

NB-19 CORRESPONDENCE – Diana Lejins

From: diana lejins [<mailto:dianalejins@yahoo.com>]

Sent: Sunday, September 20, 2015 12:26 PM

To: cityclerk; Broc Coward; Council District 7

Cc: Council District 6; Council District 8; Council District 4; Mayor; Council District 1; Council District 2; Council District 9

Subject: MMj Ordinance - Pt Concerns Addendum Sep 22, 2015

Please post to Agenda item 19 MMj Sep 22 and distribute to the Mayor and Council.....

Dear Mayor Garcia and Councilmembers

Sep 22, 2015

RE: MMj ordinance - Patient Concerns (Addendum to previous analysis)

The LB Medical Cannabis draft ordinance has obviously had no consideration regarding the welfare of patients—the very people who need this medicine. The Council appointed task force only had one patient representative who was largely ignored. The only recommendation he put forward was summarily dismissed. The City Attorney, Planning Department and Police/Fire have disregarded any patient concerns. Even the City Attorney "analysis" being considered Sep 22, 2015 has NO mention of patient issues. The patients have been seriously under-represented throughout this entire process.

Numerous provisions in the ordinance directly affect the patients and their rights under the MMPA, Prop 215 and the Constitution, yet the City Attorney has repeatedly ignored state law and court decisions—setting the City of LB up for a litigation landmine. A civil rights lawsuit would reflect poorly on the Mayor and Council in the eyes of citizens.

One such issue is the limit on the number of plants a patient can have.....Severely limiting amounts that individuals can produce contradicts the state MMPA provisions. Additionally, this ordinance would force individuals growing/possessing more than six mature plants, 12 immature plants and/or 8 oz of a useable form of marijuana to be governed by this ordinance—again contradicting the state MMPA law. While the MMPA uses these numerical guidelines as a general rule, in recognition of the fact that the regulations are inadequate for many very ill patients, SB 420 allows patients to be exempted from them if they obtain a physician's statement that they need more. In deference to local autonomy, SB 420 also allows counties and cities to establish higher but not lower guidelines if they so choose. Strictly speaking, the guidelines do not constitute hard and fast limits on how much patients may legally have. This is because Prop 215 specifically allows patients whatever amount of marijuana they need for their own medical use..... (LB Ordinance--MMj Business definition & Individual production of MMJ)

Case law: Qualified patients claiming protection under Proposition 215 may possess an amount of marijuana that is "reasonably related to [their] current medical needs." (People v. Trippet (1997) Cal.App.4th)

According to California Attorney General Kamala Harris in a Dec 2011 letter to the California Legislature, "In simple terms, this means that the core right of qualified patients to cultivate and possess marijuana cannot be abridged." and ".....the Pack decision suggests that if the State goes too far in regulating medical marijuana enterprises....the law might be preempted by the Controlled Substances Act." She

ends her letter, "California law places a premium on patients' rights to access marijuana for medical use. In any legislative action that is taken, the voters' decision to allow physicians to recommend marijuana to treat seriously ill individuals must be respected."

No limits on medical pot, Calif. high court rules High court reverses mandate that patients can have maximum of 8 ounces updated 1/21/2010 NBCNews.com

SAN FRANCISCO — A unanimous California Supreme Court on Thursday struck down a law that sought to impose limits on the amount of marijuana a medical patient can legally possess.

The California Supreme Court ruled that state lawmakers were wrong to change provisions of the voter-approved Proposition 215. The 1996 measure allowed for patients with a doctor's recommendation to possess an unspecified amount of marijuana.

The Legislature, seeking to give law enforcement guidance on when to make marijuana possession arrests, mandated in 2003 that each patient could have a maximum of 8 ounces of dried marijuana.

The high court says only voters can change amendments that they've added to California's constitution through the initiative process. The ruling by Chief Justice Ron George left in place the portion of the new law that protects patients possessing a state-issue medical marijuana identification card from arrest. George did note, though, that police were still authorized to make arrests if they believe the cards to be forgeries or reasonably suspects a crime has been committed.

Left open to interpretation: What amount of marijuana is for legitimate personal medical consumption and how much constitutes illegal trafficking?

"The California Supreme Court did the right thing by abolishing limits on medical marijuana possession and cultivation," said Joe Elford, the top lawyer for the marijuana advocacy group Americans for Safe Access. "At the same time, the Court may have left too much discretion to law enforcement in deciding what are reasonable amounts of medicine for patients to possess and cultivate."

