

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Thursday, July 31, 2014 8:06 PM
To: Michael Mais; Kendra Carney; Charles Parkin; Jim McDonnell; Douglas Haubert; Amy Bodek; Jeffrey Winklepleck
Cc: City Manager; Mayor; Council District1; Council District 2; Council District 3; Council District 4; Council District5; Council District 6; Council District7; Council District 8; Council District 9

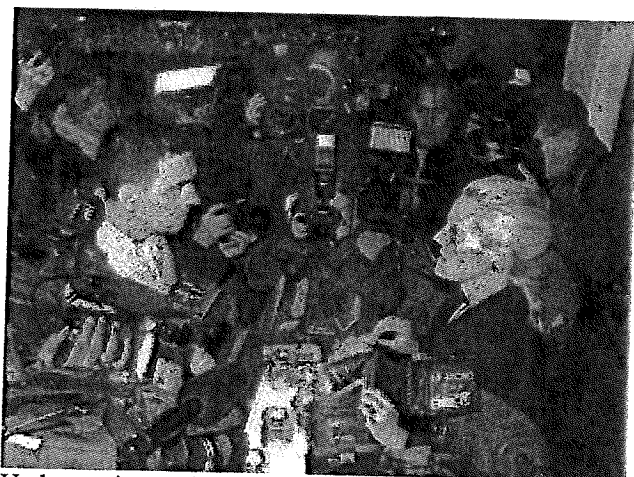
It is amazing when the will is present and the stakeholders are actually included, what miraculous successes are possible.

Diana Lejins, Chair

LB Medical Marijuana Task Force / Advocates for Disability Rights

Colorado legalization is working, says Brookings Institution

Posted on July 31, 2014 at 1:00 pm by



Under a microscope: the implementation of taxed and regulated weed sales in Colorado, above, has been a success, Brookings finds. (Photo by David Downs)

Colorado isn't just experimenting with marijuana, it's experimenting with modern forms of government. And it's working.

The Brookings Institution – a nonprofit public policy organization based in Washington, DC. – writes today that 'Colorado's rollout of cannabis legalization is succeeding'.

In a July 31 report titled 'Colorado's rollout of cannabis legalization is succeeding', Brookings' fellow John Hudak finds "Colorado has largely succeeded in rolling out a legal marijuana system, and its early implementation efforts have been impressive."

"The state government has met the most basic standard of success: it has done what Amendment 64 instructed it to do. Colorado has effectively created regulatory and administrative apparatuses that facilitate the legal retail marijuana market," he writes (pdf).

Marijuana in Colorado: The Path to Legalization

Since 2000, Colorado voters have demonstrated a willingness to roll back prohibitions on marijuana.

- 2000 Nov.: Amendment legalizing medical marijuana approved ☒
- 2006 Nov.: Amendment to legalize marijuana possession rejected. ☐
- 2012 Nov.: Amendment to legalize retail marijuana approved. ☒
Dec.: Governor approves Amendment 64 Implementation Task Force
- 2013 March: Amendment 64 Implementation Task Force issues final report.
May: HB 13-1317 signed into law; approves many task force recommendations, sets up marijuana tax reform measure.
Oct: New regulations go into effect for retail and medical marijuana.
Nov.: Marijuana Tax Reform measure approved. ☒
- 2014 Jan.: First retail dispensaries open.
March: Additional regulations go into effect for retail and medical marijuana.

BROOKINGS

No overnight delivery: A timeline from Brookings shows Colorado laying the foundation for what looked like an overnight sensation.

Brookings hails the Rocky Mountain state for limiting purchase quantities, requiring video surveillance and a regulatory agency funded by taxes and tourism. Brookings likes Colorado's product tracking system, its vertical marketplace integration, and temporary barriers to entry.

Hudak — a Brookings fellow in governance studies and Managing Editor of the FixGov Blog — spent a week meeting with stakeholders in Colorado, which legalized pot by ballot initiative in 2012. The state then flipped some of its regulated medical industry to over-the-counter sales to adults 21 and over.

The researcher warns that unregulated homegrows are a diversion risk. He also takes issue with edibles dosing, and "misaligned incentives in taxes and tourism."

Colorado edibles can be very strong, vary in dosage, and "Perversely, if unintentionally, current policies drive tourists to the edibles market, creating risks for public health and safety."

"For a visitor to Colorado — even one who did not purchase marijuana — those incentives are clear. Upon arriving in Denver, I checked into my hotel, where staff explained I would have to pay a fee of several hundred dollars if the scent of smoke was found in my room. Moreover, the public use of marijuana remains illegal in the state. Denver

also bans smoking clubs. Thus, if I went to Denver with the hope of smoking marijuana, I would need to use someone's home. On the other hand, I could have easily purchased an edible and consumed it in my hotel room without incurring any penalties at all. And when it comes to edibles, tourists tend to be naïve users—the highest-risk group."

Hudak states it's too early to judge the success of Colorado's *policy*, but no one can argue that Colorado officials didn't do a bureaucratic double-backflip to get the stores open by constitutional deadline.

"To be sure, it was not a kumbaya moment across Colorado, but the maturity and professionalism shown by both sides facilitated what has been an impressive implementation rollout."

Well have more on this report this week.

Working to make the World a better place,

diana ☺

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Thursday, July 24, 2014 4:15 PM
To: Jim McDonnell; Douglas Haubert; Charles Parkin; Michael Mais; Kendra Carney; Amy Bodek; Jeffrey Winklepleck
Cc: Diana Lejins; Council District 6; Council District 8; Laura Doud; Mayor; Council District 2; Council District 5; Council District 4; Council District 3; Council District 9; Council District 7; City Manager
Subject: 9 MMj Policies From Around the World

WAKE UP AMERICA !

9 Marijuana Policies From Around the World That Are Way Ahead of the U.S.
July 23, 2014 | By WakingTimes April M. Short, AlterNet

The U.S. is far behind when it comes to drug laws that actually make sense.

While people in Barcelona, Spain are lighting joints up on the street outside of bars as tourists flock to enjoy a marijuana culture that increasing rivals Amsterdam, the U.S. continues its prohibitionist path. While Israel's government sanctions its researchers' advancements into the science of marijuana medicine, the U.S. government obstructs any research into pot's potential benefits.

While many Americans remain stuck in the Nixon-era "war on drugs" mentality, panicking about the "unknown dangers" and "potential risks" of loosening marijuana policy, many nations have already implemented health-based, sensible marijuana laws and practices with overwhelming success.

In the U.S. today, 23 states have legalized medical marijuana (New York just this month) and two (Colorado and Washington) have legalized pot for recreational use (although it's worth noting that in many states medical marijuana laws are severely restricted). The majority of American medical doctors think medical marijuana should be legal and the majority of American voters think it should be legal and regulated like alcohol. However, it remains safe to say the U.S. is not at the global forefront of progressive, sensible marijuana policy.

The federal government continues its stubborn prohibition of the herb, and law enforcement continues to arrest people for mere possession of the plant, targeting low-income minorities at alarming rates. Our prisons are overflowing with nonviolent drug law violators, and American tax dollars, which pay to house, feed and clothe those unnecessary prisoners, are filling the pockets of private prison tycoons who profit from keeping the prisons and jails filled to capacity.

Our current president laughs when he's offered a hit of marijuana and told the New Yorker the stuff is less dangerous than alcohol. He said, in reference to pot use, "We should not be locking up kids or individual users for long stretches of jail time when some of the folks who are writing those laws have probably done the same thing." However, his administration has overseen more marijuana-related arrests than any before. He has the worst reputation of any U.S. president in history when it comes to prisoner clemency, which includes pardons and commutation of sentences. To date, he's only issued 39 pardons, while more than 100,000 people remain behind bars in the U.S. due to drug war policies.

The U.S. houses a quarter of the world's inmates, though we only account for 5 percent of the world's population. Nonviolent drug offenders make up more than a quarter of all inmates in the U.S., up from less than 10 percent in 1980.

In 2011, drug offenders accounted for 48 percent of the federal prisoner population and 16 percent of the state prisoner population. Half of all of those people are incarcerated for marijuana-related crimes, according to the Sentencing Project. More than 3,200 of these prisoners are serving life sentences for nonviolent offenses.

While the US has made some great strides toward better drug policy—in the form of medical marijuana and the socio-economic miracle that is Colorado and Washington’s pot legalization—it’s we are far behind much of the rest of the world when it comes to drug laws that actually make sense. While our representatives twiddle their thumbs over pot, and prohibitionists act like health-based drug regulations are the Boogeyman, some other parts of the world enjoy the enormous benefits of more tolerant policies and attitudes.

Here is a list of countries where drug policies make a lot more sense than they do in the US:

1. Spain

While the US’s officials and media continue to pretend like pot legalization is an unprecedented, far-fetched dream, in Spain, personal marijuana has been legal for decades. Today Barcelona is en route to challenge Amsterdam as the world center of pot tourism. In Spain anyone is allowed to grow the herb for personal use, and—echoing California’s rules for medical marijuana use—growers can form collective, nonprofit, members-only cannabis clubs. However, due to lax enforcement of the members-only rule, Barcelona has been filling up with cannabis clubs in recent years. As the New York Times’ Suzanne Daley reported in a July 10 article, “Barcelona officials have given their blessing to this new phenomenon. ... The number of cannabis clubs that have opened in Barcelona recently has some experts saying this city will soon challenge Amsterdam as the go-to destination for vacationers who want to get high in peace.”

Daley reported that the pot clubs provide an economic boost, according to advocates.

“Though they are nonprofits, advocates say the clubs are generating thousands of jobs and tax revenues for the state. In addition to selling a wide array of cannabis products and hashish, many of the clubs also sell food and drinks and offer extras to their members, like live music nights and Pilates classes.”

2. Portugal

Right now our Congress is attempting to block our nation’s capitol from treating pot like a parking violation rather than a criminal offense, despite the local D.C. government’s vote to do so. Meanwhile, Portugal has enjoyed the benefits of all-out drug decriminalization for over a decade. Portugal became the first nation in Europe to decriminalized personal possession of drugs—including marijuana, cocaine, heroin and methamphetamine—in 2001. Decriminalization means those drugs remain illegal, but instead of throwing people in jail for their use, the country imposes a fine similar to a traffic ticket and provides addiction treatment options. By removing criminal penalties for drug use, the nation was able to fund the resources necessary to treat drug addiction as the health crisis that it is. Today in Portugal if you’re convicted of possessing small amounts of drugs, you visit a psychologist, social worker and legal advisor who determine what kind of treatment you need. Prior to decriminalization, Portugal had a serious drug problem, but over the last decade the nation has seen a decline in drug use. João Castel-Branco Goulão, Portugal’s national drug coordinator and the chairman of the European Monitoring Center on Drugs and Drug Addiction, wrote in the New York Times:

“While critics of the law warned that drug use would swell, it has not risen. We have seen significant reductions in H.I.V. infections and in overdoses, as well as a substantial increase in new patients seeking drug treatment.”

The amount of money and resources the nation has saved on law enforcement and housing prisoners due to decriminalization is also significant.

3. Canada

While the Great White North does not allow marijuana for recreational purposes anywhere, it has a nationwide, heavily corporatized, government-sanctioned medical marijuana program. About 20 companies are licenced to mass-produce cannabis in Canada for medical purposes. As the New York Times reported, one large cannabis grow operation calls a former Hershey’s candy factory its home. In April, a change in the nation’s marijuana laws made it so that any licensed

company can grow and ship medical pot to patients. (However, it is still illegal in Canada for patients to grow their own pot.)

In addition to the substantial economic boost that comes from the new market, the Canadian government probably took the stacks of convincing research on cannabis's potential health benefits into account in its decision to allow large scale medical marijuana production and distribution. South of the border, the U.S. government both refuses to officially acknowledge the medical efficacy of marijuana and actively works to block research into the plant's potential medical uses.

4. Israel

While medical marijuana has been approved in 23 U.S. states, and recreational use in two, U.S. federal law still criminalizes the drug, and its future remains uncertain. In Israel, however, a \$40-million-per-year medical-marijuana industry is thriving. And, while research efforts have been continually hindered in the states by the National Institute on Drug Abuse and the DEA, the Israeli government is funding and supporting breakthrough research on the many healing potentials of the cannabis plant—from cancer, to addiction, to psychological traumas. Israel's federal government sanctions their national medical marijuana program and does not get in the way of scientific research like the US government does.

5. Iceland

According to a new report by the United Nations Office on Drugs and Crime, Iceland (of all places) smokes the most weed in the world, on average. The report, which included a breakdown of illegal drug use per country, found that 18.3% of the Icelandic population (meaning 55,000 out of 320,000 people) smokes weed—more than anywhere else. The United States ranked fourth in the report, with 14.8 percent of the population using pot.

The reasons for Iceland's toking tendencies are up for speculation, as Iceland still outlaws pot. It could be that, since the Nordic nation prohibited beer until 1989, everyone turned to bud instead (easier to produce, maybe?). Whatever the reasons for its infatuation, Icelanders' underwraps cannabis use (mixed with its vast and beautiful landscapes) is probably the reason they were found to be one of the happiest populations on the planet.

6. Netherlands

Surprisingly, cannabis remains illegal in the Netherlands. It might as well be legal the way people openly smoke pot on the streets. The Dutch government and law enforcement are extremely tolerant of the herb and possession small amounts is decriminalized nationwide. Two million tourists per year visit the city of Amsterdam for its legendary "coffee shops," which are licensed to sell weed. You're not allowed, however, to buy your bud on the streets, and coffee shops do card. Purchases are also supposed to be limited to five grams a day (though enforcement of this rule is iffy) and smoking tobacco is banned in coffee shops, so spliffs are rare.

Sure beats risking jail time just to light up or access your doctor-recommended cannabis medicine, which is the reality for many in the US.

7. Uruguay

The violence illegal drug cartels inflict in Latin America is a humanitarian crisis so horrendous that it has driven millions of child refugees to the US-Mexico border in recent months. And, since it is the most popular illicit drug in the world, marijuana means big profits for those cartels. In response to increasing drug trafficking activity and violence, Uruguay became the first nation to legalize marijuana across the board, in December 2013. It did so in an effort to undermine the powerful cartels that have ravished much of the rest of Latin America. While Uruguay is relatively safe compared with the rest of the region—especially Mexico, where it is estimated that more than 60,000 people were killed in just six years (between 2007 and 2013) and gruesome intimidation, like public beheadings, is commonplace—its government decided to nip the problem in the bud, so to speak. The plan in Uruguay is to set government weed prices extremely low so that

cartels will be forced out of business. While many had hoped to see Uruguay's pot sales start this year, President Jose Mujica announced this month that complications in implementing the law have delayed sales until 2015.

While Uruguay's reasons for legalization might seem more immediate than those of the US, the issues are actually one. Latin American cartels rely on American buyers for a huge portion of their business, so legalization of pot in the US would (among many other benefits) directly combat the brutality that is the Central and South American drug trade (and ultimately reduce the influx of migrant refugees in the US).

8. The Majority of Nations in Central and South America In Central America, Mexico and Costa Rica have decriminalized marijuana, and—other than Bolivia, Argentina, Guyana, Surinam and French Guiana—all of South America has also decriminalized. The Latin American decriminalization trend emerged out of frustration over the failure of harsh drug laws to crack down on cartels or slow the drug trade whatsoever. The decision also stems from a need to reduce overcrowded, increasingly expensive prison populations, which were becoming unsustainable in the region.

The issue of prison overcrowding is one the US is all too familiar with, seeing as how we have a quarter of the world's total inmates but just five percent of the world's population. As in Latin America, most US prisoners are serving time for drug-related crimes. While private prison companies in the US rake in massive profits from keeping prisons brimming over with nonviolent inmates, Americans lose billions in tax dollars to unnecessary incarceration.

