29/10

To: Placer County Board of Supervisors
Hearing Date 1/29/10

From: Tim Heer
Auburn Resident/ Future Dispensary Owner

Re: Zoning Text Amendment (ATA 20090393)
Medical Marijuana Collectives, Cooperatives, or Dispensaries

The following detailed report by the Americans for Safe Access, 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, is to substantiate our proposal to allow Medical Marijuana Collectives, Cooperatives or Dispensaries to open in Placer County. In our opinion this report disputes some if not all of the negative information provided in the report by Jennifer J. Dzakowic as well as offering strategies for allowing and regulating these businesses.

We hope that this provides you with another view of this issue and ask that you vote in favor of patients having safe access to their medicine.

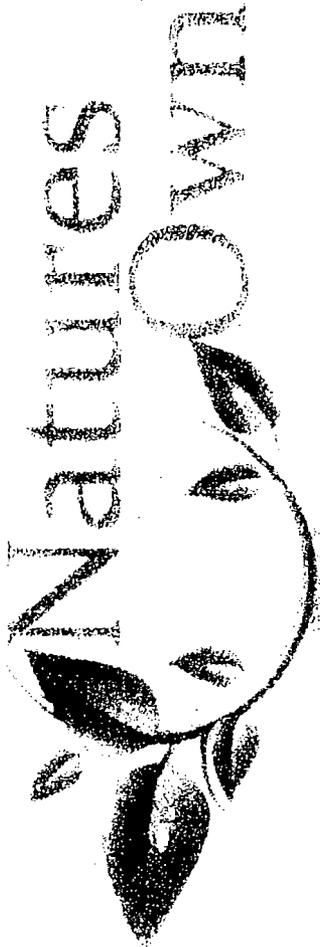
Thank you for your time,

Tim Heer

Attachment 7

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sample



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Natures Own Wellness Center

- Yoga Classes & Training
- Massage Therapy
- Oxygen Treatments
- Nutrition
- Therapy and Counseling
- FREE Public Transportation
- Reiki
- Continuing Education Classes
- Meditation
- Fitness

Natures Own Wellness Center uses food, growers, herbs & extracts in production of baked goods, oils, lotions, fragrances and teas

We also offer a wide variety of healing modalities, herbs, tinctures, foods and other healing remedies

Natures Own Wellness Center will tailor a plan with you to establish the best method of wellness treatments.

Natures Own Wellness Center offers a place of healing for our patients, with a knowledgeable staff of providers that you can trust with your health care needs. Natures Own Wellness Center is more than medical diagnosis and surgery, we are here to help you experience quality of life in healing of the

As your provider we will assist you with State Licensed Medical interests. In addition, we will provide you with education and knowledge to best suit your medical diagnosis needs.

- Care for you as we would care for our own.
- Promote a healthy environment and a sense of common purpose within the Center.
- Respect the diversity and uniqueness of each individual.
- Keep consultations and all records 100% confidential.
- Share with you our education of the latest available alternative wellness options.
- Offer patients resources and opportunities for natural healing of the mind, body, & spirit.
- Offer the highest quality care for the lowest possible cost.

We believe that you should play an active role in your well being to find what works best for you. The diverse medical techniques and therapy that we offer at Nature's Own Wellness Center will allow you to do just that!

Coming Soon!

Natures Own Wellness Center will be holding a clinic in the _____ area for all prospective patients towards the end of the summer. Assisted by CannaMed Physicians we will be helping patients to secure their approval for medical marijuana treatment. Please contact our facility for more information and to get your name on a list.



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guest commentary

Setting the facts straight on medical marijuana statistics

By Jessica Corry, Lauren Davis, Robert Corry, Jr., and Bob Hoban

Posted: 12/19/2009 01:00:00 AM MST

Do medical marijuana dispensaries draw crime to their surrounding communities? While recent headlines insinuate this, a coherent examination of crime statistics proves otherwise.

On Dec. 17th, The Denver Post devoted extensive coverage to medical marijuana. A front page story chronicled Denver's regulatory efforts and the local section was headlined by a piece titled "Pot clinic robbed by pair of men: Denver police report 25 medical-marijuana-related crimes in the last five months." While any robbery is traumatic and troubling, especially for its victims, it should also be evaluated in a larger context.

When it comes to medical marijuana's broader crime impact on Colorado's local communities, law enforcement officials caution against drawing premature conclusions. "There's no obvious trend at this point," Denver police

spokesman Joe J. Ramirez told Denver Post reporter Howard Pankratz. "It appears to be just random. (Dispensaries) may represent an attractive target for the criminal element but we don't know that yet."

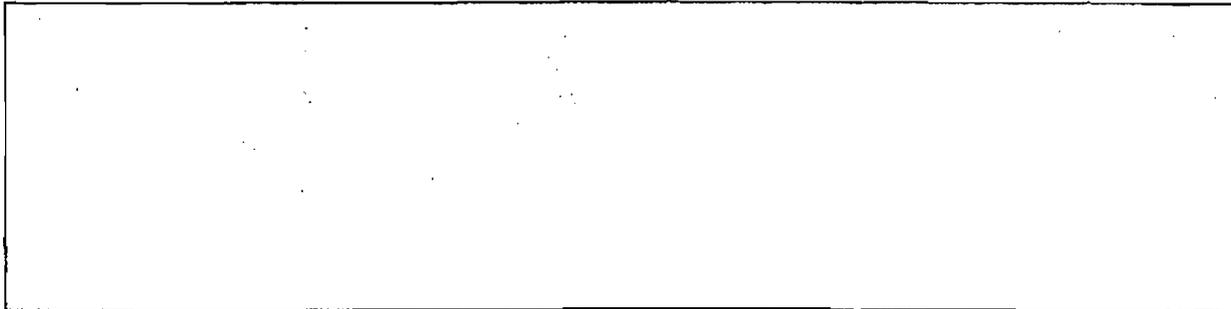
Consider this: while the Post was just one of many media outlets clamoring to cover this week's robbery, the same week saw a much more troubling trend, with as many as 10 bank robberies committed throughout the Denver region in just four days.