The Supreme Court's decision upholds a lower court ruling that tossed out the conviction of Patrick Kelly, a Southern California man who was arrested for possession of 12 ounces of dried marijuana and seven plants.

A "confidential informant" called Lakewood Police to report Kelly's possession in October 2005. Experts testified that the amount of marijuana Kelly had on hand would last him just a few weeks for treatment of hepatitis C, chronic back pain, and cirrhosis.

The ruling was widely expected because the California Attorney General's office largely agreed with the position of Kelly's court-appointed attorney Gerald Uelman, a Santa Clara University law professor.

As for the LBPD's stand on enforcing federal law: (and pumping up their budget needs)

Case law: Garden Grove v. Kha

In 2007, the California Fourth Appellate District ruled against the City of Garden Grove, and in favor of a medical marijuana patient (Felix Kha), saying that "it is not the job of the local police to enforce the federal drug laws."

The case resulted from the seizure of medical marijuana from Kha by the Garden Grove police force in June 2005.

Kha was pulled over by the Garden Grove Police Department on June 10, 2005, and cited for possession of marijuana, despite Kha showing the officers proper documentation of his status as a medical marijuana patient.

The charge against Kha was subsequently dismissed, with the Superior Court of Orange County issuing an order to Garden Grove that the city must return to Kha 8 grams of medical marijuana that was seized from him by the police. The police, backed by the city of Garden Grove, refused to return Kha's medicine and the city appealed.

In the 2007 state court decision, the court ruled that the federal Controlled Substance Act of 1970, enacted to combat recreational drug abuse and trafficking, did not intend to regulate the practice of medicine, "a task that falls within the traditional powers of the states."

Before the California Fourth District Court of Appeal issued its decision last year, California Attorney General Jerry Brown filed a "friend of the court" brief on behalf of Kha's right to possess his medicine. The justices noted they were convinced by Brown's arguments that local agencies are bound by state laws in approaching medical marijuana.

The California Supreme Court denied a case review in March 2008, and Garden Grove then went to the U.S. Supreme Court, which turned the case down in late November 2008.

Medical marijuana advocates called the decision a huge victory in clarifying law enforcement's obligation to uphold state law – in this case, Proposition 215.

According to a Summary of the three new CA bills by Retired Judge Hon Steven K. Lubell on Sep 11, 2015, the Medical Marijuana Regulation and Safety Act addresses patient concerns:

The MMRSA amends Senate Bill 420 – Medical Marijuana Program Act ("MMPA"). Senate Bill 420 established Health and Safety Code Section 11362.775 which provides:

"Qualified patients, persons with valid identification cards, and the designated primary caregivers of qualified patients and persons with identification cards, who associate within the State of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions under Section 11357 [possession of marijuana or "concentrated cannabis"], 11358 [cultivation of marijuana], 11359 [possession of marijuana for sale], 11360 [transporting, importing, selling, furnishing, or giving away marijuana], 11366 [maintaining a place for the sale, giving away, or use of marijuana], 11366.5 [making real property available for the manufacture, storage, or distribution of controlled substances], or 11570 [abatement of nuisance created by premises used for manufacture, storage, or distribution of controlled substance]."

The MMRSA does not modify Proposition 215 the “Compassionate Use Act of 1996” which was a voter initiative.

The MMRSA does not modify Health and Safety Code § 11362.765 which provides immunity from criminal liability as follows:

(a) Subject to the requirements of this article, the individuals specified in subdivision (b) shall not be subject, on that sole basis, to criminal liability under Section 11357, 11358, 11359, 11360, 11366, 11366.5, or 11570. However, nothing in this section shall authorize the individual to smoke or otherwise consume marijuana unless otherwise authorized by this article, nor shall anything in this section authorize any individual or group to cultivate or distribute marijuana for profit.

(b) Subdivision A shall apply to all of the following:

(1) A qualified patient or a person with an identification card who transports or processes marijuana for his or her own personal medical use.

A designated primary caregiver who transports, processes, administers, delivers, or gives away marijuana for medical purposes, in amounts not exceeding those established in subdivision (a) of Section 11362.77, only to the qualified patient of the primary caregiver, or to the person with an identification card who has designated the individual as a primary caregiver.

(3) Any individual who provides assistance to a qualified patient or a person with an identification card, or his or her designated primary caregiver, in administering medical marijuana to the qualified patient or person or acquiring the skills necessary to cultivate or administer marijuana for medical purposes to the qualified patient or person.

