Alex Campbell
6316 Orange St.
Los Angeles, CA 90048

November 23, 2009

Paul Koretz
City Councilmember, District 5
City of Los Angeles
200 N. Spring St., Room 4440
Los Angeles, CA 90012

Re: Council File 08-0923

Dear City Councilmember Koretz:

I am writing to you today to urge you to consider the chaos that will be created by requiring medical marijuana collectives to possess and provide only medicine that is cultivated at their permitted location. Specifically, I am referencing section 45.19.6.3B8 of the proposed ordinance.

This provision in the ordinance will ensure that safe, affordable access for patients in Los Angeles will be severely curtailed. The requirements for on-site cultivation along with the proposed caps on the number of facilities will ensure that the black market will grow by leaps and bounds in Los Angeles.

I urge to consider these facts as the ordinance is discussed on Tuesday. Requiring collectives to cultivate on-site will prevent patient-members from cultivating in their own homes and backyard and providing their excess medicine back to the collective, a model that has started to work at some of the more established dispensaries in Los Angeles.

Simply put, Los Angeles dispensaries will not be able to cultivate enough medicine onsite to provide for the patient base. The City of Los Angeles does not have enough arable farm land to make on-site cultivation a reality.

Thank you for your time and service to the City of Los Angeles.

Sincerely,

Alex Campbell

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Council File Number: 08-0923

November 21, 2009

To the City of Los Angeles:

Where is the accountability?

The issue before the City is regulating Marijuana dispensaries. The proliferation of these so called "businesses" (*ha*) has become an embarrassment to the people of Los Angeles. Are there that many people in our City that have a legitimate need for medicinal marijuana? If not who's buying it?

I am the sister of one of the non-legitimate, unregulated, non-store owning marijuana dispenser of medical marijuana; i.e. my brother is a drug dealer. It has become taboo in my family to mention this conflict of morals because our society is coming to embrace this vice. He informs us that he is legitimate because of the recommendations of the physicians tacked to the wall behind his numerous Marijuana plants. Supposedly, he is a care giver. He has been carrying on this business for five years without any consequence.

Does my brother have any regulation? No. Does he pay income tax? No. Does the State of California impose a sales tax on his product? No. They do not know he exists.

This is a utopian situation for my brother and others in the city like him. They are able to bring in *large* sums of cash because most of his clientele are not legitimate users of medical marijuana. Most of his clientele are druggies, period. He cannot possibly make the kind of money he does off of his legitimate medical marijuana users. He is a ***DRUG DEALER***.

Up until very recently his operation was run out of his private home. My brother is a married man with minor children in the home. This concerns us due to the clientele he deals with on a daily basis. The health and welfare of his children have always been a concern to the rest of the family. This could not be a healthy environment for these kids.

One of our family members commented upon discovering my brother's profession, "If he's legitimate, why doesn't he have a sign in the window?"

Medicinal Marijuana has become the happy face mask for an ever growing criminal enterprise. We need defined regulations on where and who can dispense medical marijuana. The decision cannot be left up to whomever to decide who is a "legitimate" care giver or medical marijuana user. There must be strict regulation and guide lines as to where and who medicinal marijuana can be dispensed.

Thank you for listening to the anonymous sister of a drug dealer.

From: Trish Neal

Subject: MMD

C.F. 09-0923

Please discontinue the MMD's in Eagle Rock. We have worked so hard to build a clean and orderly little community. Now-it is being ruined by them. I live on College View in Eagle Rock. An MMD opened on the corner of College View and Colorado several months ago. Now, there is always gangsters racing up and down the street at high speeds, pot heads hanging around for long periods of time and more litter building up day by day around it. It brings low life people into our community. These are people who clearly live off the system, jobless and milking our state for every last dollar.

I work and own a home on College View as well as a business in Eagle Rock. I am raising three children who cannot walk to the end of their own street. They must now take a detour just to get home to avoid the riff-raff which are clearly not from this community.

These MMD's must be stopped before someone is hurt or killed. These people have no concerns for the community or it's safety. And the funny thing is-people say they are used for the sick elderly-yet I have never seen an elderly sick person come out or go into an MMD. Again, they are all gangster looking or drug addicted junkies that frequent them.

Thank You,

Patricia Vuagniaux
Concerned Citizen

City Council

In regard to MMD's in the city of Los Angeles: C.F. 08-0923

It is imperative that they are no closer than 1000 feet to sensitive areas like schools, day cares, churches etc....

There needs to be a cap on the number of them in a community.

Prop 215 passed a not for profit collective model where members of the collective cutivate and share their harvest. It did not pass store fronts.

You need to do criminal and background check on all those involved in the collective.

