

February 16, 2010

ORD-35

**RE: REGULATIONS FOR MEDICAL MARIJUANA COLLECTIVES/COOPERATIVES**

Dear Long Beach Mayor and Council,

While the latest draft ordinance addresses some patient concerns and neighborhood issues, several other matters need to be resolved:

**Page 3, paragraph 6**

“Edible Medical Marijuana.....which contains **physician recommended** quantities of Medical Marijuana, and is **produced on-site** at a Collective.....”

First of all, due to the unwarranted stringent federal restrictions on scientific studies of this medicine, there is very little information available to either physicians or patients to assist them in quantifying amounts. Therefore, this requirement/definition is unrealistic.

The “produced on-site” also needs to be corrected pursuant to the City Attorney’s Memorandum of Feb 9, 2010.

**Regarding the issue of producing marijuana in the City of Long beach:**

Any requirement that medicinal cannabis be grown (or created in the form of edibles) in the confines of the City of Long Beach and restricted to the “Property” of the coop is unrealistic and overly restrictive. Currently, there is very little affordable or suitable land available in Long Beach for this purpose (unless Long Beach is willing to provide the land to facilitate this endeavor). Indoor grows are also very costly and require considerable amounts of space. If coops are truly patient-oriented, then patients must be able to afford operating them. After all is said and done, isn’t it our mission to help the legitimate patients.

Please also remember that many patients who have extreme disabilities and illnesses cannot grow their own medicine in a timely manner to help themselves. They may not have friends or relatives who can do it for them. So, they must rely on coops to obtain their medicine. Excessive restrictions cause undue burdens on those who are most vulnerable. If these cooperatives are not allowed where citizens have reasonable access through public transportation, wheel chairs, etc, then they will not be able to obtain the medicine that they need.

Also consider that pharmacies distributing “legitimate” medicines that kill an average of 100,000 Americans every year are granted far more leniency in their choice of locations. Markets and liquor stores selling alcohol and cigarettes proliferate throughout the City. The many deaths from alcohol and cigarettes are well documented. (Please note that there has not been one known death from medical marijuana.) Why aren’t we closing down all of the drug stores and establishments that sell liquor and cigarettes?

An unintended consequence in growing an adequate amount and variance of medicine to meet the needs of a greater number of patients is that it could trigger the interest of a number of federal agencies and place these coops in jeopardy.

If one of the concerns is that an excessive number of coops will establish in one district, then a restriction of **three per district** seems reasonable.

Concerns for patient/product safety have already been addressed.

**Page 5, paragraph 2**

“Medical Marijuana Collective.....composed of **four** (4) or more Qualified Patients....”

Eleven (11) patients or more is a far more realistic number.

**Page 8, paragraph 4**

“A copy of the Prohibited Activity.....each Management Member.....shall **ensure** that neither the Collective nor its **members**....shall engage in the aforementioned prohibited activity.”

No Management Member has the ability to “ensure” what the members will do.

**Page 11, paragraph 5 & Page 12, paragraph 1**

The distances of buffer should go from the school property line to the door of the collective, not the entire shopping center.

**Page 16, paragraph 1**

“An inventory record documenting.....**daily** amounts of Marijuana stored on the Property.”

Again, this is excessive. Weekly or monthly records would be more reasonable.

**Page 20, paragraph 4**

“Medical Marijuana Collective membership.....shall be limited to **one** Collective.....”

There are many circumstances whereby a patient may need to go to more than one Coop. At any given time, one may not have the medicine they need. Patients should be able to opt for lower costs, variety and potency of product, etc.

**\*As a side note, the Prosecutor and Police have expressed unwarranted concerns about these cooperatives being connected with crime. The consistent reduction in crime rates over the past five years, coupled with the increase in number of collectives, seriously debunks their suppositions. In fact, perhaps one might surmise that the opposite is true since most coops provide security for their establishments.**

**The Los Angeles Police Department recently issued a statement that collectives were not crime magnets anymore than banks. In fact, banks are far more likely to be robbed than coops. So, should we close down all of the banks??**

**This whole issue begs the questions:**

**Are we facilitating patients and their collectives or overly restricting and hampering them?  
Are we operating in the spirit of Proposition 215 and SB 420 which is the Will of the People of California?**

**In summary, my concerns regarding this ordinance are:**

1. Coops should not be restricted to grow and manufacture edible medicine only in the City of Long Beach. Laboratory certification and periodic inspections by the Health Department will sufficiently protect the patients.
2. Weekly or monthly inventories should suffice.
3. Inappropriate actions by a regular patient member of the coop cannot be ensured.
4. The maximum number of members of a coop/collective exempt from this ordinance should be no less than ten.
5. The distance of buffer should go from the school property line to the door of the collective, not the entire shopping center.
6. A patient must have access to at least two-three coops to ensure their access to the appropriate medicine for their illness/disability.
7. The Edible Medical Marijuana definition needs to be corrected per City Attorney Memo of Feb 9, 2010.

Respectfully submitted,

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