However, while Americans fuel the powerful Latin American drug cartels by purchasing their products, we are kept relatively sheltered from the violence and destruction the drug trade inflicts. The lack of immediacy is probably part of the reason we've been so slow to catch onto the decriminalization—and legalization—trends.

9. North Korea (maybe)

While it is not officially confirmed, according to a report by Open Radio North Korea, as well as other news outlets and visitor reports, marijuana (along with opium) has never been controlled in the country and is not considered to be a drug. While the North Korean penalty for hard drugs like meth is severe, people are allowed to smoke pot without regulation—it even grows freely on the side of the street.

As Vice reported,

“NK NEWS receives regular reports from visitors returning from North Korea, who tell us of marijuana plants growing freely along the roadsides, from the northern port town of Chongjin, right down to the streets of Pyongyang, where it is smoked freely and its sweet scent often catches your nostrils unannounced. Our sources are people we know who work inside North Korea and make regular trips in and out of the country.

There is no taboo around pot smoking in the country—many residents know the drug exists and have smoked it. In North Korea, the drug goes by the name of *ip tambae*, or ‘leaf tobacco.’ It is reported to be especially popular amongst young soldiers in the North Korean military. Rather than getting hooked on tar and nicotine like servicemen in the West, they are able to unwind by lighting up a king-sized bone during down time on the military beat.”

Working to make the World a better place, diana

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Tuesday, August 05, 2014 12:48 PM
To: dianalejins@yahoo.com; Advocates Disabilities
Cc: Council District 6; Council District 7; Council District 8; Council District 9; Daryl Supernaw; Robert Garcia LB; Robert Mayor Garcia; Council District 4; Council District 2; Fred Sparrevohn; Council District 3; Council District 5; Mayor; City Manager; Laura Doud; Kathy Ryan; Jeff Becker; Jim McDonnell; Larry Herrera; Douglas Haubert; Joan Greenwood; Charles Parkin; Michael Mais; Robert Luna
Subject: Highway Fatalities in Colorado @ Near-historic Lows

The Watch

Since marijuana legalization, highway fatalities in Colorado are at near-historic lows

By Radley Balko August 5 at 11:29 AM

Since Colorado voters legalized pot in 2012, prohibition supporters have warned that recreational marijuana will lead to a scourge of “drugged drivers” on the state’s roads. They often point out that when the state legalized medical marijuana in 2001, there was a surge in drivers found to have smoked pot. They also point to studies showing that in other states that have legalized pot for medical purposes, we’ve seen an increase in the number of drivers testing positive for the drug who were involved in fatal car accidents. The anti-pot group SAM recently pointed out that even before the first legal pot store opened in Washington state, the number of drivers in that state testing positive for pot jumped by a third.

The problem with these criticisms is that we can test only for the presence of marijuana metabolites, not for inebriation. Metabolites can linger in the body for days after the drug’s effects wear off — sometimes even for weeks. Because we all metabolize drugs differently (and at different times and under different conditions), all that a positive test tells us is that the driver has smoked pot at some point in the past few days or weeks.

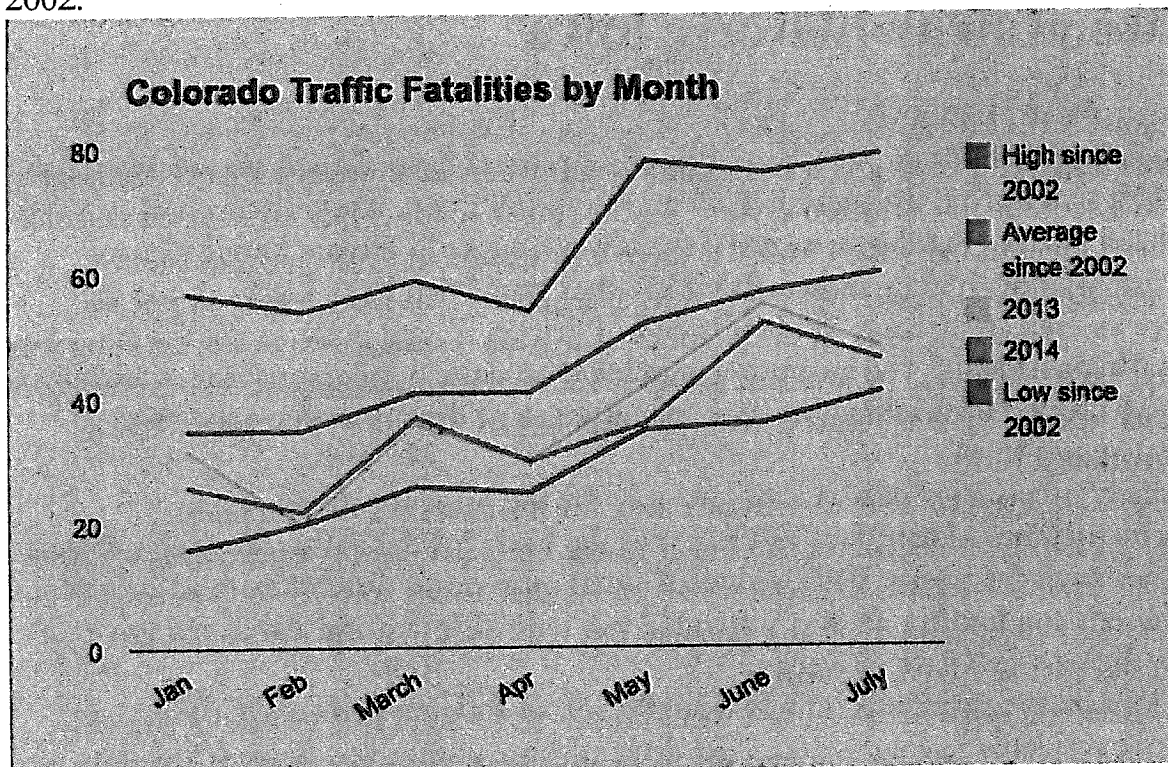
It makes sense that loosening restrictions on pot would result in a higher percentage of drivers involved in fatal traffic accidents having smoked the drug at some point over the past few days or weeks. You’d also expect to find that a higher percentage of churchgoers, good Samaritans and soup kitchen volunteers would have pot in their system. You’d expect a similar result among *any* large sampling of people. This doesn’t necessarily mean that marijuana caused or was even a contributing factor to accidents, traffic violations or fatalities.

This isn’t an argument that pot *wasn’t* a factor in at least some of those accidents, either. But that’s precisely the point. A post-accident test for marijuana metabolites doesn’t tell us much at all about whether pot contributed to the accident.

Since the new Colorado law took effect in January, the “drugged driver” panic has only intensified. I’ve already written about one dubious example, in which the Colorado Highway Patrol and some local and national media perpetuated a story that a driver was high on pot when he slammed into a

couple of police cars parked on an interstate exit ramp. While the driver did have some pot in his system, his blood-alcohol level was off the charts and was far more likely the cause of the accident. In my colleague Marc Fisher's recent dispatch from Colorado, law enforcement officials there and in bordering states warned that they're seeing more drugged drivers. Congress recently held hearings on the matter, complete with dire predictions such as "We are going to have a lot more people stoned on the highway and there will be consequences," from Rep. John Mica (R-Fla.). Some have called for a zero tolerance policy — if you're driving with any trace of pot in your system, you're guilty of a DWI. That would effectively ban anyone who smokes pot from driving for up to a couple of weeks after their last joint, including people who legitimately use the drug for medical reasons.

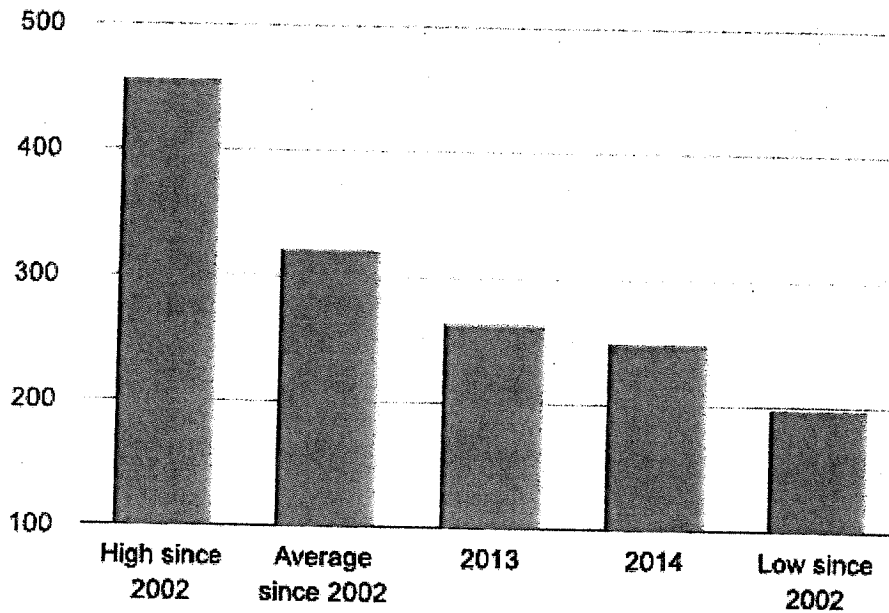
It seems to me that the best way to gauge the effect legalization has had on the roadways is to look at what has happened on the roads since legalization took effect. Here's a month-by-month comparison of highway fatalities in Colorado through the first seven months of this year and last year. For a more thorough comparison, I've also included the highest fatality figures for each month since 2002, the lowest for each month since 2002 and the average for each month since 2002.



Raw data from the Colorado Dept. of Transportation

As you can see, roadway fatalities this year are down from last year, and down from the 13-year average. Of the seven months so far this year, five months saw a lower fatality figure this year than last, two months saw a slightly higher figure this year, and in one month the two figures were equal. If we add up the total fatalities from January through July, it looks like this:

Total Colorado Highway Fatalities Through July



Raw data from the Colorado Dept. of Transportation

Here, the “high” bar (pardon the pun) is what you get when you add the worst January since 2002 to the worst February, to the worst March, and so on. The “low” bar is the sum total of the safest January, February, etc., since 2002. What’s notable here is that the totals so far in 2014 are closer to the safest composite year since 2002 than to the average year since 2002. I should also add here that these are total fatalities. If we were to calculate these figures as a rate — say, miles driven per fatality — the drop would be starker, both for this year and since Colorado legalized medical marijuana in 2001. While the number of miles Americans drive annually has leveled off nationally since the mid-2000s, the number of total miles traveled continues to go up in Colorado. If we were to measure by rate, then, the state would be at lows unseen in decades.

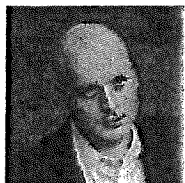
The figures are similar in states that have legalized medical marijuana. While some studies have shown that the number of drivers involved in fatal collisions who test positive for marijuana has steadily increased as pot has become more available, other studies have shown that overall traffic fatalities in those states have dropped. Again, because the pot tests only measure for recent pot use, not inebriation, there’s nothing inconsistent about those results.

Of course, the continuing drop in roadway fatalities, in Colorado and elsewhere, is due to a variety of factors, such as better-built cars and trucks, improved safety features and better road engineering. These figures in and of themselves only indicate that the roads are getting safer; they don’t suggest that pot had anything to do with it. We’re also only seven months in. Maybe these figures will change. Finally, it’s also possible that if it weren’t for legal pot, the 2014 figures would be even lower. There’s no real way to know that. We can only look at the data available. But you can bet that if fatalities were *up* this year, prohibition supporters would be blaming it on legal marijuana. (Interestingly, though road fatalities have generally been falling in Colorado for a long

time, 2013 actually saw a slight increase from 2012. So fatalities are down the year after legalization, after having gone up the year before.)

That said, some researchers have gone so far as to suggest that better access to pot is making the roads safer, at least marginally. The theory is that people are substituting pot for alcohol, and pot causes less driver impairment than booze. I'd need to see more studies before I'd be ready to endorse that theory. For example, there's also some research contradicting the theory that drinkers are ready to substitute pot for alcohol.

But the data are far more supportive of that than of the claims that stoned drivers are menacing Colorado's roadways.



Radley Balko blogs about criminal justice, the drug war and civil liberties for The Washington Post. He is the author of the book "Rise of the Warrior Cop: The Militarization of America's Police Forces."

Working to make the World a better place,

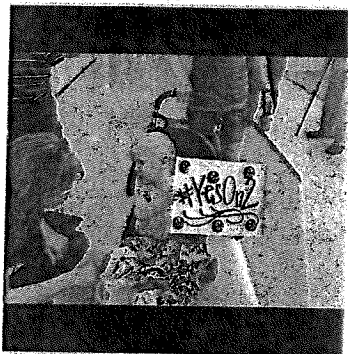
diana 😊

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Wednesday, August 06, 2014 4:26 PM
To: Advocates Disabilities; Jim McDonnell; Charles Parkin; Michael Mais; Douglas Haubert; Council District 2; Robert Garcia LB
Cc: Council District 6; Council District 7; Council District 8; Council District 9; Daryl Supernaw; Robert Mayor Garcia; Council District 4; Fred Sparrevohn; Council District 3; Council District 5; Mayor; City Manager; Laura Doud; Kathy Ryan; Larry Herrera; Jeff Becker; Joan Greenwood
Subject: Florida wants MMj - 88%

The people have spoken time and again.....is anyone out there listening? Denying access to these patients and disabled people is tantamount in many cases to issuing them a death penalty. "Serve and protect" - isn't that the PD's motto? Sick people need protecting too; live and let live.

Florida medical marijuana legalization polling at 88 percent



Florida medical marijuana legalization polling at 88 per...

Medical marijuana is set to crush it at the polls this November, according to a new, highly respected poll from Quinnipiac University that finds that 88 percent of ...

[View on blog.sfgate.com](#)

Preview by Yahoo

Posted on July 29, 2014 at 3:39 am by David Downs



A would be medical cannabis patient in Florida, where 88 percent of voters support mmj legalization (United For Care)

Medical marijuana is set to crush it at the polls this November, according to a new, highly respected poll from Quinnipiac University that finds that 88 percent of voters support the legal use of cannabis for medical purposes. Just ten percent do not.

Those opinions have not shifted since May, but are up six points from November. Senior citizen support the idea the least and still will vote for it by a margin of 6 to 1. Young voters back it 20 to 1.

Florida legalization group United for Care said they are heartened by the latest poll.

“It’s another reminder that this issue remains uncontroversial for the vast majority of Floridians,” stated Ben Pollara, Campaign Manager at United for Care, in a release. “The fact is most people agree that sick individuals should be able to follow their doctors’ orders without having to live like a criminal.”

“This poll clearly shows that the disingenuous arguments being put forth by organizations like Drug Free Florida and the Florida Sheriffs Association are not fooling Florida’s voters,” added Pollara. “Floridians understand this is an issue of compassion, and they are ready to put these kinds of health care decisions where they belong: in the hands of patients and their doctors, not politicians.”

Florida legalization is opposed by the Florida Sheriff’s Association, as well as a casino mogul and GOP superfundraiser Sheldon Adelson, St. Petersburg developer / GOP heavyweight Mel Sembler, and Reagan-era Drug Czar Carlton Turner – who says that pot will make you gay.