Reporters eager to project medical marijuana trends too often turn to the unsubstantiated conclusions of activist opponents for proof. Pankratz's report referenced an April study released by the California Police Chiefs Association concluding that "drugs, cash and often, guns are a dangerous mix, even when the marijuana sellers have a legal right to possess them."

Such a polemic must be put into context. According to the Colorado Bureau Investigation, Colorado saw 6,186 robberies and 26,597 burglaries reported to law enforcement agencies in 2008. If recent crime trends hold steady, we can easily conclude that dispensary-related crimes will amount to much less than one percent of all robberies and burglaries reported this year.

An industry-by-industry analysis also demonstrates that dispensary-related crime pales in comparison to crime targeting other

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industries. Banks are far more vulnerable targets, with a Colorado bank being robbed nearly every other day. According to the FBI, more than 160 banks have already been hit this year alone.

Pankratz also referenced statistics from the Los Angeles Police proclaiming that "robberies at or near medical-marijuana facilities had doubled since passage of California's Compassionate Use Act" in 1996. Of course they did. Prior to the act legalizing medical marijuana across California, the total number of such legal facilities stood at zero. Today, L.A. alone is home to nearly 200.

As a coalition of attorneys proud to represent medical marijuana caregivers and patients, we've witnessed firsthand the many challenges and opportunities that come with building a viable and legal industry that remains hindered by the misconceptions resulting from more than seven decades of federal marijuana prohibition. Our clients are hard working entrepreneurs. They pay their taxes on time, go above and beyond to ensure their facilities are welcoming, safe, secure, and private. They are bringing viable businesses to struggling commercial centers. They create jobs, pay much needed revenue to public coffers, and most importantly, they provide a valuable service to Colorado's sick and dying, many of whom seek out medical marijuana only after conventional pharmaceutical drugs fail to ease chronic and excruciating symptoms.

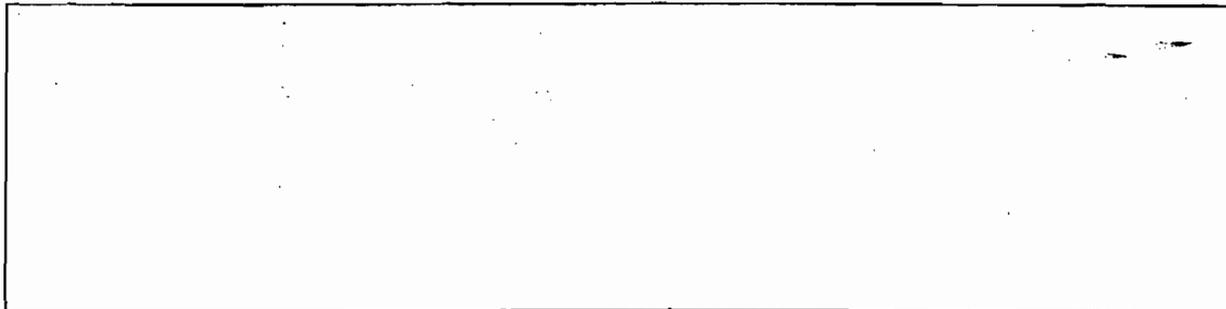
Medical marijuana is today's hot issue and one that generates tremendous reader interest.

Ultimately, however, responsible journalism insists that the public be informed of the facts. Legal since 2000 in Colorado, no reliable evidence exists to prove that medical marijuana leads to increased crime. While previously, patients were forced into the dark alleyways of the black market to get their medicine, they can now obtain it from trusted caregivers who know them by name.

We will resist the temptation to rely on the events of the past week to conclude that a visit to the local bank could prove more dangerous than a visit to the local dispensary. Instead, we encourage our fellow Coloradoans to take a moment to look behind beyond the headlines. Medical marijuana means more jobs, more health care options, and more tax revenue. It does not, however, mean more violence.

Jessica Corry, Lauren Davis, Robert Corry, Jr., and Bob Hoban are Denver attorneys currently representing a coalition of medical marijuana patients and caregivers seeking to overturn a Centennial medical marijuana ban. EDITOR'S NOTE: This is an online-only column and has not been edited.

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*Suspensaries
have been in
operation
but crime
has gone
down!*

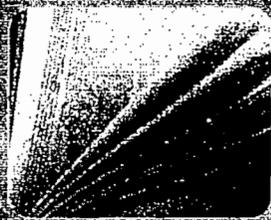
**SAN DIEGO HISTORICAL CRIME RATES per 1,000 POPULATION
1950 - 2008**