(c) A primary caregiver who receives compensation for actual expenses, including reasonable compensation incurred for services provided to an eligible qualified patient or person with an identification card to enable that person to use marijuana under this article, or for payment for out-of-pocket expenses incurred in providing those services, or both, shall not, on the sole basis of that fact, be subject to prosecution or punishment under Section 11359 or 11360

Individual Patient and Primary Caregiver exemptions: A Qualified patient who cultivates, possesses, stores, manufactures, or transports cannabis exclusively for his or her personal medical use but who does not provide, donate, sell, or distribute cannabis to any other person or entity is not considered engaged in commercial cannabis activity and is exempt from state licensing requirements under the MMRSA.

A Primary Caregiver who cultivates, possesses, stores, manufactures, transports, donates, or provides cannabis exclusively for the personal medical purposes of no more than five specified qualified patients for whom he or she is the primary caregiver within the meaning of Section 11362.7 of the Health and Safety Code, but who does not receive remuneration for these activities except for compensation in full compliance with subdivision (c) of Section 11362.765 of the Health and Safety Code is not engaged in commercial cannabis activity and is, therefore, exempt from state licensing requirements under the MMRSA.

*For these and many other issues, we implore you to limit the ordinance to the commercial businesses and leave the patients to state laws that are already established. (Please refer to our Analysis of the ordinance sent in a previous email.)

Please feel free to call if we may be of any assistance to you [REDACTED]

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

From: diana lejins [<mailto:dianalejins@yahoo.com>]
Sent: Saturday, September 19, 2015 4:38 PM
To: cityclerk
Cc: Diana Lejins; Carolyn Hill
Subject: Are Budget Concerns Really about Public Safety?

Please post to Agenda item 19 Sep 22, 2015 Council meeting and distribute to the Mayor and Council

<http://www.longbeachcomber.com/story.aspx?artID=5207>

Are Budget Concerns Really About Public Safety

From Issue: Volume XXIII - Number 19
9/18/2015

By Stephen Downing

The following message sent to Long Beach residents from Councilwoman Suzie Price was published in the Belmont Shore Resident Association newsletter this past week:

“On September 22nd, the issue of whether Long Beach should allow medical marijuana dispensaries in the city, in commercial corridors (business districts) and industrial areas is coming before the city council. I have previously expressed great concern about whether our city can absorb the public safety and oversight costs associated with the startup of this type of industry given our current public safety budgeting levels and the projected deficit in Fiscal Year 2017. Regardless of where you stand on the issue of marijuana use, there is no doubt that having a medical marijuana industry in the city will require great oversight and general fund resources to start building the enforcement/regulatory/licensing/cash collection infrastructure. Please plan to attend the September 22nd city council meeting regarding this important decision our city will be making. Your input is critical to the decision we make on the subject.”

Price was asked to provide copies of any evidence-based documents and/or studies that have caused the great concern she has over our “city’s ability to absorb the public safety and oversight costs associated with the startup of this industry.”

We received two memorandums from her chief of staff, who said, “Councilwoman Price’s concerns are based on city staffs’ conclusions that the city does not currently have the resources to successfully implement and manage a medical marijuana ordinance.”

Review of the two memorandums is not convincing. One dated May 18, 2012 and the other June 3, 2015 have no relevance to current ordinance discussions. They present no fact-based studies, staff admits that much of their presentation is guesswork and both reports are exaggerated, speculative and dated, having no relationship to what a future – reasonably crafted – ordinance would impose on the budget and public safety.

What is clear, however, is that Councilwoman Price's message to the residents did confirm the not-so-subtle signal she put out at the council meeting on Sept. 1, at the time the full council – in an 8 to 1 vote – decided to await pending regulatory action by the California State Legislature before considering a new city medical marijuana ordinance until Sept. 22. Price asked, “ If the pending state legislation passes, will we still be able to ban medical marijuana in Long Beach?”

That question made it clear that a ban – rather than ability to absorb – is her primary interest – and it is highly likely that she will be joined in promoting that interest by the city attorney, the city prosecutor and the police union; the labor organization that has acquired their loyalty through the campaign fund donations and illegal photo op promotions that helped get each of them elected – and whose membership benefits from the overtime – and for some, alleged graft – that is spawned by the continued presence of a criminal black market in Long Beach.

The “ability to absorb the public safety and oversight costs” is merely a new – and unsupported – scare tactic that is going to be perpetrated upon the people. New because the old scare tactics surrounding the promotion of a fear of crime, the harms of the cannabis plant itself and the “magnets for crime” that dispensaries have allegedly fostered have all been proven to be false.