You need to do due diligence on the doctor's who are handing out recommendations. It should not be accessible because of a 10 minute on site visit. A patient should have to provide detailed medical documents outlining their condition.

thank you,

Darryl Hunter

Regarding - C.F. 08-0923

To my local representatives,

As a long-time Eagle Rock resident, with multiple family members who own 3 homes here and who are raising small children, I feel extremely concerned about the number of dispensaries that Eagle Rock has been subjected to. With the number of elementary schools, daycare centers and after school programs, I feel that we do not need multiple resources for marijuana. This draws many people to Eagle Rock, who may or may not be truly ill with those needs. Can you place the dispensaries next door to police stations or fire stations so there is some nearby patrol should there arise the need? Can you place a fraction of these 20+ dispensaries in Beverly Hills? Can you reassure parents of children that they will not encounter unnecessary circumstances on their way to and from school? Please consider this as you continue to monitor the MMD situation here in Eagle Rock. Please also keep this issue in mind when the time for re-election comes. My family, having lived here for decades and being involved with the Eagle Rock LAPL Branch, the Eagle Rock Elementary & High School and many other local organizations, and being a close friend of Antonio Villaraigosa, has a lot of influence here and we will be happy to use it. We just want the best for Eagle Rock, which is a lovely small and family-friendly community.

Best,
Tania Verafield
5224 N. Maywood Ave.
Los Angeles, CA 90041

page 1

Los Angeles City Council
200 N Spring Street.
Los Angeles, CA 90012
Rooms – Various

November 23, 2009

Re: Council File 08-0923 Medical Marijuana Collectives

Council Members.

During the recent Committee and Council meetings on the Medical Marijuana Ordinance, members have brought up and discussed the topic of legislative intent. While I found the opinions expressed by various Council members interesting, legislative intent is not hard to determine if "**espressio unius est exclusio alterius**" is adhered to. The statutory construction doctrine of *expressio unius est exclusio alterius* means the expression of certain things in a statute necessarily involves exclusion of other things not expressed.

It is also possible to consult the history of the MMPA to examine what the legislature attempted to do before passing SB 420 and what they left out of the final Bill.

You might want to consult with your colleagues Alarcon, Wesson, Cardenas, and Koretz on their participation on the various bills during their terms in the Legislature. Also Mayor Antonio Villaraigosa on his participation while in the Legislature. For your convenience I have included a summary of the bills and attached the exact language of each bill as introduced and amended.

Some of the ideas in the previous bills which are not part of the MMPA include:

- A Task Force or any entity charged with making recommendations about the safe and affordable distribution of Marijuana to patients in medical need of Marijuana.
- Authorizing a City Council or board of Supervisors to adopt an Ordinance creating a medical marijuana program or adopting Zoning provisions ensuring the program is sited in the appropriate neighborhood.
- Authorizing a City, County, or City and County to distribute medical marijuana, or to contract with a single nonprofit to provide Medical Marijuana distribution.
- Authorizing any entity to establish regulations specifying operation and supervision of; or methods, procedures, and criteria for cultivation projects.

Sales of any kind were never a part of these bills.

The California State Legislature attempted on 4 different occasions (SB 535, SB 1887, SB 848, SB187) prior to passing SB 420 to enact the Compassionate Use Act (CUA) and it is instructive to see the ideas discussed and excluded. By excluding I mean those ideas which eventually did not make it into SB 420 which when passed into law became the MMPA.

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I have noticed that much of the discussion during Council meetings has dealt with the meaning of "To encourage the federal and state governments to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana" and around the meaning of "associate within the State of California in order to collectively or cooperatively to cultivate marijuana for Medical purposes".

The MMPA added section 11362.775 to the Health and Safety Code. That section states that 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 11357,11358, 11359, 11360, 11366, 11366.5, or 11570.

So how did the Legislature arrive at that exact language? What was proposed and left out along the way? I hope you will find the following insightful and help you separate fact from fiction, wishful thinking from reality.

Senate Bill 535 (Vasconcellos 1987)
From the Assembly Summary. This bill establishes a Medical Marijuana Research Center at the University of California to study the safety and efficacy of marijuana usage for medical purposes. If studies confirm the value of marijuana for medicinal purposes, the Research Center would establish medical guidelines for appropriate administration and use. It did not pass but portions of it were reintroduced into SB 1887

SB 1887, SB 848 and SB 187 did attempt to deal with associate in order to collectively or cooperatively cultivate marijuana. The question is what did the Legislature consider in these previous bills and reject putting in SB 420?