Year	Population	Murder	Rape	Aggravated Assault	Sexual Assault	Domestic Violence	Stolen Vehicle	Stolen Motor Vehicle	Stolen Boat	Stolen Aircraft	Stolen Firearm	Stolen Cash	Stolen Jewelry	Stolen Other
2008	1,343,000	0.04	0.28	1.50	2.68	4.50	5.77	16.34	7.95	30.06	34.58			
2007	1,337,000	0.04	0.22	1.57	2.90	4.74	5.74	17.40	9.89	33.03	37.77			
2006	1,311,182	0.05	0.27	1.65	2.91	4.87	5.91	18.40	10.17	34.48	39.35			
2005	1,305,736	0.04	0.29	1.43	3.30	5.06	5.71	18.85	10.83	35.39	40.45			
2004	1,294,032	0.05	0.29	1.28	3.62	5.23	5.65	19.45	10.02	35.12	40.35			
2003	1,275,100	0.05	0.32	1.28	4.13	5.78	6.33	20.19	9.86	36.38	42.16			
2002	1,255,742	0.04	0.26	1.30	4.13	5.73	6.08	19.57	8.53	34.18	39.91			
2001	1,250,700	0.04	0.27	1.38	4.22	5.91	5.77	20.03	8.61	34.41	40.32			
2000	1,277,200	0.04	0.27	1.39	3.90	5.60	5.28	18.02	7.41	30.69	36.29			
1999	1,245,500	0.05	0.28	1.45	4.16	5.94	5.27	20.97	7.62	33.86	39.80			
1998	1,214,000	0.03	0.31	1.75	5.12	7.21	6.05	23.38	8.19	37.62	44.83			
1997	1,190,200	0.06	0.32	2.19	5.68	8.23	6.86	25.38	9.08	41.32	49.55			
1996	1,183,100	0.07	0.31	2.53	5.67	8.58	7.28	26.78	9.41	43.47	52.05			
1995	1,197,676	0.08	0.29	2.71	6.18	9.26	8.61	25.47	10.30	44.38	53.64			
1994	1,184,814	0.10	0.34	3.25	6.95	10.64	10.88	29.71	13.53	54.12	64.76			
1993	1,171,608	0.11	0.34	3.97	7.07	11.49	12.45	32.32	16.49	61.26	72.75			
1992	1,149,598	0.13	0.42	4.63	7.69	12.87	14.30	35.49	17.60	67.39	80.26			
1991	1,130,034	0.15	0.42	4.72	8.96	12.25	15.12	39.51	18.78	73.41	85.66			
1990	1,118,279	0.12	0.39	3.87	6.39	10.77	14.93	43.44	21.68	80.05	90.82			
1989	1,086,592	0.11	0.38	3.30	5.53	9.32	16.10	45.82	23.54	85.46	94.78			
1988	1,058,700	0.14	0.37	3.03	5.13	8.67	16.56	43.38	22.79	82.73	91.40			
1987	1,031,800	0.09	0.40	3.35	5.00	8.84	16.83	42.25	17.60	76.68	85.52			
1986	1,007,000	0.10	0.39	3.96	4.02	8.47	17.41	40.18	13.14	70.73	79.20			
1985	979,300	0.10	0.35	3.13	2.81	6.39	16.71	35.96	10.27	62.94	69.33			
1984	957,600	0.11	0.41	2.73	2.94	6.19	15.92	35.95	9.15	61.02	67.21			
1983	929,100	0.08	0.43	2.74	2.61	5.86	17.39	37.23	8.11	62.73	68.59			
1982	903,800	0.08	0.47	3.48	2.43	6.46	17.94	39.49	8.63	68.06	72.52			
1981	887,500	0.11	0.63	3.74	2.95	7.43	21.08	38.14	7.85	67.07	74.50			
1980	875,538	0.12	0.65	3.41	3.13	7.31	22.80	41.86	8.80	73.48	80.77			
1979	847,800	0.11	0.39	3.40	2.51	6.41	23.54	46.28	8.83	78.65	85.06			
1978	826,200	0.08	0.38	3.06	1.94	5.46	24.40	42.64	8.38	75.42	80.88			
1977	804,300	0.06	0.37	3.08	1.97	5.48	23.39	44.62	7.86	75.87	81.35			
1976	782,100	0.08	0.30	2.90	1.99	5.27	20.26	46.54	7.95	74.75	80.02			
1975	770,344	0.08	0.30	2.85	1.77	5.00	20.32	45.50	7.08	72.90	77.90			
1974	754,400	0.09	0.28	2.63	1.75	4.75	17.96	40.93	6.42	65.31	70.06			
1973	744,600	0.08	0.23	1.91	1.48	3.70	15.55	35.86	6.08	57.49	61.19			
1972	722,800	0.04	0.23	1.70	1.37	3.34	13.78	36.69	5.59	56.06	59.40			
1971	714,200	0.05	0.20	1.55	1.13	2.93	12.14	36.38	5.16	53.68	56.61			
1970	697,027	0.05	0.19	1.20	1.41	2.85	9.90	38.21	5.35	53.46	56.31			
1969	682,100	0.05	0.23	1.12	1.16	2.56	7.33	32.77	5.08	45.18	47.74			
1968	664,800	0.04	0.14	0.89	1.03	2.10	6.23	29.10	4.46	39.79	41.89			
1967	671,300	0.03	0.10	0.64	0.94	1.71	5.80	25.83	3.34	34.77	36.48			
1966	645,100	0.02	0.09	0.53	0.93	1.57	5.10	23.56	3.24	31.90	33.47			
1965	628,955	0.04	0.07	0.58	0.76	1.45	5.03	21.61	2.86	29.50	30.95			
1964	619,000	0.03	0.08	0.68	0.72	1.51	4.96	20.19	2.85	28.00	29.51			
1963	609,100	0.02	0.09	0.49	0.51	1.11	4.94	17.87	2.05	24.86	25.97			
1962	597,500	0.02	0.09	0.43	0.58	1.12	4.77	17.60	2.73	25.10	26.22			
1961	580,400	0.03	0.07	0.57	0.57	1.24	4.41	16.47	3.13	24.01	25.25			
1960	573,224	0.04	0.06	0.59	0.52	1.21	4.52	15.45	3.03	23.00	24.21			
1959	554,000	0.02	0.12	0.44	0.55	1.13	3.42	12.76	3.21	19.39	20.52			
1958	519,900	0.03	0.10	0.55	0.65	1.33	3.63	14.61	3.00	21.24	22.57			
1957	494,201	0.02	0.00	0.58	0.56	1.16	3.72	15.24	3.02	21.98	23.14			
1956	481,920	0.03	0.00	0.49	0.44	0.96	2.92	13.36	2.45	18.73	19.69			
1955	466,000	0.03	0.00	0.44	0.41	0.88	3.50	11.92	2.24	17.86	18.54			
1954	451,950	0.02	0.00	0.53	0.34	0.89	3.09	11.66	2.27	17.02	17.91			
1953	445,000	0.02	0.00	0.81	0.31	0.94	3.27	11.31	2.84	17.42	18.36			
1952	434,294	0.04	0.00	0.48	0.32	0.84	2.76	11.62	2.97	17.35	18.19			
1951	396,000	0.03	0.00	0.21	0.16	0.40	1.99	10.95	2.85	15.79	16.19			
1950	334,387	0.03	0.00	0.25	0.19	0.47	2.36	10.77	2.31	15.44	15.91			