In April 2014 the Long Beach electorate passed Measure A, a tax on medical cannabis. The city council approved and promoted a ballot measure – which received 74 percent of the vote – will impose a 6 percent to 10 percent gross tax on all retail sales of cannabis medicines with no guarantee as to how the council will spend the tax revenue.

No other prescribed medicine is taxed but – just to get safe access – most of the majority who voted for and passed the people's initiative for a regulated medical marijuana industry 20 years ago voted again for Measure A – so they could hopefully – and finally – overcome the obstacles thrown up time and time again by city hall prohibitionists.

Several years ago the city council was manipulated by the bureaucracy into voting for an outlandish employee salary and pension benefits package – the largest benefactor being the police union – that has brought them to what Price now uses to introduce the new scare tactic – the projected deficit in fiscal year 2017.

This new threat should not be the basis for ignoring the will of the people. The Measure A tax is there to use for the implementation, licensing and enforcement of reasonable regulations. KEY WORD: Reasonable.

But, there is much more they leave out of the conversation that will offset costs and facilitate setting up and managing a balanced and rational infrastructure.

The police department has announced a 42-year low in the number of violent crimes. Total arrests have plummeted by almost 8,000 between 2005 and 2014 resulting in tens of thousands of police patrol and investigative hours being returned to the streets to address real public safety concerns.

Costs related to jailing 8,000 fewer arrestees not only puts more officers on the streets but has also cut jail-related booking, food, medical and housing costs.

Crime lab workload has been reduced to the point that the LBPB has finally been able to bring their scandalous backlog of rape kit testing up to date – in part because the laboratory analysis of drugs attached to almost 14,000 arrests over the past decade has declined over the past four years to the point that what was once an annual workload of 1,731 misdemeanor drug tests for cannabis in 2005 has dwindled to 11 in 2014.

Not only have we gained tens of thousands of police man hours being returned to focus upon real public safety, but there has also been an enormous reduction in the city prosecutor's workload – as well as the courts. The city prosecutor processed, filed and prosecuted 1,731 marijuana arrests in 2005 and only 11 in 2014.

Somewhere in this mix of new taxes, plummeting arrests and a vastly reduced prosecutorial workload there should be room to support a reasonable set of regulatory controls so that cannabis patients can have safe access to their medicine, avoid the dangers of the black market and medicate themselves in a manner that respects their right to a personal relationship with their physician – no matter how the prohibitionists would like to demean that relationship; one that is no different than the stressed out mother of three who convinces her physician of the need for a night-time tranquilizer, gets the prescription and is able to go to a nearby pharmacy to get it filled.

What the city hall prohibitionists are doing is destructive and cynical. The fear of crime blights our city more than actual crime, but generating fear always seems to serve those who want it their way – to keep the status quo – in spite of the will of the people.

In one part of an eight page report delivered by the Long Beach Medical Marijuana Task Force to the planning commission on September 17, 2014 – just prior to the commissioners sending their recommendations related to a new medical marijuana ordinance back to the city council – the commissioners were directed to a single paragraph written by a civil rights attorney alerting them to the likelihood of graft associated with enforcement of the medical marijuana dispensary ban in Long Beach. That portion of the report read:

“As the leading candidate for L.A. County Sheriff, the chief of police 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 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.”

Within days of that report being placed in the public record for consideration by the planning commission the dispensaries to which the chief of police referred as being – “too rich and powerful for the LBPD to shutdown” – closed. There were no raids. They merely closed.

What was not revealed in that report is that the criminal organization (as opposed to an authentic patient collective) operating those dispensaries was alleged to have been making regular payments of marijuana and money – the cash ranging between \$10,000 and \$15,000 weekly – to members of the LBPD drug squad.

Witnesses to this alleged pattern of corruption related copious specifics surrounding theft of money and marijuana under the color of authority as well as the methods, context and identification of participants taking part in cash and marijuana payoffs at four different prearranged locations in Long Beach on at least eight separate occasions – involving nine different drug unit officers.

In the proposed 2016 budget the city manager reports – as a significant accomplishment – that the police department has shut down all medical marijuana dispensaries in Long Beach.

Not true. At least one, that this writer is aware of, is operating under the current ban – openly and with impunity.

So, yes, be sure to attend the council meeting on September 22 and – as Price requests – your (informed) input is critical.