Working to make the World a better place,
diana 😊

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Wednesday, August 13, 2014 2:04 PM
To: Diana Lejins; Advocates Disabilities
Cc: Amy Bodek; Jeffrey Winklepleck; Kendra Carney; Heidi Eidson; Michael Mais; Charles Parkin; Council District 6; Council District 8; Laura Doud; Mayor; Council District 2; Council District 5; Council District 3; Council District 9; Council District 7; City Manager
Subject: Grunion Gazette letter Aug 7, 2014

GAZETTES.COM August 7, 2014

Marijuana Issues

To The Editor,

I wrote a while back thanking you for an interesting final analysis of the medical marijuana dispensary issue. We are not that much closer now than we were then. This is truly a "kick the can" issue for our City Council, Planning Commission and police.

We need a strong voice to help us restore safe, dignified access to medicine. These fine folks are trying their best, but it is not working out.

Having said that, the members of the LBCA collective and others are being forced to sponsor yet another people's ordinance, which in my opinion may lead to no tax money for Long Beach — none. Washington just reported a huge number of dollars from the first three weeks of sales. That's with no increase in crime, no real threats to kids as legal operators check, verify validity and then serve the patient.

We will soon be overtaken by bad operators who go from location to location to keep ahead of the cops, busting shops again, wasting more manpower and money with none going into the city coffers.

You said "get it right the next time." I am not at all convinced that taxpayers who use medical marijuana will find a workable solution. So we spend about \$150,000 to get signatures again and force an ordinance down their throats. Not my first wish but look, they got it almost right back in 2010. Four years later and illegal stores are still open on Cherry and Redondo and previously vetted operators sit and watch a Kabuki theater trying to work out the zoning. Let us have a little of your valuable time. The Gazette is an important mouthpiece for the city and we want only safe dignified access to medicine for patients who suffer needlessly.

Thank you for your contribution to making Long Beach a better place.

Jeff Abrams

Long Beach

Working to make the World a better place, diana

Heidi Eidson

From: diana lejins <dianalejins@yahoo.com>
Sent: Wednesday, September 10, 2014 5:50 PM
To: Heidi Eidson
Cc: Jeffrey Winklepleck; Amy Bodek; pat.west@longbeach.gov; Michael Mais
Subject: Fw: Re: LB CA office version of ordinance. Wow.

Please include this in the Planning Com packet Sep 18, 2014 p.s. Steve Downing is a retired LAPD Deputy Chief and Nick Morrow is a retired LAC Sheriff dl

--- On Sat, 7/12/14, Stephen Downing wrote:

- > Date: Saturday, July 12, 2014, 4:20 AM It is the narrow minded culture
- > of a corrupt city that listens to the wrong influences because the
- > wrong influences are in control. Everybody should wear a red shirt to
- > represent the blood that is spilled by this city and it's enforcement
- > arms. Clearly they do not want an ordinance in spite of the councils
- > direction. The "felony"
- > conviction prohibition flies in the face of current trends in the law
- > that "takes out the box". The result is shameful considering all of
- > the hard work you have done.
- > SMD.
- >
- > Sent from my
- > iPad
- > On Jul 11,
- > 2014, at 9:42 PM, Nick Morrow wrote:
- >
- >
- > Subject: LB CA office version of ordinance. Wow.
- >
- >
- > I did a quick run
- > through of the CA's version of the ordinance. Wow.....
- >
- >
- > CUP permits only.
- >
- >
- > Any association of 4
- > or more individuals that cultivates or sells must have CUP.
- > No garden clubs.
- >
- > Any PERSON who cultivates or distributes more than 6
- > plants can fall under this ordinance.
- >
- > Only
- > verified LB City residents may purchase MMJ.
- >

- > No Delivery Services.
- >
- >
- > All MJ to be grown in Long
- > Beach.
- >
- >
- >
- > No CO2 generators of any kind to be used in
- > cultivation.
- >
- > All plants to be accounted for.
- >
- >
- > Records of plants destroyed required. Hint at Haz Mat
- > disposal.
- >
- >
- > Any person cultivating 6 plants or more must have CUP.
- > (exception patients who have greater amounts on
- > recommendation)
- >
- >
- > Costs of inspection, enforcement (raids?) or audits
- > paid for by collectives.
- >
- >
- > No consumption of MJ on premises by anyone.
- > No advertising, even on internet. (Weedmaps?)
- >
- > No free incentives (MMJ) to patients.
- >
- > No concentrated cannabis to be sold... edibles and
- > infused products contain concentrated cannabis
- > products???
- >
- >
- > Source of all MJ must be accounted for.
- >
- >
- > No provision for corrective measures. Enforcement =
- > misdemeanor violation. Violation of law = revocation of
- > CUP.
- >
- >
- > 24 hour video access by Law Enforcement. 30 day
- > retention of all video feeds.
- >
- >
- > No regard for HIPAA protections

- >
- >
- > All sales must be accounted for and recorded. Patient
- > purchase info must be supplied to Law Enforcement if
- > requested.
- >
- >
- > No felony convictions for principals within 10 years /
- > Points off for any violation of law other than
- > traffic violations.
- >
- > Hours of operation 8am to 7pm.
- >
- >
- >
- > ARMED security guards required.
- >
- >
- >
- > Applicants to certify they will not employ any person
- > with a felony conviction.
- >
- > No consideration of fines owed the City for violations
- > under bad prior ordinance. Money still owed.
- >
- >
- > In my humble opinion, this mess is doomed to fail. I
- > wouldn't bother opening up a collective in Long Beach
- > with these restrictions. Impossible to abide by the rules
- > without perfect performance. No business can operate like
- > this.
- >
- > With this ignorant approach, Long Beach is
- > guaranteeing itself a bustling underground marijuana
- > business and absolutely no control, oversight, or tax
- > revenue being realized by the City.
- >
- >
- >
- > This is scary...
- >
- > Nick Morrow
- > Nick Morrow & Associates
- >
- > Private Investigations (CA BSIS License# PI22955)
- >
- > Court Qualified Expert Witness
- >
- > 1198 Pacific Coast Highway
- >
- > Suite D-269

ACLU OF WASHINGTON APPLAUDS SUPREME COURT DECISION UPHOLDING RIGHTS OF MEDICAL MARIJUANA PATIENTS

Sep 19, 2013

Olympia, WA

The ACLU of Washington hailed a decision by the Washington Supreme Court today recognizing the right of medical marijuana patients to raise a medical necessity defense in court. The ACLU-WA filed a friend-of-the-court brief in the case (*State v. Kurtz*) saying that the state's Medical Use of Marijuana Act did not supersede the common law medical necessity defense, and that medical marijuana patients should be able to cite both medical necessity and state law in defending themselves. A medical necessity defense is available to someone who has violated a law, but was justified in doing so because the harm being avoided is greater than the harm of violating the law.

"This ruling is an important victory for the rights of medical marijuana patients in Washington. It recognizes that the voters, lawmakers, and the courts have determined that there are legitimate medical uses for marijuana and that patients should be able to exercise their rights as needed," said Mark Cooke, ACLU of Washington Policy Counsel.

In 2010, William Kurtz was charged with manufacturing and possession of marijuana. At the trial court, Mr. Kurtz attempted to raise both a statutory defense via the state's Medical Use of Marijuana Act, as well as the longstanding common law medical necessity defense. The trial court did not allow either of these defenses to be presented, and Mr. Kurtz was found guilty.

In ruling in Mr. Kurtz's favor today, the court found that he should have been able to present evidence to support a medical necessity defense. Further, that although the Medical Use of Marijuana Act and the common law medical necessity defense at times overlap, there was never intent by the legislature to invalidate the common law and to find otherwise would "undermine the legislature's humanitarian goals."

The ACLU-WA's friend-of-the-court brief was written by cooperating attorney Shawn J. Larsen-Bright of Dorsey Whitney LLP and ACLU-WA Legal Director Sarah Dunne and Policy Counsel Mark Cooke.



Matt.Ferner@huffingtonpost.com

New Report Blasts DEA For Spending 4 Decades Obstructing Marijuana Science

Posted: 06/11/2014 6:53 pm EDT Updated: 06/11/2014 11:59 pm EDT

The Drug Enforcement Administration has been impeding and ignoring the science on marijuana and other drugs for more than four decades, according to a report released this week by the Drug Policy Alliance, a drug policy reform group, and the Multidisciplinary Association for Psychedelic Studies, a marijuana research organization.

"The DEA is a police and propaganda agency," Ethan Nadelmann, executive director of the Drug Policy Alliance, said Wednesday. "It makes no sense for it to be in charge of federal decisions involving scientific research and medical practice."

The report alleges that the DEA has repeatedly failed to act in a timely fashion when faced with petitions to reschedule marijuana. The drug is currently classified as Schedule I, which the DEA reserves for the "most dangerous" drugs with "no currently accepted medical use." Schedule I drugs, which include substances like heroin and LSD, cannot receive federal funding for research. On three separate occasions -- in 1973, 1995 and again in 2002 -- the DEA took years to make a final decision about a rescheduling petition, and in two of the cases the DEA was sued multiple times to force a decision.

The report criticizes the DEA for overruling its own officials charged with determining how illicit substances should be scheduled. It also criticizes the agency for creating a "regulatory Catch-22" by arguing there is not enough scientific evidence to support rescheduling marijuana while simultaneously impeding the research that would produce such evidence.

A spokesperson at the DEA declined to comment on the report.

The feds have long been accused of only funding marijuana research that focuses on the potential negative effects of the substance, but that trend appears to be changing.

According to The Hill, the National Institute on Drug Abuse has conducted about 30 studies to date on the potential benefits of marijuana. NIDA oversees the cultivation, production and distribution of marijuana grown for research purposes at the University of Mississippi in the only federally legal marijuana garden in the U.S. -- a process through which the only federally sanctioned marijuana studies are approved.

The joint report comes less than two weeks after the House approved three amendments taking aim at the DEA and its ability to enforce federal marijuana and hemp laws in states which have legal marijuana operations and industrial hemp programs. The medical marijuana amendment was sponsored by Rep. Dana Rohrabacher (R-Calif.).

"Nobody should be afraid of the truth," Rohrabacher said Wednesday. "There's a lot of other drugs that have harmful side effects. Is the downside of marijuana a harmful side effect? Or is there a positive side that actually does help? That needs to be proven."

The federal government's interest in marijuana certainly appears to be growing. Since 2003, it has approved more than 500 grants for marijuana-related studies, with a marked upswing in recent years, according to McClatchy. In 2003, 22 grants totaling \$6 million were approved for cannabis research. In 2012, that number had risen to 69 approved grants totaling more than \$30 million.

"The DEA has obstructed research into the medical use of marijuana for over 40 years and in the process has caused immeasurably suffering that would otherwise have been treated by low-cost, low-risk generic marijuana," Rick Doblin, executive director of the Multidisciplinary Association for Psychedelic Studies, said in a statement. "The DEA's obstruction of the FDA approval process for marijuana has -- to the DEA's dismay -- unintentionally catalyzed state-level medical marijuana reforms."

Currently, 22 states and the District of Columbia have legalized marijuana for medical use. Eight other states -- Alabama, Iowa, Kentucky, Mississippi, South Carolina, Tennessee, Utah and Wisconsin -- have legalized CBD oils, made from a non-psychoactive ingredient in marijuana frequently used to treat epilepsy, for limited medical use or for research purposes.

A number of recent studies have shown the medical potential of cannabis. Purified forms may attack some forms of aggressive cancer. Marijuana use also has been tied to better blood sugar control and may help slow the spread of HIV. One study found that legalization of the plant for medical purposes may even lead to lower suicide rates.

Nadelmann said the DEA has "demonstrated a regular pattern of abusing its discretionary powers."

"We believe this authority would be better handled by another government agency in the health realm, or even better still, by an organization that is truly independent, perhaps something that involves the National Academy of Sciences," he said. "We will be working to encourage greater congressional oversight and also to call for reforms of federal law."

DOCTORS SAY MEDICAL MARIJUANA SHOULD BE LEGAL

~~Doctors say medical marijuana should be legal:~~

The legalization of medical marijuana has more support among U.S. doctors than among consumers, a new survey found.

The survey of more than 1,500 doctors and nearly 3,000 consumers found that 69 percent of doctors said medical marijuana can help with certain conditions and treatments. Only 52 percent of consumers expressed that same belief.

Among doctors, 67 percent said they believed medical marijuana should be a treatment option for patients. Half of those doctors in states where medical marijuana isn't legal said it should be legalized, as did 52 percent of doctors in states considering such laws.

"Charlotte's Web" strain of marijuana offers hope for children with seizures

Dozens of families are moving to Colorado in search of a specialized oil they hope will save their suffering children. They're pinning their hope...

Support for medical marijuana was highest among cancer specialists (oncologists) and blood disorder specialists (hematologists). For those two groups, 82 percent said marijuana can provide real benefits to patients. The same percentage said marijuana should be a treatment option for patients, according to the WebMD/Medscape survey.

Among consumers, 50 percent said medical marijuana should be legalized nationwide, including 49 percent of those in states where it is not legal. Forty-five percent said the benefits of medical marijuana outweigh the risks.

Support for legalization of marijuana for recreational use was lower among both doctors (53 percent) and consumers (51 percent), according to the survey, titled Marijuana on Main Street.

Currently, more than 10 states are considering bills to legalize medical marijuana.

Peer-review research on the benefits of medical marijuana remains limited, the report noted.

"Despite more than 20 years of anecdotal evidence about the medicinal effects of marijuana, doctors and consumers remain in search of answers," Dr. Michael Smith, WebMD's chief medical editor, said in a company news release.

"The findings of our consumer-physician survey indicate the medical community's support for the use of marijuana as a treatment option, particularly among clinical specialties that have pioneered research," Smith said.

"Yet these survey data suggest additional studies will inform decision-makers' confidence in where medical marijuana can help and where it might not," he added.

The surveys were conducted from late February to early March.

More information

The U.S. National Institute on Drug Abuse has more on the medical use of marijuana.

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Aug 28, 2014

The Law Offices of Glew & Kim Awarded Reversal of Judgment in People v. Baniani

Court of Appeal reverses judgment, finds founder of medical marijuana cooperative entitled to defense under Medical Marijuana Program Act.

SANTA ANA, CA August 26, 2014

The California Court of Appeal has awarded the Law Offices of Glew & Kim a reversal of judgment in People v. Baniani. The landmark decision stands in support of the rights of medical marijuana patients under the Medical Marijuana Program (MMP).

"This decision is another giant step toward legitimacy for medical marijuana patients," said Attorney Christopher Glew. "It has the potential to end the prosecution of collectives that are attempting to follow the ambiguous laws."

The defendant, a founder of a medical marijuana collective, was charged with a sale of marijuana and possession of marijuana for sale. Christopher Glew, Esq, was the trial counsel in the first trial which resulted in a hung jury. During the retrial conducted by the Public Defender's office, the court determined that the defendant was not entitled to a defense under the MMP. The second jury was unable to reach a verdict on count one and found defendant guilty on count two – possession of marijuana for sale.

Attorney Christopher Glew appealed the verdict, and was awarded a reversal of judgment. The Court of Appeal 4th District, Division 3 found the defendant entitled to a defense under the MMP and determined the error in precluding the defense to be prejudicial. This holding will likely signal an end to the District Attorney's policy of attempting to preclude patients from asserting their affirmative defense in medical cases. This case follows in the lineage of Colvin and Jackson.

California Senate Bill 420, also called the Medical Marijuana Program, recognizes the right of qualified medical marijuana patients and caregivers to associate collectively or cooperatively to cultivate medical marijuana. It also was intended to protect patients and caregivers from arrest for transportation and other miscellaneous charges.

Case reference number G048535 (Super. Ct. No. 10HF1852)

CIVIL/DISABILITIES & CONSTITUTIONAL ISSUES – ACCESS TO MEDICAL MARIJUANA

CA Jesse Unruh Civil Rights Act:

"All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, or sexual orientation are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever."