Americans For Safe Access

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

MEDICAL CANNABIS DISTRIBUTING COLLECTIVES AND LOCAL REGULATION



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EXECUTIVE SUMMARY

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

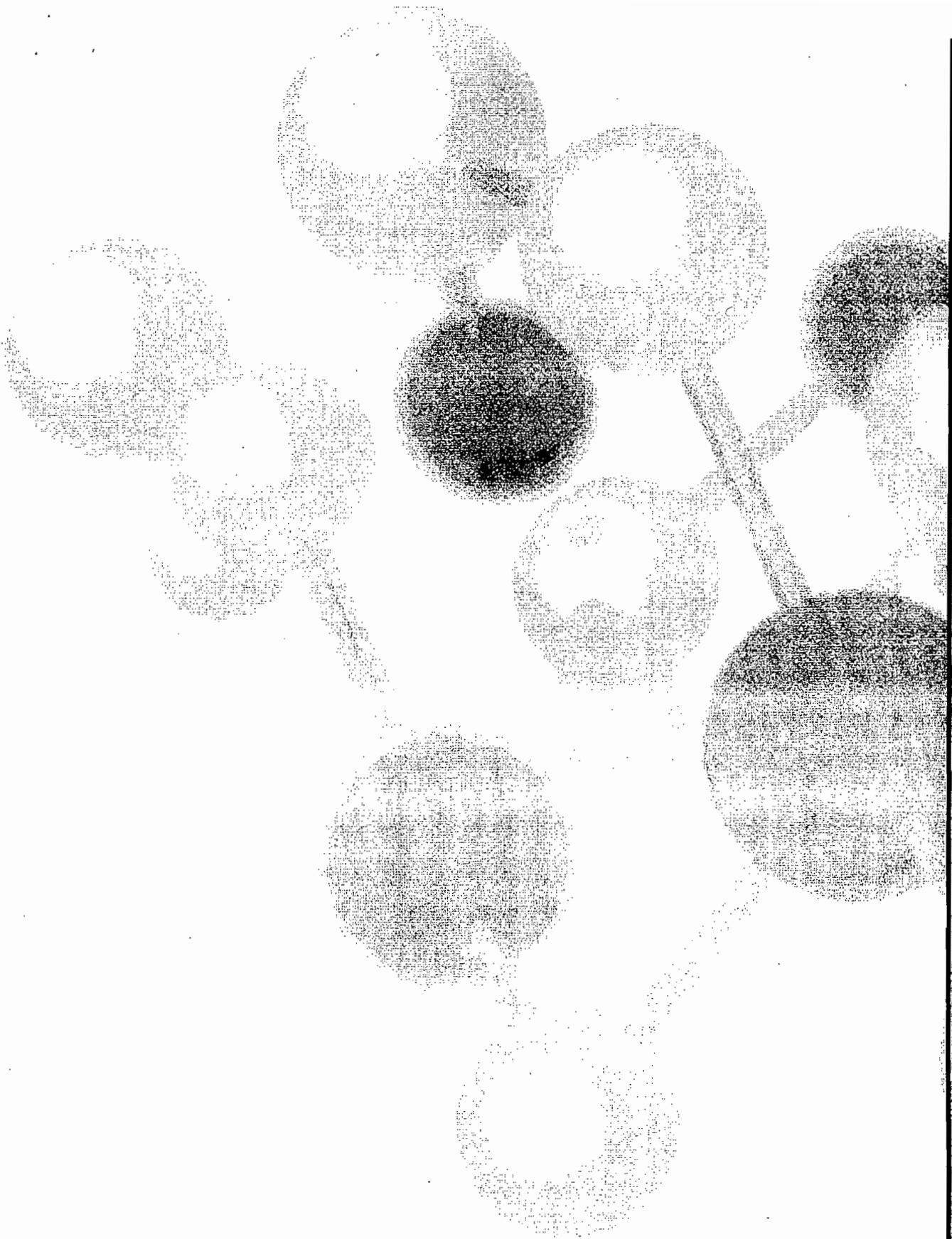
Creating dispensary regulations combats crime because:

- 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.



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

OVERVIEW OF MEDICAL CANNABIS DISPENSARIES

"As the number of patients in the state of California who rely on 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 fundamental benefit of the dispensaries has been that they have helped to stimulate economic development in the areas where they are located."

DeJay 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 (MDCD), 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

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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.

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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?