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

From: diana lejins [<mailto:dianalejins@yahoo.com>]

Sent: Saturday, September 19, 2015 4:30 PM

To: cityclerk

Cc: Diana Lejins

Subject: Victims of the war on drugs

Please post the attachments to the Agenda for Sep 22 item 19 and distribute to the Mayor and Council

VICTIMS OF THE WAR ON DRUGS - So what's the hurry?

9 year old from New York died from seizures

28 veterans commit suicide every day in the U.S. PTSD is treatable with medical cannabis.

Advocates for Disability Rights - dl

VICTIMS OF THE WAR ON DRUGS - So what's the hurry?



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28 veterans commit suicide every day in the U.S. PTSD is treatable with medical cannabis.

Advocates for Disability Rights – dl





Coffins & Crosses



28 Veterans with PTSD commit suicide every day in the United States.....WHO CARES?????

PTSD can be successfully be treated with Medical Cannabis !

*Advocates for Disability Rights - dl

From: diana lejins [<mailto:dianalejins@yahoo.com>]

Sent: Saturday, September 19, 2015 3:17 PM

To: Council District 6; Council District 8; Council District 4; Mayor; Council District 1; Council District 2; Council District 9; Council District 7

Cc: Douglas Haubert; Diana Lejins; Robert Luna; City Manager; cityclerk

Subject: What's the Hurry, You Say???

Please post on agenda and distribute to Mayor and Council

WHAT'S THE HURRY, YOU SAY???

It's not your kid !!

Ramona baby receives marijuana treatment

Posted: Apr 21, 2015

By Richard Allyn, Reporter

SAN DIEGO (CBS 8) - The form of marijuana little Sadie Higuera uses to fight her illness is made by a San Diego based company.

It may sound like an unorthodox choice to treat a baby's life-threatening seizures with a form of medical marijuana, but a Ramona family said it was their best choice after having tried everything else.

Sadie was born with a rare genetic disorder called Schnitzel Giedeon Syndrome. By the time Sadie was three-months-old she suffered from as many as 300 seizures a day.

Her parents would watch helplessly as prescription medications would not work.

"Pretty scary every time she had a seizure. I didn't know if it was going to be her last one," said her mother.

As their options dwindled, Sadie's parents made a gut-wrenching decision to try treating Sadie's seizures with small doses of medical marijuana known as CBD from a San Diego based company called Hemp Meds.

Sadie's parents call the decision life-changing, and Sadie is almost seizure free, according to them.

"It was amazing. Like a miracle," said Sadie's mother.

The CBD does not have any mind-altering effects associated with THC, and it is injected through a special tube into her stomach.

Sadie will celebrate her second birthday in two weeks. Her parents worried a second birthday would never come.

Sadie's parents also said they understand other parents may criticize their choice, but once others have walked in their shoes with no other options, they would understand.

Sadie's doctors said that since taking CBD she has also experienced a massive reduction in the number of tumors she had previously suffered from caused by her genetic disorder.

Working to make the World a better place, diana

From: diana lejins [<mailto:dianalejins@yahoo.com>]

Sent: Saturday, September 19, 2015 3:31 PM

To: cityclerk

Cc: Diana Lejins

Subject: Med-pot Agenda item 19

Please post on the upcoming Agenda and distribute to the Mayor and Council Members

LONG BEACH MEDICAL MARIJUANA TASK FORCE

Diana Lejins, Chair

Long Beach, CA 90815

Dear Mayor and City Council

September 2015

RE: ANALYSIS OF LB MEDICAL MARIJUANA (MMj) ORDINANCE DRAFT - Patient Perspective

What has been proven in numerous scientific studies and a mountain of anecdotal evidence is that cannabis/marijuana does have medicinal value and has helped many citizens across the world with various maladies, disabilities and pain. The main concern before us is how to reasonably and compassionately distribute this medicine to those who need it.

As presented in the People v Baniani California Court of Appeals case (G04835), "It would be cruel for those whose need for medical marijuana is the most dire to require that they devote their limited strength and efforts to the actual cultivation of the marijuana, and then wait months for it to grow so they can use it....." In People v Urziceanu (CA App.4th), the court noted the Medical Marijuana Program Act (MMPA) was the Legislature's initial response to the CUA's (Compassionate Use Act – Prop 215) call to provide a plan "for the safe and affordable distribution of marijuana to all patients in medical need of marijuana....."

While "abuse" does happen, we don't deprive cancer patients of pain meds because others might abuse it. (Prescription drugs are the most abused drug group in the nation.)

The people of Long Beach voted for the 1996 Prop 215 Compassionate Use Act, Proposition 19 (full legalization) and LB Prop A MMj tax measure (2/3 win). Mirroring this sentiment, 60% of the entire nation wants full legalization; 80% favor it to be medically available.