4th Amendment

The **Fourth Amendment (Amendment IV)** to the United States Constitution is the part of the Bill of Rights that prohibits unreasonable searches and seizures and requires any warrant to be judicially sanctioned and supported by probable cause. It was adopted in response to the abuse of the writ of assistance, a type of general search warrant issued by the British government and a major source of tension in pre-Revolutionary America.

Under the Fourth Amendment, search and seizure (including arrest) should be limited in scope according to specific information supplied to the issuing court, usually by a law enforcement officer who has sworn by it. Fourth Amendment case law deals with three central questions: what government activities constitute "search" and "seizure"; what constitutes probable cause for these actions; and how violations of Fourth Amendment rights should be addressed. Early court decisions limited the amendment's scope to a law enforcement officer's physical intrusion onto private property, but with Katz v. United States (1967), the Supreme Court held that its protections, such as the warrant requirement, extend to the privacy of individuals as well as physical locations. Law enforcement officers need a warrant for most search and seizure activities.

The Fourth Amendment typically requires "a neutral and detached authority interposed between the police and the public," and it is offended by "general warrants" and laws that allows searches to be conducted "indiscriminately and without regard to their connection with [a] crime under investigation.",^[31] for the "basic purpose of the Fourth Amendment, which is enforceable against the States through the Fourteenth, through its prohibition of "unreasonable" searches and seizures is to safeguard the privacy and security of individuals against arbitrary invasions by governmental officials."

14th Amendment

The **Fourteenth Amendment (Amendment XIV)** to the United States Constitution was adopted on July 9, 1868, as one of the Reconstruction Amendments. The amendment addresses citizenship rights and equal protection of the laws, and was proposed in response to issues related to former slaves following the American Civil War. – Wikipedia

Section 1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

The Court has also ruled that the Due Process Clause requires judges to recuse themselves in cases where the judge has a conflict of interest. For example, in Caperton v. A.T. Massey Coal Co. (2009),^[99] the Court ruled that a justice of the Supreme Court of Appeals of West Virginia had to recuse himself from a case involving a major contributor to his campaign for election to that court.

*In the same vein, a City Attorney who has shown himself to be prejudicial towards an issue should recuse himself from input on that concern.

Hemp Seed-Eating Village in China Holds Oldest, Healthiest People in the World

by Christina Sarich

Updated 07/22/2014

While there is a man in Bolivia said to be the oldest living person in the world, at 123 years of age, a village in China is boasting ages far older than the global average, and few suffer from any health problems. Scientists believe the secret is in their diet, which actually includes lots of hempseed.

It also helps that the water and air in Bama Yao, China are exceptionally clean, and that their food contains noticeably less fat, animal proteins, salt, and sugar than let's say, the standard American diet. But according to some experts, the villagers' consumption of a superfood high in essential fatty acids (omega 3 and 6) is also part of the reason they live so long. **Their primary source of receiving these fatty acids is through a diet rich in hempseed.**

Life expectancy in Bama Yao is well over 100 years for its inhabitants, one of only five places on the planet where people can expect to live so healthfully for so long. Centenarian hot spots, called 'blue zones,' include Sardinia, Italy, Okinawa just off Japan, and Nicoya Peninsula in Costa Rica. Among these rare places, there is a commonality of lifestyle habits: they eat a plant-based diet, often with several super foods, invest heavily in family, get moderate exercise daily, and have a sense of faith and purpose in their lives.

It is well known that plant sterols and antioxidants can help reduce the risk of many cancers including breast and colon cancer, as well as control sugar levels in diabetics. Omega 3 and 6 fatty acids found in hemp seed are also full of plant-based protein, vitamins A, E, and D, and many B vitamins – all important antioxidants that help eliminate free radicals in the body.

Read: Cannabinoids in Hemp Protect Brain from Oxygen Starvation

Hemp seed is also rich in calcium, dietary fiber, and iron. The high amount of soluble fiber in hemp seed helps to prevent over-eating since it makes you feel full, longer, and it can help keep the digestive system healthy.

Furthermore, omega 3 and 6 ratios that are in balance also contribute to a healthy brain as we age. Omega 6 polyunsaturated fats are used by the body to make certain hormones and signaling molecules. Roughly speaking, the omega 6's are the precursors for many of the molecules that make up our body's inflammatory response. As an example – the omega 6 linoleic acid is a precursor for many molecules, among them the prostaglandins that the enzymes COX-1 and COX-2 work on. But these must be balanced with Omega 3s or we have some highly inflammatory chemicals running rampant in our body.

In hemp seed oil, the ratio of omega-6 to omega-3 is about 3:1. This favorable ratio helps to compensate, at least partially, for the general over-consumption of omega-6 fatty acids in the typical American diet, and likely leads to the overall anti-inflammatory health benefits that villagers in Bama Yao enjoy.

Read more: <http://naturalsociety.com/hemp-seed-eating-village-china-home-oldest-healthiest-people-world/#ixzz39qUzjXn7>

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Sep 2, 2014

Is Legal Marijuana Making the Streets Safer? It Appears So.....

One of the biggest talking points for groups opposed to legal marijuana is that it would make our cities more dangerous, but that doesn't seem to be the case. Legalization has taken this drug from the black market and turned it into a product safely sold in retail environments.

But what about all those people going out and buying marijuana for teens?

Wouldn't you know it, in Colorado, the number of teens using marijuana has decreased even though their perception of the plant is that it isn't particularly dangerous. One in five teens claim to have used marijuana at least once a month, down 2% from 2010. The number of teens who claim to have tried the drug even once dropped 2% from 2013 as well.

Okay fine, but what about all those Coloradoans toking up then getting behind the wheel?

This is one we see in the mainstream media all the time. They're trying to shift the narrative that people are getting baked off their asses and driving around. There's simply little data to back up that there's been a significant increase in that kind of activity. Is it a concern worth having? Yes. But traffic data from Colorado shows that traffic fatalities have declined since legalization. There won't ever be anything that links safer roads to legal marijuana, but the data is there and it's showing an improvement. Some experts believe that people may be substituting marijuana for drinking, but the jury is out on that one.

So marijuana isn't particularly dangerous?

Not really, no. Legal marijuana doesn't seem to be changing behaviors, and if they smoked before, they still do. Legal marijuana gives Coloradoans the opportunity to safely buy the plant, contribute to local schools, and make the whole thing a lot less sketchy. Seems like a good deal to me.

Read more at <http://higherperspective.com/2014/09/marijuana-making-streets-safer.html#JkDGXJeeF5200yYB.99>

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July 22, 2014

VIA E-MAIL ONLY

Hon. Rex Richardson
Long Beach City Councilman
Eighth District
333 W. Ocean Blvd., 14th Floor
Long Beach, CA 90802

Re: Review of Proposed Medical Marijuana Ordinances
[PROPOSED] LBMC Chapter 5.91

Dear Councilman Richardson:

Thank you for meeting with Sergio Sandoval and Larry King. As you likely know, I was a candidate for City Attorney in the primary election held April 8, 2014. I also represent seriously ill and disabled patients who have, in the past, been members of Long Beach Medical Marijuana Collectives. Those collectives are now closed.

During the recent election, Mr. Parkin made clear his job is not to set policy, but rather to act as a legal adviser. To wit, during the election, at one of the various forums, Mr. Parkin was asked about the City's underfunded pension issue. According to James Johnson, former 7th District Councilman and one of the candidates for City Attorney, Mr. Parkin gained hundreds of thousands of dollars in pension value. Mr. Parkin's response was that it is not the City Attorney's job to set policy – that the council sets policy and he simply determines whether something is legal or not. In the case of the pension issue, he said it was legal, so that determination is where the City Attorney's job ended.

Despite saying this during the campaign, Mr. Parkin has insisted on putting forward a proposed medical marijuana ordinance rife with problems. He's done this even though City staff has been presented with and responded positively to an ordinance prepared by the Long Beach Medical Marijuana Ordinance Task Force – an ordinance that is far less susceptible to legal attack. Indeed, that task force, established pursuant to the City Council's vote in December to re-regulate medical marijuana, includes as members a former L.A. County Deputy Sheriff and a former Deputy Los Angeles City Attorney.

COMPELLED INCRIMINATION

Although the federal position has changed after my office won several federal forfeiture cases last October, there is still a conflict between state medical marijuana law and federal law. In order for the difference between the laws of the two sovereigns to result in potential issues, the state and federal provisions must positively conflict with each other. One of the biggest problems with Mr. Parkin's ordinance is *compelled incrimination*. People cannot be compelled to incriminate themselves under the Fifth Amendment to the Constitution. Since any marijuana activity is currently illegal under federal law despite the changing position of Congress as well as the Executive Branch, laws that require reporting of who is engaged in marijuana activities, names of patients and video recording of those activities indeed force, by a government entity, people to incriminate themselves. The City Attorney's ordinance includes a host of provisions that are subject to legal attack:

"The ordinance also includes record-keeping provisions as a condition of obtaining a permit. (Long Beach Mun. Code, ch. 5.87, § 5.87.040, subd. S.) Other record-keeping provisions appear unconnected to the permit requirement. (Long Beach Mun. Code, ch. 5.87, § 5.87.060.) Although we requested briefing on the issue of whether the record-keeping provisions violated the Fifth Amendment privilege against self-incrimination, the trial court will first have to determine, as a preliminary matter, whether each of the comprehensive record-keeping provisions can stand in the absence of the permit provisions." (Pack v. Superior Court [City of Long Beach, Real Party in Interest] (2011) slip opinion at p. 35, fn. 35.)

That quote is from *Pack v. Superior Court (City of Long Beach, Real Party in Interest)* (2011) slip opinion. Although *Pack* was de-published when it was taken-up by the California Supreme Court, it is still valid in terms of the City of Long Beach through the rule of law of the case following remittitur by the Appellate Court back in 2012. Please note that the Appellate Court, in the highlighted sentence, "requested briefing on the issue of whether the record-keeping provisions violated the Fifth Amendment privilege against self-incrimination." Including such provisions in the new ordinance is doing the same thing over again and expecting a different result – it is asking for protracted litigation that will cost taxpayers thousands, if not millions, of dollars. There's no need to expose taxpayers to such potential liability because the Task Force ordinance does not include such provisions yet still provides strong regulation of collectives.

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PERMITTING

Perhaps the best way to demonstrate why the Conditional Use Permit system is likely invalid is to quote directly from the Second District California Court of Appeal in its *Pack* opinion:

“The City’s ordinance, however, goes beyond decriminalization into authorization. Upon payment of a fee, and successful participation in a lottery, it provides permits to operate medical marijuana collectives ... **In other words, the City determines which collectives are permissible and which collectives are not, and collects fees as a condition of continued operation by the permitted collectives.** A law which “authorizes [individuals] to engage in conduct that the federal Act forbids . . . ‘stands as an obstacle to the accomplishment and execution of the full purposes and objectives of Congress’” and is therefore preempted. (*Michigan Canners and Freezers Association, Inc. v. Agricultural Marketing and Bargaining Board* (1984) 467 U.S. 461, 478.)” (*Pack* at

I’ve highlighted a sentence from the opinion – *In other words, the City determines which collectives are permissible and which collectives are not, and collects fees as a condition of continued operation by the permitted collectives.* The Court then went on to strike the permitting and lottery parts of the ordinance.

Although the permit at issue in *Pack* was called a “Medical Marijuana Collective Permit,” disguising the same thing as a *Conditional Use Permit* does not vitiate the original problem – the City “determines which collectives are permissible and which collectives are not, and collects fees as a condition of continued operation by the permitted collectives.” It is the same thing with the name changed. The problem remains in the City Attorney’s ordinance. They have simply reworded the same thing thereby exposing taxpayers.

The Long Beach Medical Marijuana Task Force proposed ordinance does **not** issue a permit. It provides for a general business license. The general business license is for revenue purposes only – it is not regulatory. Every business in Long Beach must have a business license, including certain non-profit charitable organizations that still must obtain business licenses, but that are not subject to the same business license fee every other business must pay. There is no collection of extra fees paid for approval.

“The City has created a system by which: (1) of all collectives which follow its rules, only those which pay a substantial fee may be considered for a permit; and (2) of all those which follow its rules and pay the substantial fee, only a randomly selected few will be granted the right to operate. **The conclusion is inescapable:**

the City's permits are more than simply an easy way to identify those collectives against whom the City has chosen not to enforce its prohibition against collectives; the permits instead authorize the operation of collectives by those which hold them. As such, the permit provisions, including the substantial application fees and renewal fees, and the lottery system, are federally preempted.” (Pack at p. 33.)

The Long Beach Medical Marijuana Task Force proposed ordinance includes additional restrictions – substantial restrictions. However, rather than using a **permit** system (*i.e.* the conditional use permit system provided in the City Attorney's proposed ordinance), the Task Force's ordinance uses general business licenses that every business must have as **“simply an easy way to identify those collectives against whom the City has chosen not to enforce its prohibition.”** Unlike the City Attorney's proposed ordinance, those restrictions –restrictions that are substantial – are not tied to a permitting system:

“However, we make the following observations: **Several provisions of the City's ordinance simply identify prohibited conduct without regard to the issuance of permits.** For example, the ordinance includes provisions (1) prohibiting a medical marijuana collective from providing medical marijuana to its members between the hours of 8:00 p.m. and 10:00 a.m. (Long Beach Mun. Code, ch. 5.87, § 5.87.090 at subd. H); (2) prohibiting a person under the age of 18 from being on the premises of a medical marijuana collective unless that person is a qualified patient accompanied by his or her physician, parent or guardian (*id.* at subd. I); and (3) prohibiting the collective from permitting the consumption of alcohol on the property or in its parking area (*id.* at subd. K). **These provisions impose further limitations on medical marijuana collectives beyond those imposed under the MMPA, and do not, in any way, permit or authorize activity prohibited by the federal CSA.”** (Pack at p. 34.)

PUNITIVE MEASURES

The City Attorney's office wrote and submitted LBMC Chapter 5.87 in 2009 and 2010. The permitting and lottery parts of that ordinance were stricken and then the City Attorney demanded the Council impose a ban. Former council members who voted for the hastily passed ban, including then 7th District Councilman James Johnson, said they were provided with “bad legal advice” when they approved the 5.89 prohibition of all collectives. Before 5.87 was even enacted, former Councilwoman Reyes-Uranga called the law “pretty much a sham.”

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People invested hundreds of thousands of dollars based on their belief the City Attorney had provided an effective law. They spend millions on improvements and permits – all to comply with a law that was not properly drafted. Now, the City Attorney is presenting an ordinance that is replete with the same problems that plagued the original 5.87 law. It does not appear the City Attorney has recently read the *Pack* opinion even though that decision is still in effect in Long Beach. More importantly, the new ordinance seeks to penalize people that have provided medical marijuana to patients. Not only was the law in flux in Long Beach, it was in flux throughout California – it is still, to a lesser degree, undergoing changes. The point system included in the City Attorney's proposed law imposes penalties against people who operated during what was, for all intents and purposes, a "hurricane" of legal changes happening statewide. It makes absolutely no sense to penalize people who believed they were complying with the law. Moreover, there were many people who continued to operate collectives following a host of appellate court decisions holding cities could not ban patient collectives. In one opinion issued in the summer of 2012 – *AMCC v. County of Los Angeles* – the Second District held bans of medical marijuana collectives were invalid under state law. That was later reversed by the state Supreme Court in May, 2013 when the decision in *City of Riverside v. Inland Empire Health and Wellness* was handed-down, but reliance on the *AMCC* opinion and decisions to continue to operate by collectives in light of seven or eight different opinions out there before *Riverside* should not result in the punitive measures included in the new ordinance proposed by the City Attorney. Instead, the people who were operating should have past penalties, convictions and fines removed. Cases under the older laws should be dismissed and the City should move forward – not penalize people in an area that was so "upside-down" nobody knew which way it would end up.