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

APPENDIX C

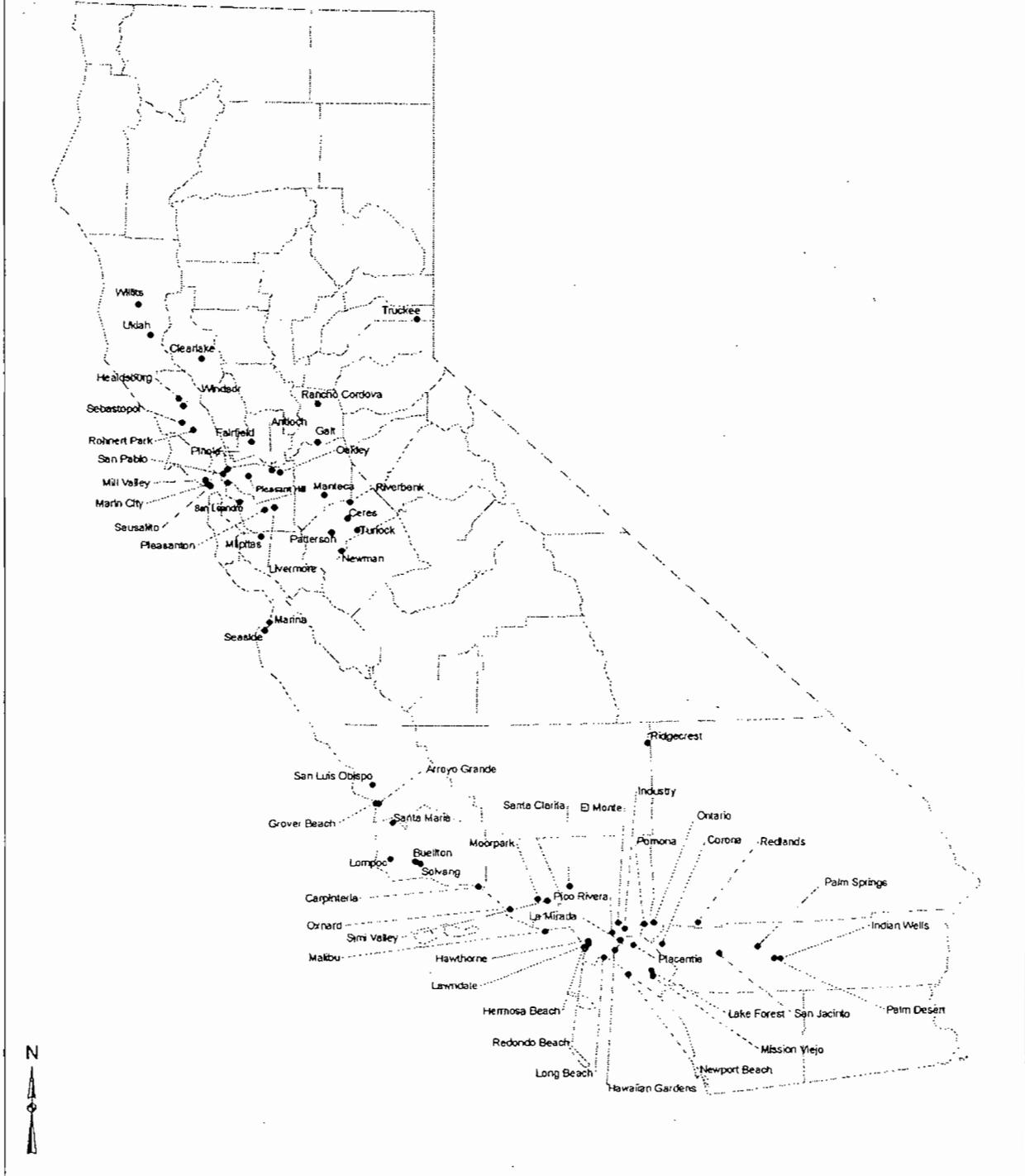
SURVEY ANSWER AND DATA ANALYSIS

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 after regulations
- Most businesses are either supportive of or neutral about neighboring dispensaries.

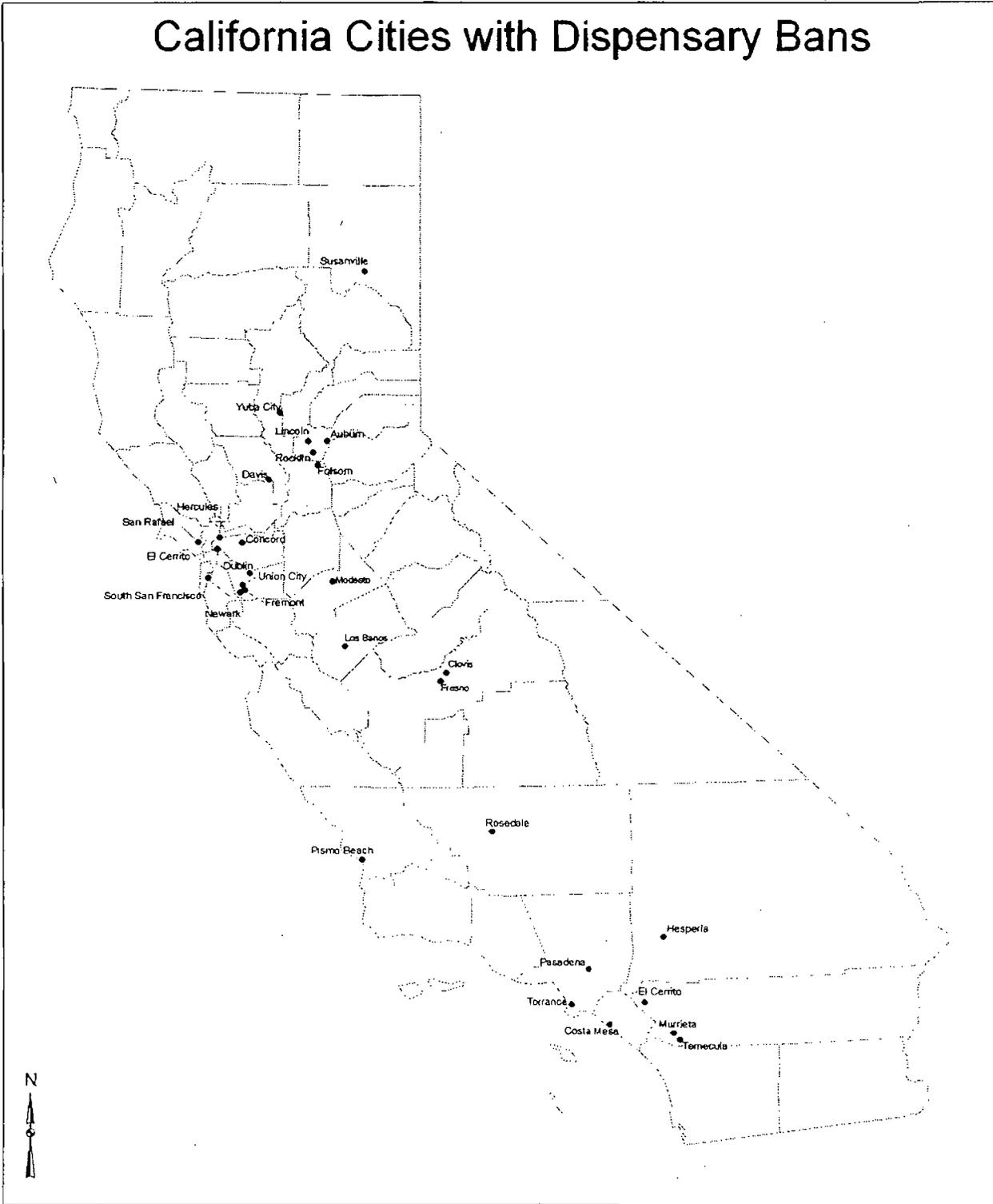
	Safe access important to local community	Dispensaries existed prior to regulation	Complaints of existing dispensaries prior to ordinance	Complaints decreased after passage of ordinance	Community objections to the ordinance	Regulation implementation allayed ordinance objections	Regulation improved public 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 Moratoriums