The LB City Attorney (CA) proposed Ordinance for Medical Marijuana collectives was written with little concern/compassion for sick patients and people with disabilities who rely on cannabis for their maladies and pain. It blatantly throws "due process" out the window, repeatedly insults the United States Constitution, and shamelessly disregards the rights of patients.

Severely limiting amounts that individuals can produce contradicts the state MMPA provisions. Additionally, this ordinance would force individuals growing/possessing more than six mature plants, 12 immature plants and/or 8 oz of a useable form of marijuana to be governed by this ordinance—again contradicting the state MMPA law. While the MMPA uses these numerical guidelines as a general rule,

in recognition of the fact that the regulations are inadequate for many very ill patients, SB 420 allows patients to be exempted from them if they obtain a physician's statement that they need more. In deference to local autonomy, SB 420 also allows counties and cities to establish higher but not lower guidelines if they so choose. Strictly speaking, the guidelines do not constitute hard and fast limits on how much patients may legally have. This is because Prop 215 specifically allows patients whatever amount of marijuana they need for their own medical use.....

Qualified patients claiming protection under Proposition 215 may possess an amount of marijuana that is “reasonably related to [their] current medical needs.” (People v. Trippet (1997) Cal.App.4th)

According to California Attorney General Kamala Harris in a Dec 2011 letter to the California Legislature, “In simple terms, this means that the core right of qualified patients to cultivate and possess marijuana cannot be abridged.”

In a second letter RE: Medical Marijuana Guidelines, Harris writes, “One point is certain—California law places a premium on patients' rights to access marijuana for medical use.”

14th Amendment: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.

Allowing for non-regulated collectives of up to ten people would lessen any impact of storefronts, allow for patient groups to associate for mutual benefit, and keep costs down for many who cannot afford dispensary "prices." Otherwise, a family of four or five growing medicine for their cancer-ridden mother or child could be arrested and penalized. What about a group of disabled Veterans or AIDS patients who want to have a coop?

A few more affirmative ideas on the proposed point system—positive points could be given for hiring a veteran and/or someone with a disability.

The definition of “narcotics” usually includes marijuana. So, in this draft, mere possession could be grounds to disqualify an applicant—no matter when it happened.

Equal Access/Buffer zones: At the very least, only the larger named parks should have a buffer. Buffering all "parkland" is regulatory overkill. Parkland is abundant in this City and includes medians, beaches, mini-park areas, etc. As a prime example, one business was closed because it was too close to a water pump station deemed parkland. Areas adjacent beaches should be excluded from this restriction.

The California state requirement is that dispensaries be located no less than 600 feet from schools—this is adequate and will free up other potential locations. 1000 feet is more than adequate; and 1500 feet is excessive and severely impairs equal access across the city. May I remind you that liquor/convenience stores (that sell far more harmful substances like tobacco and alcohol) only need a 500 foot buffer. Interestingly, numerous studies have shown that adolescent use goes down when marijuana is decriminalized/legalized.

Equal access is denied to those with disabilities under the current restrictions. It also impacts some districts far more and makes access much more difficult in other districts. Limiting to industrial areas and certain CHW Districts could hamper transportation and endanger those with limited mobility.

Additionally, there is no logical reason to restrict growing to the City of Long Beach. There are many reasons to allow growers outside of the City to furnish MMj—diversity of strains targeting various ailments that would best suit patient needs, reduction in vital electricity, water and other utility usage, healthier plants outdoors, reduced probability of criminal activity that put growers at greater risk, decrease crop failure, availability of facilities—larger warehouses and land are not abundant in LB, etc. Other cities with successful programs do not have this requirement.

In having excessive restrictions, the City is defeating its own purpose in considering people with disabilities. If cooperatives are not allowed where citizens have reasonable access through public transportation, many (especially those in wheel chairs) will not be able to access the medicine they need. Additionally, patient safety may be at issue in limiting collectives mainly to industrial areas. Industrial zones are typically dark, devoid of pedestrian traffic and have limited access to public transportation. This could easily put patients with mobility issues at great risk.

Allowing three to four dispensaries per district would facilitate accessibility and lessen the impact on any given district or neighborhood. When the City is limited to only a few collectives, it actually creates a nuisance situation—too many people who need the medicine are forced onto fewer locations. This fosters traffic and parking problems and concerns about any heavily-impacted entity. In turn, the police will say that the collective is a "nuisance." It becomes a self-fulfilling prophecy.