Apparently, it was suggested that the City will need to hold another "lottery" for medical marijuana collectives. Again, it does not appear the City Attorney has even looked at the *Pack* opinion. The quotes I've provided in this letter show the big problem with the lottery system. It is important to remember that the *Pack* decision was not *reversed* -- review was dismissed because 5.87 had been repealed and the issue became moot for purposes of appellate review. When the case returned to the appellate court, while it remains de-published outside of Long Beach, the decision still applies here in our city. At the very least, the new ordinance proposed by the City Attorney should have been vetted to ensure it would not violate *Pack*. Not only vetted in regard to the holding in *Pack*, but also potential issues – like the *compelled incrimination* issue the appellate court took very seriously and ordered briefing on while the case was pending before it.

The ordinance proposed by the City Attorney is extremely susceptible to legal attack. It violates the holding in *Pack* which is still a case in-force in Long Beach. It

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July 22, 2014
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exposes taxpayers to substantial financial risk and utterly certain legal costs and expenses that will amount to hundreds of thousands if not millions of dollars. On the other hand, the ordinance proposed by the Medical Marijuana Ordinance Task Force is well designed and thoughtfully accounts for the issues that came up in *Pack*. It reduces the exposure of taxpayers while providing significant restrictions. If enacted, it will be considered – along with the mechanism of using a Task Force – the best way for other cities to create legislation. It will demonstrate leadership by Long Beach – the leadership the City should be providing for other cities and counties throughout California.

When speaking on the issue of pensions, Mr. Parkin said the City Attorney's office does not set policy. Rather, it determines whether something is legal or illegal. It follows that Mr. Parkin's job here is to evaluate whether the Long Beach Medical Marijuana Ordinance Task Force's ordinance is valid. The City Council voted to create the Task Force. The Task Force has done its job and provided a strong and thoughtful law. The City Attorney's job is to evaluate that ordinance in terms of its legality. That is what Mr. Parkin said his job was during the recent campaign. The Medical Marijuana Ordinance Task Force proposed law is less susceptible to attack, well designed and was researched, prepared and drafted by an experienced group of citizens, including a former Deputy Los Angeles City Attorney and Deputy Sheriff. It reduces potential taxpayer exposure and provides a law that is much more stable for medical marijuana patients and for all Long beach citizens.

Per your request, I have included five points on the following page that focus on the deficiencies in the City Attorney's office's proposed measure.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew S. Pappas", with a stylized flourish at the end.

Matthew S. Pappas

MSP:jm

encl.

FIVE MAJOR POINTS RE: MED CANNABIS ORDINANCE

1. THE CITY ATTORNEY'S OFFICE'S ORDINANCE FORCES PEOPLE TO INCRIMINATE THEMSELVES UNDER FEDERAL LAW AND IS THEREFORE GOING TO COST THE CITY THOUSANDS, IF NOT MILLIONS, IN LITIGATION EXPENSES. SUCH PROVISIONS ARE NOT NECESSARY AND CAN BE ACCOMPLISHED THROUGH THE EXTERNAL REGULATORY/INSPECTION PROCESS INCLUDED IN THE TASK FORCE ORDINANCE;
2. THE CITY ATTORNEY'S OFFICE'S ORDINANCE REQUIRES A PERMIT - SIMILAR TO THE PERMIT STICKEN IN THE *PACK* CASE - AND BASES APPROVAL ON THE SAME THINGS THE *PACK* COURT SAID THE CITY COULD NOT. THE TASK FORCE ORDINANCE DOES NOT VIOLATE *PACK* AND USES AS A SIMPLE METHOD TO IDENTIFY PROPER COLLECTIVES THE BUSINESS LICENSE SYSTEM USED BY ALL BUSINESSES THAT IS REVENUE NEUTRAL REGARDING MARIJUANA;
3. THE CITY ATTORNEY'S ORDINANCE PUNISHES THOSE PEOPLE WHO HAVE WORKED HARD FOR PATIENTS OVER THE YEARS BY PUTTING A POINT SYSTEM IN-PLACE THAT PUNISHES PEOPLE WHO, OVER THE YEARS MEDICAL MARIJUANA LAW WAS IN SUCH GREAT FLUX, OPERATED IN LONG BEACH.
4. THE CITY ATTORNEY'S ORDINANCE LEAVES IN-PLACE THE MASSIVE FINES AND LIENS ON PROPERTIES THAT HAVE HARMED SO MANY PATIENTS AND LED TO, FOR EXAMPLE, MICHAEL TART BEING ATTACKED BY POLICE AND THE ATTACK ON DORIAN BROOKS. THESE CONVICTIONS THAT REPRESENT THE FORMER CITY ATTORNEY'S ANTI-MARIJUANA VIEWS - EVEN AFTER COUNCIL PEOPLE REFERRED TO HIS ADVICE ON THE BAN AS "BAD ADVICE" - SHOULD NOT BE LEFT STANDING AND HINDERING PEOPLE ON THEIR RECORDS - ESPECIALLY IN LIGHT OF THE CHANGING MARIJUANA LAWS STATE-WIDE.
5. THE CITY ATTORNEY'S ORDINANCE PLACES COLLECTIVES IN INDUSTRIAL AREAS AND SEVERELY LIMITS ACCESS. MARIJUANA IS ONLY FOR PATIENTS IN CALIFORNIA AND THE LAWS SHOULD NOT BE DISCRIMINATORY. CITIES CANNOT BAN OR LIMIT MEDICAL CLINICS, PHARMACIES OR METHADONE CLINICS USED ONLY BY PATIENTS AND DISABLED PEOPLE.

Medical Marijuana Frees People From Painkiller Addiction

Patients Speak: Medical Marijuana Frees People From addiction to Deadly Painkillers

Jessica Corry and Robert J. Corry, Jr., The Huffington Post Sep 10, 2014

On Wednesday, dozens of former addicts made the tough decision to share their stories publicly, doing so before news cameras and a standing-room only crowd.

The admissions were not without irony. It was, after all, a federally prohibited drug, according to the patients who spoke, that freed them from their addictions to far more lethal -- though legal -- prescription narcotics.

Under the Colorado Capitol's golden dome, dozens of patients gathered for a state Senate committee hearing, eager to give their two cents on the controversy at hand: How to regulate the doctor-patient relationship when it comes to physicians making medical marijuana recommendations.

After hearing testimony, committee members voted as most anticipated they would, injecting significant and potentially unconstitutional government mandates into doctor-patient relationships previously viewed as sacred to many of the state's sick and dying.

Only conservative Republican Shawn Mitchell of Broomfield voted against the bill, understanding that although he may have concerns with medical marijuana's inclusion in our state constitution, lawmakers are sworn to uphold that constitution, even those portions with which they disagree.

The legislative action sadly reflects an overly emotional response to salacious headlines chronicling the alleged abuses by just a handful of the nearly 1,000 doctors who have issued medical marijuana recommendations.

Their offense: they let greed trump patient health, and now stand accused of being far too flippanant in making medical marijuana recommendations.

Troubling, yes. But as patient after patient testified Tuesday, any possible abuses of the state's medical marijuana registry (now host to more than 20,000 patients) should be analyzed under a larger public health care perspective.

As they told lawmakers, some through tears, medical marijuana has freed them from the agony of addiction resulting not from marijuana, but rather from the dangerous narcotic pain medications they had previously resorted to in an effort to curb their chronic and often progressive symptoms.

The message was clear: Marijuana use--which has put millions of Americans behind bars over the last seven decades--is now freeing Colorado's sick and dying from their addictions to xycontin, vicodin, morphine, and a multitude of other prescription drugs incredibly dangerous, addictive, and destructive when taken over long periods of time.

Legislators should listen.

In Colorado, prescription drug overdoses are now the leading killer in our state. As we've written previously for this site, such drugs now kill more Coloradans than car accidents every year. Meanwhile, marijuana has never been independently linked to an overdose death. Not a single one.

Tuesday's testimony was compelling, with its honesty and humility too real to be some paid construction of the lobbyists who sprinkled the crowd. Lawmakers heard from a former college football star now in his 60's, a man who now suffers the excruciating effects of decades-old injuries and the surgeries that failed to make him whole.

Without medical marijuana, he testified, he'd have no other option than to pop prescription pain pills by the handful. Another wheelchair-confined patient also spoke of how medical marijuana has freed him of his own long-term prescription addiction.

His voice wavered as he talked tenderly of his late wife, who died seven years ago from liver failure resulting from overdosing on Tylenol PM.

Bill sponsor, Chris Romer, a well intentioned Denver Democrat, proudly proclaimed that "this is the beginning of the end of the wild west," his bill could usher in a whole new set of problems. On Wednesday, he showed a growing willingness to accept amendments that removed some of the bill's most controversial provisions.

Still, while it's true that Colorado's medical marijuana industry has thus far outpaced efforts to usher in its regulation, his

bill still raises issues that could result in unintended consequences extending far beyond the relationships between medical marijuana patients and their doctors.

Ultimately, one of the bill's most troubling mandates is also its most ironic. The language would prohibit any doctor who has ever had his or her Drug Enforcement Agency Schedule I prescribing license suspended—even for a day or even 30 years ago—from making medical marijuana recommendations to Colorado patients.

Meanwhile, while the bill relies on this federal DEA standard to define professional competence, it then ignores the fact under the DEA's own rules, doctors who recommend medical marijuana are subjected to having this same Schedule I license yanked.

The bill also subjects doctors making medical marijuana recommendations to a new system that could very quickly result in a two-tiered witch hunt, empowering not only the Board of Medical Examiners to revoke a physician's medical license in its entirety for medical marijuana-related offenses, but also granting the state Health Department the ability to revoke any physician's right to advise patients on medical marijuana.

Doctors, already looking over their shoulder when making recommendations, will now have even more to fear.

For many indigent patients in the room Wednesday, cost was the biggest issue on their minds.

One disabled veteran testified that the new changes could make getting his medical marijuana recommendation prohibitively expensive. Under current federal Veteran's Administration policy, doctors are prevented from recommending medical marijuana entirely. As the vet noted, his only source of medical care comes from the VA, meaning he'd have to go elsewhere.

A doctor recommendation and follow up care could now cost him hundreds of dollars annually due to one bill provision that prohibits dispensaries from reimbursing doctors for making recommendations.

In absence of financial assistance for such required examinations, the vet would be forced to explore one of two options, neither desirable. He could either obtain his medical marijuana from the black market where physician recommendations are not required, or he could return to prescription narcotics to treat his horrific symptoms.

For years, legislators have turned a blind eye as doctors have too freely prescribed narcotic painkillers without adequately assessing patient necessity, or in many cases, without even speaking with a patient in-person before writing a prescription.

But this was only a passing thought Wednesday to too many of the bill's supporters. Law enforcement officials claimed that lawmakers have a duty to prevent illegitimate abuses of medical marijuana. Even if this obligation is presumed true, however, fighting medical marijuana abuse should be far down the public policy priority list from addressing the scourge of other, far more harmful drugs, including prescription pain killers and alcohol.

A proper regulatory scheme would acknowledge the real issues facing patients and caregivers today, including the lack of assurances of medicinal quality and consistency some face when selecting medicine. (Click here to see our analysis of SB 109, including our support for several of the bill's provisions, and suggestions concerning others).

As Senate Bill 109 now prepares to make its journey through the Capitol, we hope legislators will resist rubberstamping Tuesday's emotional response to a perceived problem. While it's true that a handful of the nearly 1,000 doctors who have made medical marijuana recommendations thus far are accused of abusing the process, this legislation would remove time-tested protections to the doctor-patient relationship that would not only hurt patients, but could also begin the erosion of confidentiality between a far larger population of sick people and their doctors.

For centuries, doctors have committed to uphold the Hippocratic oath, pledging to "first, do no harm." In the aftermath of Tuesday's committee bill passage, lawmakers should consider taking their own oath.

Listen. Get the facts. Then make the prescription. Don't let emotion cloud the truths revealed through the testimony of Colorado's real experts—the patients and doctors themselves—who have resoundingly demonstrated that medical marijuana is one of the greatest tools we have in the essential fight against prescription drug addiction.

Ambien Cited in Impaired-Driver Cases The prescription sleep aid Ambien has become a leading culprit in impaired-driving cases nationally, including a number of incidents where users drove off in their cars without ever waking up, the...

Legal Pot Too Costly

- Juliette Fairley
- Sep 10, 2014

NEW YORK (*MainStreet*) — Low-income smokers may still prefer to purchase marijuana on the street even if marijuana were legalized across the country. That's because of the hefty taxes attached to cannabis that's sold in legal states.

"Legal marijuana is more expensive and excludes lower-income populations that are disproportionately African-American and Latino, leading them to turn to less safe marijuana available on the illegal market," said Nazgol Ghandnoosh, research analyst at The Sentencing Project.

Although legal when purchased from a licensed dispensary, pot purchased on the street and consumed could be a health hazard.

"It's not just private interest but also the state that has created a formal system to tax," Ghandnoosh told *MainStreet*. "It has implemented testing to make sure legal marijuana doesn't have mold, for example."

If there's a higher amount of illicit marijuana having mold that's weeded out in the formal system, then those drugs may be safer to ingest.

"There's a quality and safety concern," said Ghandnoosh. "The kind of testing that's being done on marijuana that's legal make it safer than what low income smokers may have access to on the illegal market."

In Washington state, an excise tax of 25% is imposed on each licensed retail sale of recreational marijuana or marijuana infused product.

"This tax constitutes part of the total retail price and is in addition to all state and local sales and use taxes," said Carol Kokinis-Graves, an attorney and senior state tax analyst with Wolters Kluwer.

Marijuana Compound May Slow, Halt Progression Of Alzheimer's

AUGUST 28, 2014 BY MJ NEWS NETWORK

Neuroscientists found that extremely low doses of a compound found in marijuana may slow or halt the progression of Alzheimer's disease.

A study published in the Journal of Alzheimer's Disease reported that neuroscientists using a cellular model of Alzheimer's found low doses of delta-9-tetrahydrocannabinol (THC) reduced the production of amyloid beta, and prevented abnormal accumulation, which is one of the early signs of the memory-loss disease.

"Decreased levels of amyloid beta means less aggregation, which may protect against the progression of Alzheimer's disease. Since THC is a natural and relatively safe amyloid inhibitor, THC or its analogs may help us develop an effective treatment in the future," said lead author Chuanhai Cao, a neuroscientist and PhD at the Byrd Alzheimer's Institute and the University of South Florida College of Pharmacy.

Neuroscientists also found THC enhanced mitochondrial function which is needed to supply energy, transmit signals and maintain a healthy brain.

"THC is known to be a potent antioxidant with neuroprotective properties, but this is the first report that the compound directly affects Alzheimer's pathology by decreasing amyloid beta levels, inhibiting its aggregation, and enhancing mitochondrial function," Cao said.

The research noted that the therapeutic benefits of THC at low doses appear greater than the associated risks of toxicity and memory impairment.

"Are we advocating that people use illicit drugs to prevent the disease? No," study co-author Neel Nabar said. "However, these findings may lead to the development of related compounds that are safe, legal, and useful in the treatment of Alzheimer's disease."

As many as 5 million Americans suffer from Alzheimer's disease, with the numbers projected to reach 14 million by 2050, according to the Centers for Disease Control and Prevention (CDC).