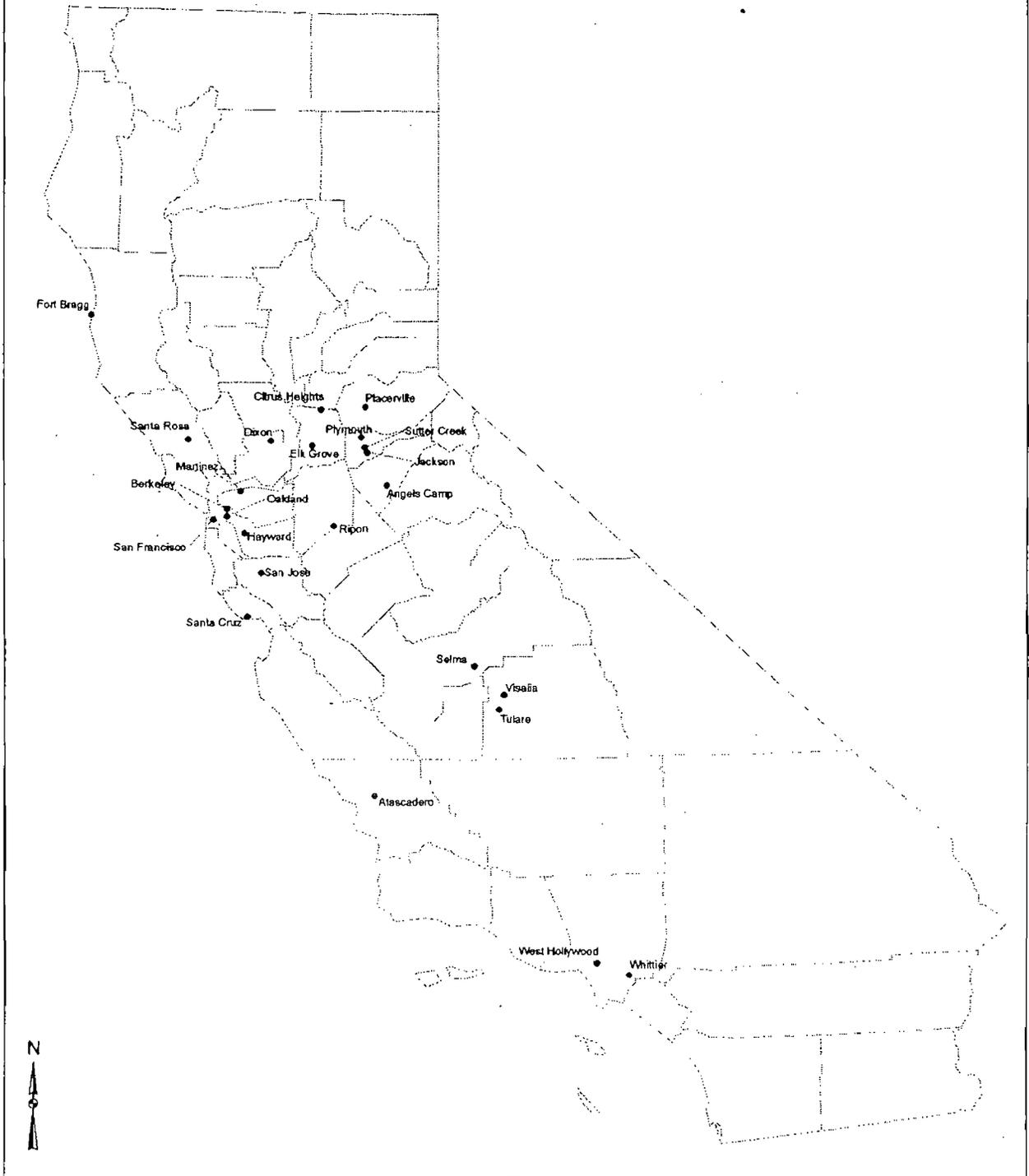
For more information, see www.AmericansForSafeAccess.org or contact the ASA office at 1-888-929-4367 or 510-251-1856.