Patients who work in these dispensaries may need to consume medicine. They may suffer from seizures or other maladies that necessitate regular doses of medication—just like pharmaceuticals. They should be able to medicate in a designated area away from the public. Note that they are allowed legal prescriptions or other medications.

Prohibited Acts: Cultivate, distribute, possess, or produce marijuana in plain view of, or in a place open to the public. This rule is overly broad, and would forbid a patient from carrying their medicine across a street, on a bus, or anywhere there is public access—even on their own property if they were in "plain view." With this provision, the patient would be violating the law the minute they walked out of the dispensary.

Stipulation not allowing operation of a MMj business "under the influence of MMJ". How is that defined? Traces of cannabis can be found in the body for up to 30 days after consumption. What about prescription drugs? Should all people not be allowed to work if they consume drugs of any kind—including coffee, over-the-counter cold meds, Vicodin, etc etc.? Most workers or volunteers are MMj patients who may be medicating with this herb. And, "under the influence" has not been readily defined as studies in the U.S. have been severely curtailed by the Federal government.

Possession of MMj not in a sealed package—many situations could come up whereby a person is carrying a package that is not sealed. Again, over-reaching, over-regulation. There is no stipulation in the MMPA that MMj must be consumed at the person's residence or that a patient cannot transport medicine that is not sealed.

According to the California Attorney General Guidelines in 2008, "Courts have found an implied defense to the transportation of medical marijuana when the "quantity transported and the method, timing and distance of the transportation are reasonably related to the patient's current medical needs." (People v. Trippet (1997) 56 Cal.App.4th 1532, 1551.)

Obtain MMj other than MMj business—what if a person belongs to a small co-op? What if they get it from their caregiver? Our prisons do not need to be filled with sick/disabled patients while violent criminals are set free because of overcrowding.

Prohibition of delivery or transport to a patient—what about a caregiver? What if the patient is severely disabled and is not mobile? What happened to equal access as prescribed by the ADA and State laws? Even pharmacies can deliver prescriptions and over-the-counter meds. Transportation of Medical Cannabis is legal under state law (per *People v. Urziceanu* (2005) 132 Cal.App.4th 747,785).

Hours of operation should be between 9 am and 9 pm to facilitate people who have jobs.

Not all patients can "smoke" the medicine and must rely on edibles, oils or other forms of medicine. This is denied per policy created by the CA's office. Edibles are created with concentrates which are allowable within the Attorney General Guidelines. There are safe methods of extracting the medicine from the plant and/or it can be brought in from other sources.

Does any other business require City residency? Liquor stores? Pharmacies? What about people who work here? This is a ridiculously unnecessary and cumbersome requirement. Will we require a whole new department to keep track of these records? What about HIPPA laws?

What is the need and the purpose for a collective to be required to violate the HIPPA and 4th Amendment Rights of it's members? The draft repeatedly states that all records must be available for City inspection, "including information about patients and caregivers." In only one section of these demands does it say that confidential info may be submitted in a manner that maintains confidentiality.

Possible solution: Each patient and/or caregiver could be assigned a number by the collective, put on the back of their recommendation letter, and used for purposes of inspection. The name, personal data and other identifying info MUST remain confidential.

Additionally, warrantless searches are 4th Amendment violations for all concerned and totally disregards HIPPA protections and privacy laws for patients. Suppose you or your child needed this medicine; do you want the entire City of LB to know about your personal business? Warrantless searches aka "raids" foster bribery and graft, confiscation of property without record, lack of due process, intimidation of patients, and open the door to serious corruption. This also includes 24-hour video access by law enforcement. Even state IDs are voluntary.

And, have we forgotten that the U.S. Constitution 4th Amendment still exists:

The 4th Amendment originally enforced the notion that "each man's home is his castle", secure from unreasonable searches and seizures of property by the government. It protects against arbitrary arrests, and is the basis of the law regarding search warrants, stop-and-frisk, safety inspections, wiretaps, and other forms of surveillance, as well as being central to many other criminal law topics and to privacy law.

Reporting sales—requires name, address of grower, seller and purchaser. Again, over-regulation which violates HIPPA laws and 4th Amendment protections. It puts all involved at risk as a target for crime, corruption, asset forfeiture, policing for profit, DEA raids and possible self-incrimination. Unfortunately, it is still considered a Schedule 1 drug regardless of a mountain of evidence that proves otherwise.