Source: <http://www.foxnews.com>



Marijuana Battle

New York: Advocates Mourn Death of Child at Center of Medical

Submitted by steve elliott on Wed, 07/23/2014

Death Fuels Demand for Emergency Access to Medical Marijuana for Critically Ill Patients in New York

Anna Conte, a nine-year-old from Orchard Park, New York, who died last week after falling into a coma following a severe seizure, was laid to rest on Wednesday. Anna suffered from Dravet syndrome, a life-threatening seizure disorder that has been treated with medical marijuana in states where it is legal. Medical marijuana has dramatically reduced the number of seizures in many children with similar seizure disorders.

In an effort to help their daughter, the Conte family joined the successful fight to pass a medical marijuana bill in New York. The Contes travelled repeatedly to Albany, persuading several powerful New York senators to support the bill and generating thousands of phone calls and emails to Albany leadership. Advocates around the state came to know and love Anna and her family and admire their selfless advocacy which was always accompanied with a sense of humor.

Tragically, Anna Conte did not live long enough to benefit from the law that her family helped pass. Governor Cuomo, who signed the bill into law just days before Anna's passing, has said that it will take 18 months or longer for New York to implement the law and develop the full medical marijuana patient access system.

Families and advocates are urgently calling upon Governor Cuomo to take immediate action establishing expedited access to medical marijuana for those patients and families, like the Conte's, who cannot wait until the full system is up and running. "After nine years of fighting, her little body just had enough," said Anna's mom, Wendy Conte, reports the *Buffalo News*. "She did more in her nine years than what many people do in a lifetime."

"We are deeply saddened by the death of Anna Conte and two other New York children with severe seizure disorders who have died since New York's medical marijuana bill was signed into law," said Julie Netherland of the Drug Policy Alliance (DPA). "Anna and her family played a central role in passing New York's medical marijuana law."

"Our hearts go out to the Conte's and the other patients and families during this time of tragedy," Netherland said. "Part of Anna's legacy is having changed history to benefit thousands of seriously ill New Yorkers."

"These deaths have made even clearer what we already knew — the 18-month or longer timeline for implementing New York's recently passed medical marijuana law is simply too long for some patients who face life-threatening or terminal illnesses," Netherland said. "These patients and their caregivers, including the parents of children with severe seizure disorders, have been at the forefront of the fight to create safe and legal access to medical marijuana. In fact, at the bill signing ceremony, Governor Cuomo stood with a young girl who suffers from Dravet Syndrome, the same life-threatening seizure disorder that tragically took Anna Conte's life."

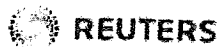
"Unfortunately, several more children are likely to die waiting for New York to implement its medical marijuana program," Netherland said. "While not all of these deaths can be prevented by medical marijuana, we have a moral obligation to make this medicine available as soon as possible."

"Because implementation of the full medical marijuana patient access system will take 18 months, Governor Cuomo and leaders in Albany must work swiftly to establish a temporary emergency program for expediting access to medical marijuana for those with life-threatening or terminal illnesses," Netherland said. "By establishing a temporary, interim emergency access program, patients with life-threatening or terminal illnesses won't have to wait 18 months or longer for the full system to come online."

"We can immediately save lives and ease suffering at the end of life by establishing emergency, expedited access," Netherland said. "New York cannot stand by while more people die needlessly."

Photo of mother Wendy Conte and daughter Amy, then 8: *Buffalo News*

Prescription painkiller deaths fall in medical marijuana states



• Aug 25, 2014

By Kathryn Doyle

NEW YORK (Reuters Health) – Researchers aren't sure why, but in the 23 U.S. states where medical marijuana has been legalized, deaths from opioid overdoses have decreased by almost 25 percent, according to a new analysis.

"Most of the discussion on medical marijuana has been about its effect on individuals in terms of reducing pain or other symptoms," said lead author Dr. Marcus Bachhuber in an email to Reuters Health. "The unique contribution of our study is the finding that medical marijuana laws and policies may have a broader impact on public health."

California, Oregon and Washington first legalized medical marijuana before 1999, with 10 more following suit between then and 2010, the time period of the analysis. Another 10 states and Washington, D.C. adopted similar laws since 2010.

For the study, Bachhuber, of the Philadelphia Veterans Affairs Medical Center and the University of Pennsylvania, and his colleagues used state-level death certificate data for all 50 states between 1999 and 2010.

In states with a medical marijuana law, overdose deaths from opioids like morphine, oxycodone and heroin decreased by an average of 20 percent after one year, 25 percent by two years and up to 33 percent by years five and six compared to what would have been expected, according to results in JAMA Internal Medicine.

Meanwhile, opioid overdose deaths across the country increased dramatically, from 4,030 in 1999 to 16,651 in 2010, according to the Centers for Disease Control and Prevention (CDC). Three of every four of those deaths involved prescription pain medications.

Of those who die from prescription opioid overdoses, 60 percent have a legitimate prescription from a single doctor, the CDC also reports.

Medical marijuana, where legal, is most often approved for treating pain conditions, making it an option in addition to or instead of prescription painkillers, Bachhuber and his coauthors wrote.

In Colorado, where recreational growth, possession and consumption of pot has been legal since 2012 and a buzzing industry for the first half of 2014, use among teens seems not to have increased (see Reuters story of July 29, 2014 here: <http://reut.rs/1o040NI>).

Medical marijuana laws seem to be linked with higher rates of marijuana use among adults, Bachhuber said, but results are mixed for teens.

But the full scope of risks, and benefits, of medical marijuana is still unknown, he said.

"I think medical providers struggle in figuring out what conditions medical marijuana could be used for, who would benefit from it, how effective it is and who might have side effects; some doctors would even say there is no scientifically proven, valid, medical use of marijuana," Bachhuber said. "More studies about the risks and benefits of medical marijuana are needed to help guide us in clinical practice."

Marie J. Hayes of the University of Maine in Orno co-wrote an accompanying commentary in the journal.

"Generally healthcare providers feel very strongly that medical marijuana may not be the way to go," she told Reuters Health. "There is the risk of smoke, the worry about whether that is carcinogenic but people so far haven't been able to prove that."

There may be a risk that legal medical marijuana will make the drug more accessible for kids and smoking may impair driving or carry other risks, she said.

"But we're already developing Oxycontin and Vicodin and teens are getting their hands on it," she said.

If legalizing medical marijuana does help tackle the problem of painkiller deaths, that will be very significant, she said.

"Because opioid mortality is such a tremendously significant health crisis now, we have to do something and figure out what's going on," Hayes said.

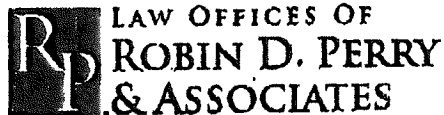
The efforts states currently make to combat these deaths, like prescription monitoring programs, have been relatively ineffectual, she said.

"Everything we're doing is having no effect, except for in the states that have implemented medical marijuana laws," Hayes said.

People who overdose on opioids likely became addicted to it and are also battling other psychological problems, she said. Marijuana, which is not itself without risks, is arguably less addictive and almost impossible to overdose on compared to opioids, Hayes said.

Adults consuming marijuana don't show up in the emergency room with an overdose, she said. "But," she added, "we don't put it in Rite Aid because we're confused by it as a society."

SOURCE: <http://bit.ly/1pYZf8d> JAMA Internal Medicine, August 25, 2014



September 16, 2014

Facsimile to (562) 570-6205 Confirmed By U.S. Mail

Amy Bodeck
LONG BEACH DEVELOPMENT SERVICES
333 West Ocean, 3rd Floor
Long Beach, California 90802

Re: Proposed Ordinance Relating to Medical Marijuana

Dear Ms. Bodeck:

It was a pleasure to meet you yesterday. I appreciate the opportunity to work with you.

Long Beach Collective Association proposes changes to the proposed ordinance as follows:

Paragraph 21XX.020:

Paragraph 21XX.020 U currently provides:

U. "Violation of Any Law" means a plea or finding of a violation of any law in a criminal, civil, or administrative proceeding, whether part of a plea agreement, settlement agreement, or determination by an arbitrator, hearing officer, court or jury."

Instead we propose the following language.

U. "Violation of Any Law" means a conviction or finding of a violation of any law in a criminal, civil, or administrative proceeding, whether by way of judgment, civil or administrative settlement agreement, or determination by an arbitrator, hearing officer, court or jury." Violation of any law does not include traffic infractions or other offenses punishable as an infraction.

The rational for this change is California's strong public policy of prohibiting the use of arrest, detentions or diversion programs to disqualify otherwise qualified persons.

For example, in the employment context, the California Labor Code § 432.7(a) prohibits public employers from using, as a factor in determining any condition of appointment including hiring, any of the following:

Amy Bodeck
Letter - Page Two

- A record of arrest or detention that did not result in conviction.
- A record regarding a referral to and participation in any pretrial or post trial diversion program.
- A record of a conviction that has been traditionally dismissed or ordered sealed.

Furthermore, FEHC guidelines prohibit inquiry into criminal records including arrest and detention, which does not result in conviction, expunged convictions and certain misdemeanor convictions. (See 2 Cal.Code Reg §11017(d)(1).)

Similarly, federal law permits the consideration of convictions only. (See e.g. *Carter v. Gallagher* (8th Cir. 1971) 452 F.2d 315, 326, *cert. denied*.) In fact, consideration of arrests and facts that did not lead to convictions may violate Title VII in the employment context. (*Gregory v. Litton Systems, Inc.* (9th Cir. 1972) 472 F.2d 631, 632, *aff'd as mod.*)

Given the strong public policy, we believe convictions, rather than a plea should be the governing standard. For example, during the period of time where the marijuana laws were uncertain, some operators were arrested. However, the City Prosecutor permitted some innocent operators, who were truly ignorant of any wrong doing, to enter in a diversion program whereby misdemeanor charges would be dismissed on condition the operator ceased operation. Once the operator ceased operations, and complied with any other terms and conditions, the charges were dismissed. While pretrial diversion required a no contest *plea*¹, it did not result in a conviction because the individuals were never sentenced.

Using a plea rather than a conviction would negatively impact persons who were never convicted of a crime or civil wrong including persons who have cooperated with the City, the City Prosecutor and the Courts while awaiting clarity on the law.

Paragraph 21.XX.040

Paragraph 21.XX.040 C simply reads Landlord duty. Is this reserved for future use? If so, we suggest it read Landlord duty (Reserved.) If not, please clarify what the paragraph should read.

¹ Defendants often plead no contest when they are not guilty, yet do not wish to go to trial. A no contest plea to a misdemeanor offense cannot be used as an admission in a civil action. Pen C §1016(3).

Amy Bodeck
Letter - Page Three

Paragraph 21.XX.050(A)x(5)

The paragraph read "Any other information required by the City in its review of the application."

We propose the paragraph be changed to read "Any other information reasonably required by the City in its review of the application."

The insertion of the word reasonably ensures there is a nexus between the application and the information requested.

Paragraph 21.XX.060 iv.

Paragraph 21.XX.060 iv. currently provides

Any person who operates or managers or has operated or managed a marijuana business contrary to the provisions of this chapter, any other applicable law, rule or regulation or conditions imposed on land use or license approvals, or contrary to the terms of the plan submitted with the permit application, or amended as permitted by this chapter, or has operated a business in violation of any law.

We propose the following:

Any person who operates or managers or has operated or managed a marijuana business contrary to the provisions of this chapter, any other applicable law, rule or regulation or conditions imposed on land use or license approvals, or contrary to the terms of the plan submitted with the permit application, or amended as permitted by this chapter, ~~or has operated a business in violation of any law.~~

The rational is almost every business violates the law in some respect. For example, the inadvertent failure to give a single rest period is a violation of law. Failure to provide various annual filings to the Secretary of State is a violation of the law. An ordinary breach of contract with a supplier can be a violation of law. The truth is, given the complexity of running a business, every business runs afoul of some law. Disqualifying an operator for violation of any law is overly broad.

Paragraph 21.XX.070(C.) Location of medical marijuana businesses.

A conditional use permit may be issued only if the medical marijuana business is located in an area zoned for the following:

Amy Bodeck
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- i. As "Community Automobile-Oriented District ("CCA")
Regional Highway District ("CHW"), or "Industrial" for a
medical marijuana business dispensary only;
- ii. As "industrial" for a medical marijuana business
cultivation site only;
 - a. As "industrial" for a medical marijuana business cultivation
site; or
 - b. As "industrial" for a medical marijuana-infused product
manufacturer.

We propose the following:

A conditional use permit may be issued only if the medical marijuana
business is located in an area zoned for the following:

- **The Medical Marijuana Collective's Property shall not be located in an
area zoned in the City for exclusive residential use.**
- **The Medical Marijuana Collective shall not be located within a one-
thousand-five-hundred (1,500) foot radius of a public or private High
School or Educational Partnership High School (hereinafter, "EPHS")
or within a one-thousand (1,000) foot radius of a Public Park, public
beach or a public or private kindergarten, elementary, middle or
junior high school**
- **The Medical Marijuana Collective shall not be located within a one-
thousand (1,000) foot radius of any other Medical Marijuana
Collective. This requirement shall not apply to any Medical Marijuana
Collective that (1) was successful in the September 2010 permit lottery
conducted by the City of Long Beach under former Chapter 5.87, and
(2) was permitted by the City Council to operate after February 14,
2012.**

The rationale is that such language reasonably accommodates previously
vetted marijuana dispensaries as the City Counsel directed when granting a motion
on December 10, 2013. Moreover, the commercial zones currently proposed do not
meet the goal to keep collectives away from residential areas. For example the U-
Haul on Pacific Coast Highway and Walnut is zoned CHW and is abutted to a
residence approximately 13ft away. Our proposal is in fact more restrictive and
better balances competing community interests.

Amy Bodeck
Letter - Page Five

Paragraph 21.XX.070(E)(i)(f) Location of medical marijuana businesses.

The paragraph reads:

Applicants operated a medical marijuana business in violation of any provision of the Long Beach Municipal Code within five (5) years (-5 points).

We propose the following revision:

Applicants operated a medical marijuana business in violation of **Chapter 5.87 of the Long Beach Municipal Code during its existence.** (-5 points).

The rational for the proposed change is that it comports with the December 10, 2013 counsel directive wherein the counsel directed the "development of a mechanism to accommodate the previously vetted marijuana dispensaries." Paragraph 21.XX.070(E)(i)(f) treats the vetted marijuana dispensaries and the rogue operators the same. The vetted operators who may have had technical or minor violations of Chapter 5.87 are treated exactly the same as rogue operators who ignored Chapter 5.87. We believe that operators who, in good faith, attempted to comply with Chapter 5.87 when it existed, but had technical violations should not be treated the same as rogue operators who wholly ignored the prior scheme. The propose language who penalize the most egregious offenders.

We appreciate you taking the time to review our proposals and to pass them along to the commission. We may have additional suggestions once the matter reaches the City Council.

As always, should you care to discuss this matter, do not hesitate to call.

Very truly yours,

LAW OFFICES OF ROBIN D. PERRY

By


Robin D. Perry

RDP/mp

cc Mike Mais, Esq.
Kendra Carney, Esq.
Sergio Carrillo

Good evening Chair Van Horn & Members of the Planning Commission:

Thank you for this opportunity to speak. My name is Judi Farris and I am a resident of Long Beach.

What I am hoping for this evening is that the Planning Commission direct the City Attorney's office to go back to their current ordinance and make sure it conforms with the Pack Court's Ruling; the recent Bonardi ruling; as well as all recent court rulings; regarding this issue.

Additionally it needs to be sent back to council for clarification on their directives.

It appears that the City Attorney had disregarded the Second Appellate District Court of Appeals decision and legal ramifications.