Senate Bill 1887 introduced by Senator Vasconcellos on February 19, 1998 stated that "This bill would, pursuant to legislative findings and declarations, authorize a city, county, or city and county to distribute medical marijuana, in accordance with existing law, pursuant to a local program that is established and conducted in compliance with specified conditions. It added the following section.
SEC. 2. Section 11362.7 is added to the Health and Safety Code, to read:11362.7. (a) Notwithstanding any other provision of law, a city, county, or city and county may distribute marijuana to persons in medical need of marijuana in accordance with Section 11362.5, provided that all of the following conditions are met:
(1) The city council or board of supervisors adopts an ordinance creating a medicinal marijuana distribution program, and adopts zoning provisions that ensure the program is sited in an appropriate neighborhood.
(2) The program is developed in consultation with the local health department and local law enforcement.

And "it is the further intent of the Legislature to respond fully to the wishes of the voters in approving Proposition 215 by allowing local governments to distribute medicinal

marijuana under strictly controlled circumstances and to protect against the illegal spread of marijuana under the pretense of medical use."

The Bill Analysis of August 4, 1998 further stated that:
The bill authorizes the city, county, or city and county to contract with a single nonprofit corporation to distribute medical marijuana.

The Attorney General's Office opposed this bill arguing that it is contrary to the intention of the electorate. The Attorney General further asserted that the voters did not envision a "crazy quilt" of local ordinances, and they did not encourage separate state action.

This bill did not become law and there is nothing in the MMPA allowing the City or County to distribute Medical Marijuana or contract with a nonprofit corporation to do the same. There is also nothing in SB 420 that mentions local ordinances or zoning provisions. The only mention of local government is in connection to the identification card program.

SENATE BILL 848. This bill introduced by Senator Vasconcellos on February 25, 1999 stated it wanted to enhance the access of patients and care givers to medical marijuana through collective, cooperative cultivation projects and **introduced** section 11362.775. Qualified patients, persons with valid registry identification cards, and the designated primary care givers of qualified patients and persons with registry identification cards, may associate or incorporate within the state of California, or both, in order collectively or cooperatively to cultivate marijuana for medical purposes and these individuals participating in cooperative cultivation projects shall not solely on the basis of that fact be subject to criminal sanctions under Section 11357, 11358, 11359, 11360, 11366, 11366.5, or 11570.
The department shall adopt regulations, after public comment and consultation with interested organizations, governing the operation and supervision of these cooperatives, no later than December 31, *2001*. The regulations shall specify only the methods, procedures, and criteria that the cultivation projects shall employ to ensure the consistency of composition, non contamination and non diversion of medical marijuana. The ~~county health department or its designee~~ *department* shall have the right to inspect the cultivation projects to ensure compliance with the methods, procedures, and criteria.

STAFF ANALYSIS stated that Proposition 215 directs the state to implement a plan to provide for the safe and affordable distribution of medical marijuana. The author has made several attempts to realize this intent that were defeated. Additionally, resistance by both state and federal authorities has prevented any public distribution of medical marijuana. Numerous private, local distribution organizations have attempted to obtain and deliver marijuana for medical purposes, but were forced to close due to police and judicial action. A number of California cities either encouraged or openly tolerated marijuana distribution, but no broad distribution has been realized. Attorney General Bill Lockyer has created a special task force to design a public distribution system and has

appointed the author as chair of the effort. This bill implements the recommendations of the task force.

SB 848 was defeated in the Assembly.

SB 187. This bill introduced by Senator Vasconcellos on February 7, 2001. It appears to be almost identical to SB 848. SB 187 passed both houses of the legislature but was held in the Senate and not sent to the Governor.

SB 420. This bill was introduced by Senator Vasconcellos on April 9, 2003

Included in the Bill Analysis:
Prior Legislation

SB 535 (Vasconcellos) of 1997 established a study to confirm the value of medical marijuana, and established medical guidelines for appropriate administration and use, including treatments. SB 1887 (Vasconcellos) of 1998 authorized local governments to establish medical marijuana distribution programs. Both bills were defeated in the Assembly. SB 847 (Vasconcellos), Chapter 750, Statutes of 1999 authorized the University of California to establish a California Marijuana Research Program. SB 848 (Vasconcellos) of 1999 proposed a registry system similar to this bill. The bill was defeated in the Assembly. In 2001, the final version of SB 187 (Vasconcellos) was identical to this bill; it passed both houses of the Legislature but was held by the Senate and not sent to the Governor.

SB 420 starts out like the ones before it requiring DHS to adopt regulations concerning the operation of Medical Marijuana Collectives or Collective projects.
However by the time the bill was passed no reference remained about DHS or any other entity regulating or proposing rules for Collectives or Collective projects. A major portion of Section 11362.775 was removed from the Chaptered Version of 10.12.03.

From the Bill History

This from Senate committee. 4.07.2003

18. Permits cooperative cultivation of marijuana for medical purposes, with specified supervision of DHS. Requires DHS to adopt regulations governing the operation of these cooperatives by December 31, 2004.