Would you want the whole City to know that you were seeing a Psychiatrist? Or needing medicine from one of these clinics? It also speaks to "wholesale" transactions—but other sections require cultivation by the entity that distributes it.

The 4th District CA Court of Appeals (People v Baniani, Aug 2014) The court opined: “..... First, the purpose of the MMPA is to ensure the promise of the CUA is fulfilled and qualified patients have safe access to affordable medical marijuana. We do not think the Legislature intended a seriously ill individual whose physician has recommended use of medical marijuana, and who is physically or otherwise unable to participate in the acts involved in cultivating medical marijuana, cannot simply pay money to his or her collective in exchange for the recommended medicine..... Moreover, for some the cultivation and processing would not be completed until it was too late to provide any relief. The MMPA does not anticipate a patient who has received a physician’s recommendation must thereafter wait months to lawfully acquire medical marijuana.”

Former Chief McDonnell contends that patients they have observed at the dispensaries were not seriously ill and were not entitled to be patients. Firstly, we don't believe that the requirements for the Police Department included a medical certification. It is illegal to practice medicine without a license. Secondly, can you please tell me what a cancer patient looks like? What about AIDS, migraines, chronic pain?? These decisions are best left to a patient and their doctor—wouldn't you want the same? Just because one does not see a wheelchair, chemotherapy symptoms such as baldness, and/or seizures/tremors, doesn't mean they are not suffering.

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."

Our LBPD has painted a grossly inflated picture of costs, all the while over-regulating to increase costs. Additionally, this new scenario is very different from the past as no dispensaries are currently open.

In some scientific studies, it has been shown that with decriminalization/legalization there has been dramatic reduction in violent crimes, overall law-breaking, suicides, drug addiction, alcoholism, traffic deaths, etc. In fact, legitimate studies have shown that when marijuana is legalized/decriminalized, adolescent use, school drop out, crime, arrests, death from opioid and alcohol overdose goes down.

It is the overall sense of our LB Medical Marijuana Task Force that this MMj Ordinance is destined to fail on many counts. It presents as a litigation landmine which will cost taxpayers large sums of money. An unreasonable ordinance will only serve to increase the likelihood of "street dealing", thus lining the pockets of the gangs and cartels. Violence, territorial disputes and other gang activity are just another by-product.

*LB City Task Force member Larry King has spent a great deal of time and effort presenting a MMJ Ordinance that not only addresses federal preemption concerns (Pack decision), but many other litigious issues as well. We would sincerely appreciate your consideration of this reasonable and workable LB Medical Marijuana Ordinance.

*In any case, the MMPA already sufficiently regulates patients. This ordinance only needs to govern dispensaries. Should the CA draft be considered, patient regulations should be abstracted.

Acting head of the U.S. Justice Department's Civil Rights Division Vanita Gupta wrote, "The solution is clear: Instead of taxpayers spending millions of dollars on this unnecessary enforcement and keeping folks.....in prison for the rest of their lives, states could follow Colorado and Washington by taxing and regulating marijuana and investing saved enforcement dollars in education, substance abuse treatment, and prevention and other health care." (Oct 2014)

We would be happy to offer assistance to you. Please feel free to call me at [REDACTED] should you have any questions or have a request for information.

Peace be with you,
Diana Lejins, Chair
Advocates for Disability Rights
Chair, Long Beach Medical Marijuana Task Force

* Better the occasional faults of a Government that lives in a spirit of charity than the constant omission of a Government frozen in the ice of its own indifference. President Franklin Delano Roosevelt

Abbreviations:

CA City Attorney
CUA Proposition 215 – Compassionate Use Act 1996
CUP Conditional Use Permit
LB Long Beach
MMj Medical Marijuana
MMPA SB 420 - Medical Marijuana Program Act 2004

Working to make the World a better place, diana

-----Original Message-----

From: diana lejins [<mailto:dianalejins@yahoo.com>]

Sent: Saturday, September 19, 2015 3:23 PM

To: Mayor

Cc: Diana Lejins; cityclerk

Subject: Fw: ADA Accommodation Sep 22 Council Meeting

Please post to agenda and distribute to the Mayor and Council

>> Mayor

>> Garcia

>> am asking for an ADA accommodation On the September
22

>> meeting of the Council, item 19 MMj issue.Many of the attendees

>> maybe sick and/or disabled and can not

> sit

>> for great lengths of time. So, can You please move this

> item

>> up toward the front of the meeting. Your compassion and assistance

>> in this endeavor would be

> greatly

>> appreciated.Diana

>> LejinsAdvocates

>> for Disability RightsTelephone