It seems fiscally irresponsible not to make sure that this ordinance is in compliance with the courts decision.

The City Attorney's and the Police Department are still fighting the Failed War-On-Drugs. This is at great jeopardy and costs to the taxpayers of this city and to the suffering of Long Beach Medical Marijuana Patients.

Let us choose sensible legislation that solves this need; while avoiding obvious legal pitfalls; previously experienced.

Thank you.

LONG BEACH MEDICAL MARIJUANA TASK FORCE

Sep 18, 2014

Dear Planning Commission

Per the City of Long Beach Home page:

The City Attorney, as chief legal advisor to the City, renders advice to the City Council, City Commissions and Committees, and to City officers and employees.

City Attorney--This office is committed to serving the citizens of Long Beach by providing the City with proactive, timely and accurate legal services.

Except as otherwise provided in the City Charter, all powers of the City shall be vested in the City Council.

Per the LB Municipal Code: 2.07.010 Written pledge.

Prior to assuming office or employment, every City employee, elected City official, City commission or committee member and redevelopment board or committee member shall pledge, in writing, to follow these principles while acting in their official capacity:

- A. To place the best interests of the City above all other interests.
- B. To uphold ALL laws, regulations, and policies.
- C. To take no action for the purpose of benefiting the official or employee personally.
- D. To make every effort to avoid a conflict of interest.
- E. To avoid disclosure of confidential information obtained in the performance of their duties or in their official capacity.
- F. To exercise prudence and good judgment at all times.
- G. To be fair, impartial, and unbiased in the decision making process.
- H. To treat each other and the public with respect.

(Ord. C-7839 § 1, 2003)

Your former and current City Attorneys are apples from the same tree. They are prohibitionists and have done their best to sabotage any semblance of a fair and equitable medical marijuana ordinance. Feigned concern for patients is patently disingenuous. After reviewing this 48-page litigation landmine, members of our LB Medical Marijuana Task Force, other interested parties and numerous attorneys have arrived at the same conclusion—this document is nothing more than a thinly-veiled attempt to undermine any attempt at providing for patients who are sick and disabled. Again, the will of the people is being subverted by those with their own eristic agendas.

Although Mr. Parkin repeatedly proclaimed throughout his recent campaign that his job was not to make policy, that his job was only to advise, he has interjected numerous policies that were not directed by this Council. In fact, his attempt to pirate this whole project is testimony that he is attempting to circumvent the Council and inject his highly prejudiced slant into this draft ordinance. Many of the document's provisions are over-reaching, unduly restrictive and downright unconstitutional. Ironically, the police who are supposed to "enforce" this ordinance are held to a lesser standard than a volunteer working at a dispensary. Additionally, Mr. Parkin and his crew have blatantly disregarded several of the Council directives. Do not forget that this is the same

office that created the miserably failed 5.87. THIS CURRENT DRAFT ORDINANCE WAS DESIGNED TO FAIL. If the Council allows the City Attorney to create policy for them, then they may as well just resign and let him govern the City in their stead.

Imagine you decided to go to an attorney to create a last Will & Testament. You give him your information, name the people who you wish to be your heirs, and ask him/her to create a draft. When you return to the office to sign the completed documents, this attorney has put in a few additional heirs (related to him, of course) and made changes totally foreign to your original requests. Would you sign on the dotted line or get another attorney? Unfortunately, in this case, you can't hire another City Attorney but you can greatly adjust the submitted draft ordinance with input from the community, adhere to the original directive to have a citizen group help formulate it, hire an objective outside lawyer, and/or consider the reasonable ordinance our team has presented.

I ask that you take this issue very seriously and personally. Every person in this room will one day need or know someone who will wish to use this medicine to assist with the many ailments it can help. Maybe one of your parents will be stricken with cancer, maybe your spouse will be afflicted with MS or Fibromyalgia, maybe one of your children will have uncontrollable seizures, maybe it will be you. And, the longer this process is delayed, the more people will suffer—18 years since Prop 215 passed is far too long. The more difficult the ordinance, the more profit you will steer to the criminal gangs and cartels.

Our LB Medical Marijuana Task Force would appreciate your consideration of our Draft Ordinance that was submitted to you several months ago. It has been vetted by numerous attorneys and numerous other involved entities. This draft is far safer from litigation than the one handed to you by the City Attorney's Office, addresses concerns of all interested parties and above all is compassionate towards the patients. **At the very least, we implore you to send the matter back to the City Council for further deliberation and clarification.**

Yours truly,

Diana Lejins, Chair
LB Medical Marijuana Task Force
Advocates for Disability Rights

ADDENDUM

Pertinent Information:

The most recent directive by the LB City Council took place at the Dec 17, 2014 Council meeting, where a motion was made by Councilmember Lowenthal, seconded by Councilmember Neal, to receive and file the staff report and forward to the Planning Commission with direction to address the following parameters: [1] performance standards which include a security plan; [2] allowing dispensaries to be only located within industrial zones; [3] a cap of two (2) locations per Council District and no more than 18 Citywide; [4] consideration of 1,000 and 1,500 "buffers" between dispensaries, schools, and parks; [5] development of CUP criteria, process and fees; [6] **creation of an advisory task force;** [7] **development of a mechanism accommodation of previously vetted marijuana dispensaries;** and [8] report back to the City Council within 60 days from

completion of the Planning Commission's study and recommendations on a zoning ordinance addressing medical marijuana dispensaries.

* Note: Numbers 6 & 7 were totally ignored and/or skewed by the City Attorney.

Feb 6, 2014 Planning Commission

Agenda item: Receive and file presentations on regulating medical marijuana locations through the City of Long Beach and provide direction to staff.

A motion was made by Chair Van Horik, seconded by Commissioner Saumur, to direct staff to craft a draft ordinance based on comments and suggestions from the Planning Commission and recommendations from the City Council with staff exploring appropriate zones that could accommodate up to two locations per Council District based on the buffer zones as suggested by the City Council and return to the Planning Commission at a date to be determined.

Recent News Flashes:

Sep 2014 Numerous former world leaders from across the globe have come together to call for an end to criminalizing drug use and urge experiments with legalization.

The former presidents of Mexico, Colombia, Chile, Brazil, Portugal, Switzerland, and Poland argued in a new report released by the Global Commission on Drug Policy that the war on drugs has not only failed, but has actually fueled the violence and crime it sought to prevent. These former world leaders met early this week with U.N. Secretary General Ban Ki-Moon and Deputy Secretary General Jan Eliasson.

"The facts speak for themselves. It is time to change course," said former United Nations secretary general Kofi Annan, one of the commissioners, in a statement. "We need drug policies informed by evidence of what actually works, rather than policies that criminalize drug use while failing to provide access to effective prevention or treatment. This has led not only to overcrowded jails but also to severe health and social problems."

May 2014 Five Nobel Prize economists have weighed in on the repercussions of the global war on drugs, outlining "the effects of prohibition on security, drug prices, rule of law and public health," according to a press release. It concludes that governments would make better use of their money and resources by supporting evidence-based policies, and calls on these governments to do so.

The war on drugs is a global disaster, ranging from mass incarceration to violent, billion-dollar cartels. It is a public health nightmare, and a social justice embarrassment that targets communities of color and locks them up for profit. When the UN General Assembly convenes its special session on drugs in 2016, it should take heed of a groundbreaking report released May 7, which exposes the injustices of the drug war.

Long Beach Medical Marijuana Task Force

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September 17, 2014

Honorable Board of Planning Commissioners
City of Long Beach
333 West Ocean Blvd., 3rd Floor
Long Beach, California 90802

Honorable Members of the Long Beach Planning Commission:

At the last meeting of the Planning Commission, in order to guide the Commission in its decision-making process, the Chief of Police was asked to provide his expert opinion relative to the impact of medical marijuana dispensaries in Long Beach. In doing so, the Chief provided the Commission with the near exact statements he made before the City Council, at the time the Council was considering the ban on dispensaries, many months earlier.

Those making contributions to this letter each read a transcript of the Chief's testimony before the Planning Commission on July 17, 2014. The underlined quotes in this letter represent the Chief's testimony taken from a transcript of the Planning Commission hearing.

One of the first statements the Chief made to the Commission was, "To begin as a foundation, my own personal feeling and I think that of members of the police department is in support of the Compassionate Use Act as it was intended and originally written."

His statement is an inappropriate foundation by which an officer sworn to uphold the law and the will of the people should choose to offer his expertise to the Commission.

As originally written, the Compassionate Use Act is not the current state of the law. There have been volumes of court decisions over the past 18 years since passage of Proposition 215. Nick Morrow, a retired Los Angeles Deputy Sheriff and court qualified expert on medical marijuana law stated, after reading the Chief's introductory testimony, "How can you 'support' what you do not understand?"

That is the purpose of this letter - - to point out what the Chief does not understand, or is not willing to accept as a matter of law.

The Chief's testimony before the Commission and the City Council was consistent with the volumes of misinformation published state-wide by the California Narcotic Officer's Association, an organization whose life blood depends upon maintaining the drug war status quo.

His statements also mirror the testimony of a LBPD drug unit detective testifying in superior court during a voir dire examination when he stated that all of his drug enforcement related training is provided by the Narcotic Officer's Association and that, "my department has never once provided me with drug enforcement training." That case was eventually dismissed.

So, who within the LBPD is providing the Chief with the information that he in turn provides to those who are making the decisions on this vitally important issue?

Subsequent to the Chief's testimony before the City Council last year, Amanda Reinman, the Policy Manager for the Drug Policy Alliance wrote him a letter stating that many of the claims he made before the City Council are not supported by research. In her letter she undertook to educate the Chief on the issues so that medical cannabis patients and the citizens of Long Beach and California might be better served.

Ms. Reinman took issue with his statements that medical marijuana facilities always have a negative impact on communities and pointed out how, in fact, they provide alternative health care, especially among lower income individuals, and backed her statement up with university research that she referred to the Chief.

As to the Chief's statement that the *"Compassionate Use Act already provides for caregivers to grow and share cannabis "and "Allowing dispensaries in is not the answer to help those who are ill, " Ms. Reinman quite logically and compassionately informed him that "Cannabis cultivation, especially in an urban area can be impossible for many patients, especially those who are seriously ill."*

She pointed out that the "vast number of hours" allegedly spent by LBPD dealing with the issue stems not from the actions of the dispensaries, but rather the lack of local regulation that sets out a framework for dispensary operations and community relations. Ms. Reinman provided the Chief with examples of municipalities that are proactive rather than reactive to the issue of medical cannabis and demonstrated how their regulations, *"ease the burden of policing, create stability within the patient community and allow dispensaries to become positive fixtures in their communities."*

In spite of the education provided by Ms. Reinman in her letter to the Chief there was virtually no change between the Chief's testimony before the City Council and the Planning Commission many months later.

Other elements of the Chief's testimony before the City Council and the Planning Commission included his statements that there was a negative impact upon the quality of life and a steady stream of complaints from residents and businesses.

Yet, when asked by a council member to provide the study that supported his statement, he testified that the information was confidential. Thus, our own governing body was prevented from accessing information related to important decision making. To this day, the Chief has not supported his allegation that dispensaries are "magnets for crime."

The Chief testified that a murder was linked to a medical marijuana dispensary, but did not say how it was linked. Information received from within the medical marijuana community, as reported by sheriff's veteran Nick Morrow, is that, *"the killing was a money and theft issue and the individual person was targeted separate from any dispensary operation."* Morrow also posited, *"How many alcohol, gang, and domestic violence related homicides were reported during the same time period? One incident does not a trend make."*

Superior Court Judge James P. Gray (ret), after having read the Chief's testimony, said, *"we also have problems with alcohol and liquor stores. But many times fewer problems, because liquor stores are licensed and able to have bank accounts. This means that they report crimes when they are victimized, their workers are paid wages that are reported and taxed, the customer knows the strength of the alcohol being purchased, and there is not nearly such a temptation for people to rob the liquor stores because there is not as much cash on hand. Furthermore, during the time of Alcohol Prohibition the problems with impurities in the product, as documented by hospital emergency room visits, were enormous. But that problem almost completely disappeared when the 21st Amendment repealed Alcohol Prohibition. The same thing will happen when we come to our senses and repeal Drug Prohibition."*

Additionally, a public records request reveals that between the year 2000 and 2013 the number of calls for service to the LBPD declined from 200,980 to 176,210 and that there is no public record that records calls for service to medical marijuana dispensaries, banks or other financial institutions, or liquor and convenience stores.

Therefore, the Chief's testimony cannot possibly be evidence based.

Cynical fear mongering blights our city more than actual crime. Rather than cultivate a fear of crime in opposing effective regulation and control of medical marijuana, the Chief should have studied Ms. Reinman's facts and

recognized that his representations to the City Council and the Planning Commission were inconsistent with the findings of other police departments and research institutions in the Los Angeles region.

The LAPD's Chief of Police conducted studies and made the results public. He concluded that despite neighborhood complaints, most medical marijuana clinics are not typically the magnets for crime that critics often portray. He said, *"Banks are more likely to get robbed than medical marijuana dispensaries."*

The LAPD Chief's findings are also consistent with those of the Rand Corporation whose study found that crime rates rose in surrounding neighborhoods when dispensaries were shut down when compared to areas where dispensaries were allowed to stay open. Yet we have seen no studies from the LBPD that examines this condition, one way or another.

In response to his reading of Chief McDonnell's testimony before the Planning Commission, Dale Gieringer, an expert in dispensary operations across California and director of Cal NORML, stated, *"I don't know the particulars of these complaints, but aren't they similar to those for liquor outlets and other businesses? What makes medical marijuana so different that the police are uniquely incapable of dealing with these activities? In Oakland and San Francisco, which have had regulated dispensaries for years, there are no public or police complaints about their operation."*

Commenting upon the Chief's testimony that *"enforcement has been challenging because dispensaries have repeatedly been closed down only to open up within a few days,"* Gieringer said, *"Does the Chief think that a broad-scale ban will solve this problem? Other cities with supposed bans have scores of dispensaries operating illegally. Illegal dispensaries aren't a major problem in Oakland, where the city has licensed a select number of (8) operators. These legal operators are adequate to discourage illegal competitors, and pay millions in taxes to the city each year. Long Beach voters approved a 6% tax on marijuana dispensaries. At present, Weedmaps lists 4 storefront dispensaries and 47 delivery services in Long Beach. I'll bet dollars to donuts that the delivery services are not paying taxes. With an adequate number of licensed dispensaries, the city could expect to pick up millions in revenues."*

The Director of revenue for the City of Oakland, Greg Minor, reported that last year gross receipts from medical marijuana sales were \$48 Million. \$477,000 was collected in City sales tax. \$2.4 Million was collected in city business tax.

Superior Court Judge James P. Gray (ret), after having read the Chief's testimony said in part, *"Issues about some so-called dispensaries quickly appearing, disappearing and re-appearing raised by the Chief certainly are certainly troubling. But these issues no longer particularly exist with liquor stores, and, as the market is increasingly regulated, these problems will begin to disappear for the sale of marijuana as well. This is what has happened in places like Denver, where the local government officials have worked closely with the medical marijuana community, and, from my first-hand observations, their system is working quite well for all concerned. So if the Chief and other city leaders would like to visit to those dispensaries and see their operations first hand, I would be happy to arrange a tour for them."*

Other relevant considerations for the Commission to contemplate include these facts:

- A 2010 report from the Denver Police Department stated that medical marijuana dispensaries in Denver were robbed at a rate of 16.8% per year, which is lower than banks (33.7%) and liquor stores (19.7%).
- In 2009, the Los Angeles Police Department received reports of 71 robberies at the more than 350 banks in the city, compared to 47 robberies at the more than 800 medical marijuana dispensaries.
- A recent research report from the UCLA School of Public Affairs found no relationship between the density of dispensaries and violent or property crime.
- The 2013 Annual Directors Report on Medical Cannabis Dispensaries for the City and County of San Francisco reported at total of 16 complaints. All ordinance violations were abated voluntarily within the allotted time put forth in the ordinance. Typical complaints and violations included: improperly labeled

edible cannabis, current business licenses not posted, intake procedure and record keeping inadequate; measurement devices inaccurate and general nuisances.