California Cities with Dispensary Bans



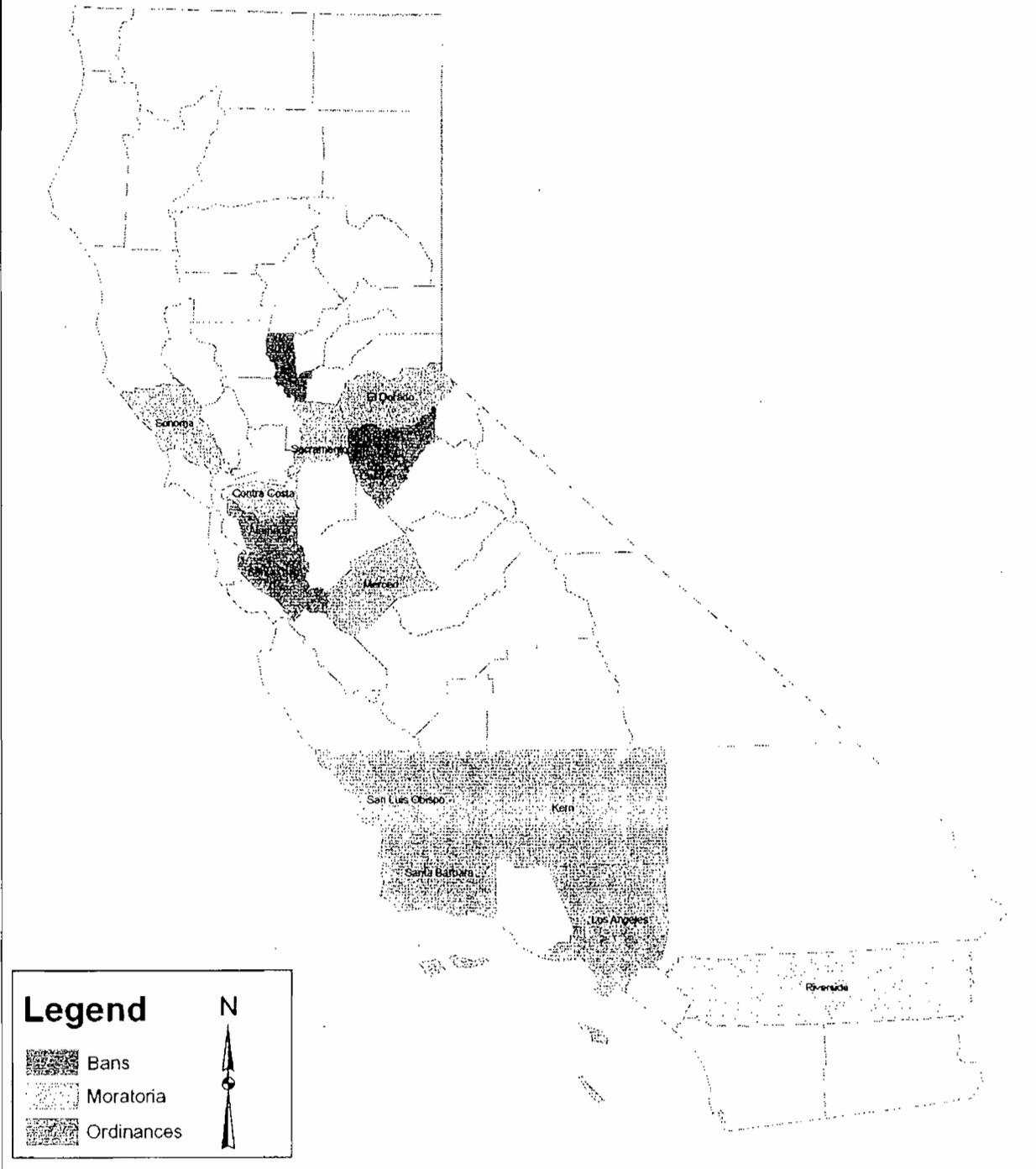
For more information, see www.AmericansForSafeAccess.org or contact the ASA office at 1-888-929-4367 or 510-251-1856.

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



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



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Jim and Judy Bennett
6725 La Tierra Court
Penryn, CA 95663

January 27, 2010

To: Supervisor Jim Holmes

RE: Zoning Text Amendment (ZTA 2009093) Medical Marijuana Collectives,
Cooperatives or Dispensaries

We wanted to voice our support of the Board's consideration to disallow medical marijuana collectives, cooperatives or dispensaries to operate in Placer County. The increasing availability and use of a medical prescription for authorized use of the drug is a harsh reality that this is a cover and an excuse for blatant violations and illegal use and production of an illegal drug. As a narcotics detective, Jim sees firsthand the human toll the legalization of "medicinal" marijuana has taken. We do not want to dilute the outstanding quality of life here in Placer County by caving in to those who want to abuse the system for their own personal financial gain and drug dependence. The legalization of marijuana for medical purposes is a sick joke and a sad commentary on a misguided willingness to give in to an easy solution for a battle many believe we are losing. If that's the case, which drug will be the next to carry a fake label of medicinal use? Cocaine? Methamphetamine? Shall we also give up our attempt to curb drunk driving? We need to stand up for our principles and our laws. We appreciate the Board's action in recommending the proposed amendment to define and disallow medical marijuana collectives, cooperatives or dispensaries to operate in Placer County, and to clarify that the production and composting of cannabis is not included in the definition of "Crop Production" or "Agricultural processing."

