

Pools, Pot and the City Hall Bubble

By Stephen Downing

On Wednesday September, 17 members of the Long Beach community gathered to see a concept shaped by a 13-member Stakeholder Advisory Committee that envisioned a plan for a \$99 million pool facility. The community meeting presented what the Deputy City Manager called the latest design suggestion for the pool. He also announced "This is not a done deal, it is an interactive process."

The next day, Thursday September 18, members of the Long Beach community gathered to listen to a discussion by members of the Planning Commission related to a medical marijuana ordinance proposed by City Hall staffers from the Planning Department and the City Attorney's office.

There was no 13-member Stakeholder Advisory Committee present for this project, because one was never appointed.

Following discussion of the wished-for ordinance submitted by City Hall staffers, the Commission allowed public comment. Unlike the swimming pool discussions and breakout group dialogues, no one was allowed more than three minutes to express their views.

Most community members used their 3 minutes to oppose the ordinance as being uninformed, oppressive, unreasonably restrictive, a minefield for litigation with regressive employment restrictions, poor patient access, and, most importantly, lacking in industry expertise, patient sensitivity and meaningful community input.

The City Hall staffers objected to the representations that there was no outside input. They alleged that they spent many hours listening to the various community interests.

They very well may have listened to a select few as others suffered numerous phone calls never returned - - but, all of the "listening" that did take place inside the city hall bubble was arbitrated by the staffers who decided what was and what was not going to be recommended to the Planning Commission.

The product they produced is clear evidence that recommendations from a Stakeholders committee - an essential ingredient in the ordinance crafting track - was absent.

Clearly, the staffers listened more to the cynical public safety fear mongering offered by the police department, most of which was debunked by written

testimony, than they did from those in the community who could have offered expertise, patient compassion and a public viewpoint outside the City Hall Bubble.

Had the City Council required the Planning Commission to form a well-rounded 13-member Stakeholder Advisory Committee to come up with a plan – like they evidently did with the Belmont Pool project - a better product would have been presented to the Planning Commission.

Fortunately, the Planning Commissioners came to recognize that the expertise and information they received from inside City Hall was either lacking or untrustworthy and chose to apply their expertise and recommendations only to the zoning facets of the ordinance and return the administrative and regulatory meat contained in the proposed ordinance to the City Council without recommendation.

When the proposed ordinance reaches Council, they should first recognize that Long Beach is not “pioneering” a medical marijuana ordinance, as city staff continues to assert.

Since Proposition 215 was passed in 1996, local jurisdictions in California such as Berkeley and Oakland, developed regulations very early in the game. Other cities, such as San Francisco, were tasked with developing regulations amidst an already burgeoning market. Today, all of these cities have successful frameworks for the density, location, size and structure of medical marijuana distribution, as well as methods to administer, regulate and ensure program oversight.

These cities have no significant complaints from their communities and their ordinances are not unjustly harsh and restricting.

Our newly elected City Council should look upon the “administrative meat” of the proposed ordinance as tainted, throw it out and appoint a 13-member Stakeholder Advisory Committee to design a new product, based upon proven real world solutions and community need.

Then, and only then, should a proposed ordinance come before the Council for debate, decision and consignment to the City Attorney for a draft ordinance that accommodates the decisions of the community and the Council.

This approach will insure that both our pool and pot programs are products of the community and those it elects rather than that of wannabee puppet masters inhabiting the City Hall Bubble.

Stephen Downing is a Long Beach resident and a retired LAPD deputy chief of police.

Long Beach Medical Marijuana Task Force

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Honorable Board of Planning Commissioners
City of Long Beach
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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 LBPB 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 LBPB 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 LBPB 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 LBPB 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 LBPB 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,

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On behalf of the:

Long Beach Medical Marijuana Task Force

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