- Dispensaries can also be a conduit to other services, such as health services, counseling and substance abuse treatment, and can provide for patients with little or no income. In a recent survey research study of 303 medical marijuana patients 62% indicated a desire to participate in free clinical services at their dispensary. Approximately 20% indicated interest in participating in dispensary-based social services.
- Mere months after two U.S. states legalized marijuana sales, five Nobel Prize-winning economists released a UN report recommending that countries end their war on drugs finding that U.S. marijuana legalization has already weakened Mexican Cartels and predicted that violence will decline. Legal sales clearly weaken the black market, which dries up street corner sales and territorial violence.

The Chief's testimony demonstrates unfamiliarity with the law. In one statement he said, "Any person suffering serious illness that obtains a legitimate recommendation from an above board doctor can appoint the primary care giver to grow marijuana."

This is not the case. In 2007, in *People V. Mentch*, the court established that there is no caregiver status afforded to marijuana cultivators or collectives. The Chief then went on to say that, "It cannot, as mentioned, be a dispensary that does no more than provide the marijuana."

Thus, the Chief implies that he would rather have hundreds of non-controlled, non-licensed, possibly unsafe, "caregiver grows" than reasonably regulated dispensaries providing quality, tested and non-illicit market cannabis to their member patients.

Following this the Chief told the Commission that dispensaries don't really care for the seriously ill and that money rather than compassion is their aim adding that, "we've conducted numerous investigations. And in every one we've seen young, able bodied people riding skateboards, bikes, and walking to buy marijuana."

Again, is Long Beach so unique that studies from the 2013 National Survey on Drug Use and Health of 70,000 Americans aged 12 and older don't apply?

The study indicates that illicit drug use is down significantly and that teen use of marijuana - ***a contentious topic now that several states have legalized marijuana sales*** - is also on the decline." Added to that, the State of Colorado, in their six-month performance report announced that inspection audits related to sales to minors revealed 100% compliance, in addition to a significant drop in crime.

In answering a question from Commissioner Christoffels, the Chief said, "we see an awful lot of resale of product brought in a dispensary -- we see it in schools. The high schools, the middle schools the wrappers are found in -- in those types of locations and other locations. People who won't normally go to buy are kids who can't get a card. They'll buy it from someone else who was able to get a card."

What the Chief was speaking to is diversion. Diversion is illegal. It is illegal for regulated medical marijuana, just as it is for alcohol and tobacco. The Chief continued, "And we've seen -- medically we've seen a tremendous uptick in emergency room visits. It's the- - the - - in the - - in the country last year, there were just under 500,000 emergency room visits strictly due to marijuana ingestion."

The data collection the Chief refers to is flawed as well as the reporting. A marijuana mention in an ER visit does not directly relate to marijuana being the reason or cause of the visit. Standard patient questioning entails an admission of any use of marijuana regardless of the reason for the visit. A positive toxicology result obtained as a result of a completely unrelated injury will satisfy a "mention" for purposes of data collection. Closer examination of the Drug Abuse Warning Network (DAWN) study findings from which the Chief quoted show a much lower "actual" ER visit number where marijuana is the sole cause of the visit.

Law enforcement, especially the Narcotic Officer's Association and the California Association of Chiefs of Police, promote the idea that medical marijuana is a "con job" and that it is too easy to get a doctor's recommendation. But, none of them have actually talked to the Medical Board of California, which oversees doctors.

As reported in the East Bay Express, Cassandra Hockenson, public affairs manager for the Medical Board said the so-called scourge of doctors recommending pot is a non-issue. The board doesn't even track pot-specific complaints. *"The word 'marijuana' has not been mentioned once in the 2012-2013 Medical Board enforcement report."*

Californians mostly complain to the board about physicians who over-prescribe opioids, which can kill you, while marijuana has no overdose level. Hockenson added that, *"If somebody feels — whether it's police officer or whoever — that somebody is not acting appropriately and they feel like [recommendations] are being handed out like Chiclets and proper exams aren't being done, then they need to notify the medical board and we will look into it."*

The Chief mirrored even more of the Narcotic Officer Association's propaganda when he said, *"And we've sat on places for hours. And over and over again it is, I would say, extremely rare to see anybody who could be interpreted as being seriously ill walk in and make these purchases. They're young people, able bodied people."*

Is the Chief so callous that he cannot believe that those "able bodied people" suffer anxiety symptoms, pain, cancer, glaucoma, AIDS, and all of the other maladies defined and allowed by law to purchase medical marijuana?

Ask him to look out over Council Chambers, or even among the Commissioners and tell us who is and who is not suffering one or more of those ailments. Just because one does not see a wheelchair, chemotherapy symptoms, a baldhead, or a colostomy bag, doesn't mean they are not suffering from a serious illness.

There is no requirement in the law that a patient's illness and suffering be visible to law enforcement, or anyone else. If the patient is legally qualified, the patient is qualified. That was the decision of the people of the state of California, so why does law enforcement continue to raise this false flag of impunity?

Commissioner Van Horik raised questions about non-profits and income taxes paid and the Chief responded that allegedly, there is no payroll tax, because volunteers work in dispensaries and that they are not *"registered with the government to pay income tax because it's supposed to be not for profit."* And that *"we've seen - - in - in every case we've seen that that is truly not the case."*

Again, the Chief clearly has no command of the subject. Some dispensary staff are volunteers, most are not. Legitimate dispensaries up and down the state make payroll, pay roll taxes, take payroll deductions and pay their bills like every other business in California. The Board of Equalization requires a seller's permit; State Law requires non-profit filings, business licenses, and adherence to local ordinances.

Complaining about the ineffectiveness of enforcement the Chief testified, *"I'll give you an example. An operation called Nature Can up on Atlantic Boulevard it's been in operation for between two-and-a-half and three years. We've served, roughly, 15 search warrants during that time."* Nick Morrow, a retired sheriff's deputy who has conducted hundreds of like investigations commented, *"Fifteen search warrants at least fifteen separate investigations using LBPD resources have not solved the problem? Why aren't the owners in jail? Why haven't there been successful prosecutions? When does it become clear their current tactic is not working?"*

The Chair of the Commission addressed the same question of ineffectiveness, asking rhetorically how, after closing more than 80 dispensaries following the ban, four could continue to remain open after multiple enforcement actions.

Matthew Pappas, a civil rights attorney who represented many of the legitimate dispensary operations as well as several of the workers and clerks arrested and/or cited by police from the "four" dispensaries that remained open following the ban until just last week, offered this answer to the question of how and why they remained open:

"As the leading candidate for L.A. County Sheriff, the Chief should be more directly informed regarding Long Beach medical marijuana dispensaries. While working for their respective dispensaries, it is interesting that workers for the handful allegedly "too

rich and powerful for the LBPD to shutdown" collectives were not arrested and taken to jail in raids conducted by police repeatedly. Periodically, there would be some arrests at these collectives. Oddly though, they were not subjected to utter destruction by officers during many of those raids as the other collectives long ago shutdown by police were. Indeed, the many collectives the LBPD did close down had to close because destructive raids were conducted where officers destroyed ATM machines, put holes in walls, hacked security cameras from mountings and destroyed virtually anything they could leaving the collectives unable to re-open. In those raids, every worker was arrested and subjected to "stay away" orders that prohibited them from going within 1000' of any dispensary in Long Beach. However, for this small handful of collectives, the "stay away" orders were only imposed on ex-workers who left or were fired. It seems Chief McDonnell is being fed limited information for a specific purpose by officers who may have interests that go beyond simply doing their jobs as safety officers for the city. The issue is more than the various inaccurate statements made by Chief McDonnell about medical marijuana and California's related laws, it is whether a person making those inaccurate statements and who take as true reports about why dispensaries are remaining open when those reports -- reports he then repeats in public statements -- are illogical and don't make any sense at all. If the LBPD wants to close those last dispensaries, it need only engage the same tactics it employed with all the others it has closed in the past -- destroy tens of thousands of dollars of equipment and property, take all the medication, arrest all the workers and impose the stay away orders. The Chief should be able to detect there's more going on here considering he is seeking to be the County's lead law enforcement officer."

During the recent legislative session the Cal Chiefs Association and the League of California Cities proposed legislation though Senator Lou Correa's bill, SB 1282. The president of the California Chief's Association admitted they drafted and supported the bill because "we saw the handwriting on the wall." In short, they wanted to control what was inevitable and impose their impossible-to-implement system, in spite of the fact that the organization abused, barricaded and propagandized the will of the People for the past 18 years.

Medical marijuana advocates worked hard with Senator Correa and law enforcement to re-work the proposed bill so that the unreasonable proposal by law enforcement could be made reasonable.

Law enforcement would have no part of that. In the end the bill died only because SB 1262 left most patients isolated from access, while it disrupted the working – and successful - medical cannabis regulations in Oakland, Berkeley, San Francisco, and elsewhere.

In the end California NORML, the Drug Policy Alliance and Law Enforcement Against Prohibition opposed the bill. SB 1262's defeat was a stark rebuke for police lobbyists in Sacramento – a group that up until now got its way.

It was also a strong message to politicians across California from the People and their advocates within the medical marijuana community. Severe regulations that drive away legitimate collectives and dispensaries, while allowing the criminal element to flourish both on the street and in illegal dispensaries though violence and institutional corruption – as they do today - will not be compromised.

Reasonable regulations can be monitored and adjusted. Punitive, exacting and insensitive regulations like the proposed medical marijuana ordinance that the Commission is considering tonight will result in more of the same for Long Beach.

Judge Gray said it best when he finished reading Chief McDonnell's testimony, "*The only real question we should ask ourselves is: do we want the marijuana to be sold by regulated and licensed business people whose product is tested and the sales taxed, or by unlicensed criminals?*"

That will be up to your recommendations and the city council. It is time to set aside the proposed ordinance before you. It is time to listen to the people rather than the prohibitionists. It is time to look at what is successful rather than listen to the obstructionists.

Consider the following in your deliberations and work with the People and the Patients to create a workable ordinance for the City of Long Beach:

Since Prop. 215 was passed in 1996, local jurisdictions in CA have struggled to determine the best model for regulation. Some cities, such as Berkeley and Oakland, developed regulations very early in the game, assuming

control over the distribution of medical marijuana almost immediately. Other cities, such as San Francisco, were tasked with developing regulations amidst an already burgeoning market. This presented its own set of barriers. However, San Francisco was still able to implement a successful regulatory structure. These cities have developed frameworks for the density, location, size and structure of medical marijuana distribution, as well as methods to ensure program oversight. Although differences exist among these regulations, all were developed through the lens of their unique jurisdictions, and were developed to meet the specific needs of the communities they represent. Although the regulatory models developed by San Francisco, Berkeley and Oakland possess differences, there are unifying characteristics that have supported their success.

City Licensure Process

All of these cities require that facilities that dispense medical marijuana must obtain the proper permit. The permit application process varies from city to city. However, each locale requires that permitted facilities provide documents outlining their business plans, individuals who will be running the facility, and proof that the facility complies with local disability regulations and any operations and safety standards for medical marijuana that have been adopted by regulators. This vetting process allows cities to determine which facilities open and to ensure that open facilities are complying with local regulations.

A Cap on the Number of Dispensaries

Although it has been criticized for stifling entrepreneurship, Oakland, Berkeley and San Francisco have a limit of the number of licensed dispensaries that can exist in their jurisdictions. Berkeley's limit of three, Oakland's limit of four, and San Francisco's current 28 is based upon a flexible design to reflect the needs of the patient populations based upon neighborhood land use hearings. This tight regulation can be loosened if the need arises. Both Berkeley and Oakland have increased the numbers of permitted dispensaries since crafting their original regulations.

An Oversight Committee

Another commonality of these city regulations is the presence of an oversight committee or task force to take on the intricacies of developing and carrying out medical marijuana regulation. These oversight committees prove most successful when staffed with members of the medical marijuana community and the greater community at large to provide a balance between the interests of the industry and the community.

Strict Zoning Laws

One of the complaints most often brought against the medical marijuana community is the presence of dispensaries in undesirable areas, such as neighborhoods, busy thoroughfares, etc. Although research does not suggest a link between dispensaries and crime, the concerns of the community are reflected in the strict zoning policies that some cities have adopted. These policies prevent dispensaries from being too close to each other, as well as vulnerable locations such as schools and parks.

Regulations that Work: Berkeley, Oakland and San Francisco

Cities such as those named above have enjoyed the benefits of pro-active medical marijuana regulation. The cities are consistently reviewing their policies and adapting them to the changing knowledge base around the uses and distribution of marijuana. Here are some key highlights from the different regulatory frameworks.

Berkeley

The latest iteration of Berkeley's Ordinance includes extensive details on the difference between a dispensary and collective, permissible quantities of medical marijuana, transportation of medical marijuana, medical marijuana paraphernalia, police procedures and training, and emergency distribution should the Federal government interfere. The ordinance also establishes a Medical Marijuana Commission to oversee the implementation of the ordinance.

Oakland

Oakland has been an epi-center for medical marijuana regulation and Federal action. Oakland's medical marijuana ordinance has also changed over the years to adapt to the changing marijuana landscape and the needs of the city, including the addition of a lowest priority law for adult use of marijuana. In a city where crime is high and police

resources are scarce, Oakland has decided to focus its efforts on violent crime, and to treat the medical marijuana issue as a planning and public health issue. Oakland's very first medical marijuana regulation came in 1996, shortly after Prop. 215 was passed, with resolutions occurring frequently in the 2000's.

San Francisco

San Francisco was not as pro-active around the development of medical marijuana regulation as the other two cities discussed. In 2005, there were close to 100 dispensaries in San Francisco, and they existed largely outside a regulatory framework. Worried about the impact this would have on the community, San Francisco declared a moratorium on the opening of new dispensaries until a permitting process could be put in place. They did not shut down the whole program and start from scratch, rather they decided what regulations would be best for San Francisco, and gave existing dispensaries the chance to meet those new requirements and become licensed entities. While this did cause some disruption for a short time, in the end, access to medicine was not abruptly discontinued. Today San Francisco's ordinance includes a lengthy application process, including a substantial fee, as well as rules about the vertical integration of products sold, so as to minimize diversion.

Conclusion

Medical marijuana has been permitted in California for 18 years. In that time, the state has left it up to local communities to determine the best regulations for their medical marijuana programs. While many cities have struggled to determine appropriate regulations, they have found their way, and the patients and citizens who live in those cities have enjoyed numerous benefits as a result, including: tax revenue, enhanced safety, safe access to quality medicine, the neighborhood stability that comes with the longevity of a service organization, and the appropriate zoning and location for medical marijuana dispensaries.

It's not too late. The success of cities like Berkeley, Oakland and San Francisco is built on determination and a willingness of public officials to put the well being of citizens ahead of hard work and uncertainty.

We still hold out the hope that Long Beach can do the same.

Sincerely,

Stephen Downing, Deputy Chief, LAPD (ret)

On behalf of the:

Long Beach Medical Marijuana Task Force

Contributors to and Supporters of this letter include:

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Rosemary Chavez, Los Angeles City Prosecutor (ret), Task Force Member

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Gary Farris, Task Force Member

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