Sincerely,

Jim and Judy Bennett

Jennifer Dzakowic

From: Evelyn Canis on behalf of Placer County Planning
Sent: Tuesday, January 26, 2010 4:22 PM
To: Jennifer Dzakowic
Subject: FW: Medical Marijuana-ZONING TEXT AMENDMENT (ZTA 20090393)

From: Katie Cather [mailto:ktcather2002@hotmail.com]
Sent: Tuesday, January 26, 2010 12:35 AM
To: Placer County Planning; Placer County Environmental Coordination Services
Subject: Medical Marijuana-ZONING TEXT AMENDMENT (ZTA 20090393)

Planning Commission
3091 County Center Dr, Ste 140
Auburn, CA 95603

We are so very disappointed that Placer County has decided to interfere with a lawful medical process—the legal fulfilling a prescription to provide relief and aid to those suffering from debilitating illnesses. When an effort is being made to keep governments from interfering in private life matters, along comes this unwarranted idea from Placer County.

Whose idea is this? Where did it originate? The fear mongering about medical marijuana is just that. When laws are followed, there will not be the crime "wave" that some would want us to believe.

Many of us have friends and/or relatives using medical marijuana to offset cancer treatment side effects, pain, or to buffer other disease medical prescriptions. They are the ones who are being hurt with this proposal.

We urge the Planning Commission to stay out of the medical prescription business, stay out of the lives of private people seeking legal remedies to their health issues, and instead, see the collectives, cooperatives, or dispensaries for what they are: businesses that can only add to the County's revenues.

We urge the Planning Commissioners to vote NO on this arbitrary and unnecessary punitive zoning amendment.

Katie Cather and family
P.O. Box 2052
Loomis, CA 95650

Hotmail: Trusted email with Microsoft's powerful SPAM protection. [Sign up now.](#)

January 22, 2010

RECEIVED
JAN 25 2010

PLANNING DEPT.

Planning Commission
3091 County Center Dr, Ste 140
Auburn, CA 95603

**RE: ZONING TEXT AMENDMENT (ZTA 20090393)
MEDICAL MARIJUANA COLLECTIVES, COOPERATIVES OR
DISPENSARIES**

First, one must wonder why the County is even bringing this recommendation up at all. Who on earth sits up all night and thinks of these ideas—How can we most hurt people who need medicinal help? Why, of course, we'll ban their legal right to medical marijuana.

MULTIPLE CHOICE TEST QUESTION:

Why is Placer County wasting its time on a zoning text amendment such as this that is a personal matter between a doctor and patient?

A—we are so sanctimonious, pure, and we don't want to let anyone slip anything by us.

B—we know it may be legal, but we think evil crime mobs and mafia may soon follow.

C—we are so powerful that we can dictate people's personal medical treatments, denying or allowing as only we see fit.

D—we don't care if it violates state law; we good ol' boys are muscle flexing, chest pounders, along with our sheriff.

E—all of the above.

Second, we urge you to vote **NO**—do not recommend such a backward-thinking amendment. If anything, one would hope government would be trying to help those in need instead of banning potential helpful dispensaries.

Third, one can only hope that anyone who votes for this is quickly removed from ever serving the public in any manner again.

Sincerely,

John Green and family

Zoning Text Amendment (ZTA 20090393) Medical Marijuana Collectives, Cooperatives or Dispensaries

Placer County Board of Supervisors
April 6, 2010
11:00 AM

Correspondence Received
3/31/10

From: Maureen O'Keefe [mailto:maureen@maureenokeefe.com]
Sent: Sunday, February 07, 2010 8:23 AM
To: Placer County Board of Supervisors
Subject: Medicinal Marijuana ZTA

I am completely opposed to this ordinance. I feel that it is a giant step in the wrong direction. Medicinal Marijuana is a necessity for many people suffering from terrible pains and illnesses. Placer County would simply be showing itself as a backward thinking and ignorant community.

Thank you,
Maureen O'Keefe

Katie Cather [ktcather2002@hotmail.com]
Wed 3/31/2010 9:53 AM

March 31, 2010

Board of Supervisors
Room 101
175 Fulweiler Ave
Auburn, CA 95603

Ladies and Gentlemen:

RE: Vote NO on Medical Marijuana--Zoning Text Amendment (ZTA 20090393)
(April 6, 2010 – 11 am)

We are extremely disappointed with Placer County's proposal to interfere with a lawful medical process—the legal fulfilling of a prescription to provide relief and aid to those suffering from debilitating illnesses. At a time when efforts are being made to keep governments from interfering in private life matters, along comes this unwarranted, unjustified, and unnecessary proposal from Placer County.

The fear mongering about medical marijuana (MM) is just that. When laws are followed, there are **NO crime "waves"** that some would want us to believe. In fact, there is no data, scientific or otherwise, to support any of the crime increases or “gateway” drug claims. These are all fabrications created solely because some governmental agencies, or “sky-is-falling” extremists, want control over the private lives of seriously ill people.

There are a number of horrendous diseases which are perceived as socially unacceptable and, in turn, add insult to injury by piling on the suffering with subtle social “out casting.” These people will not come forward to speak in public forums to reveal their private personal health issues. However, the **relief from pain and nausea** (and other health benefits) they receive from MM, no matter what their diagnosis, is palpable and very real.

Many of us have friends and/or relatives who use MM to offset their suffering from cancer treatments—including but not limited to: appetite loss, debilitating pain and nausea—or to offset medical prescription or chemotherapy side effects. They are also being hurt with this small-minded proposal, but they don’t necessarily want to divulge their private health challenges to the public via a hearing or testimony.

Placer County should **not interfere** with physician/patient relationships. Stay **out** of the lives of private individuals who seek legal remedies to their health issues and stop trying to throw monkey wrenches into their already difficult struggles. Instead, view the MM collectives, cooperatives, or dispensaries for what they are: Businesses that can only add to the County’s revenues and benefit those who are in need.

Please vote **NO to any amendment** that will ban MM collectives, cooperatives, or dispensaries. If necessary, vote NO and revisit the issue in 3 to 5 years to reassess. Vote for compassion, rather than for exaggerated claims based on fear and ignorance.

Katie Cather and family
P.O. Box 2052
Loomis, CA 95650