Assembly Committee 6.30.2003
19) States that qualified patients, persons with identification cards, and their primary caregivers may associate, within California, in order to collectively or cooperatively

cultivate marijuana for medical purposes, and that such persons shall not be subject to state criminal sanctions under the specified laws listed above.
20) Requires DHS to adopt regulations no later than December 31, 2004 governing the operation of the above cooperatives.
21) Provides that the regulations relative to the cooperatives shall specify only the methods, procedures and criteria that the cultivation projects will employ to ensure the consistency of composition, non-contamination and non-diversion, of medical marijuana.

Senate Floor 9.11.2003
22. Permits cooperative cultivation of marijuana for medical purposes, with specified supervision of DHS.

Assembly Floor 9.10.2003
Nothing was in the Assembly bill when it reached the floor requiring or designating DHS or any other entity to adopt regulations or supervise collective cultivation.

Section 11362.775 from the bill introduction on 2.20.2003

11362.775. 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, 11358, 11359, 11360, 11366, 11366.5, or 11570.
The department shall adopt regulations, after public comment and consultation with interested organizations, governing the operation and supervision of these cooperatives, no later than December 31, 2004. The regulations shall specify only the methods, procedures, and criteria that the cultivation projects will employ to ensure the consistency of composition, noncontamination and nondiversion of medical marijuana. The department shall have the right to inspect the cultivation projects to ensure compliance with the methods, procedures, and criteria.

Section 11362.775 from the Chartered Version.

11362.775. 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, 11358, 11359, 11360, 11366, 11366.5, or 11570.

On page 2 or SB 420, the following is stated:

(b) It is the intent of the Legislature, therefore, to do all of the following:
(1) Clarify the scope of the application of the act and facilitate the prompt identification of qualified patients and their designated primary caregivers in order to avoid

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unnecessary arrest and prosecution of these individuals and provide needed guidance to law enforcement officers.
(2) Promote uniform and consistent application of the act among the counties within the state.
(3) Enhance the access of patients and caregivers to medical marijuana through collective, cooperative cultivation projects.
(c) It is also the intent of the Legislature to address additional issues that were not included within the act, and that must be resolved in order to promote the fair and orderly implementation of the act.

There is absolutely nothing in Proposition 215 that mentions Cultivation Projects. The only reference to cultivation in the Act is the following.

Section 11357, relating to the possession of marijuana, and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to a patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.

It is possible that members of the Assembly knew that Cultivation projects were never a part of the Act and removed the State or any other entity from organizing or proposing rules to regulate them.

While the Legislature left in the language of its intent concerning Collective projects they never established them into law. Also it is troubling that the Legislature would seek to address additional issues not included within the Act. The Act itself is a Citizens initiative and can not be amended by the Legislature.

Certainly patients and their Caregivers can possess or cultivate marijuana for the personal medical purposes of the patient but nothing in the CUA or MMPA even remotely proposes the dispensaries we are dealing with today. The Act was clear in its language of personal use and personal cultivation.
The amending language being proposed by Council members for the Medical Marijuana Ordinance **can not be found** in the Compassionate Use Act or the MMPA.

The City Attorney has opined what language should be in the Ordinance based on the CUA and various court cases including opinions of the California Supreme Court and the Los Angeles City Council should follow his advice. Personal wishes and personalities should take a back seat to the law. To do otherwise endangers the public safety and general welfare of the Citizens of Los Angeles.

I hope you will find this of assistance.

Sincerely

James O'Sullivan
President, Miracle Mile Residential Association

Greater Los Angeles Collectives Alliance
Protecting Safe Access to Medicinal Cannabis

November 23, 2009

Los Angeles City Council
200 North Spring Street
Los Angeles, California 90012

RE: Council File Number 08-0923 – MEDICAL MARIJUANA ORDINANCE

Councilmember,

The Greater Los Angeles Collectives Alliance (GLACA) would like to extend a note of gratitude to you for continuing the efforts in preparing sensible regulations for medicinal cannabis collectives here in Los Angeles. We recognize that the council and council staff have spent many exhausting hours on this issue. We would like to thank you for the time and efforts spent thus far.

We ask that today you stay steadfast to protecting patients' rights to safe access to their medicine. Please do not act so swiftly that patients' rights, or the rights of a collective are forfeited. It is important for us to prudently review each of the amendments to be sure that they address community concerns, that they do not cause further burden on city staff ; that they do not violate the right to privacy and the right for due diligence; and that they are clear to the agencies participating in the enforcement process.

GLACA has continually supported the council in their efforts to fairly regulate medical cannabis collectives. In the past several years we have worked closely with council and council staff to support and assist in the regulatory process. Today, we are writing to express support for a majority of the amendments introduced in Council sessions and to seek clarification on other proposed amendments for regarding Council File 08-0923– MEDICAL MARIJUANA ORDINANCE.

We support the following proposed amendments :

- 18A (HAHN- ZINE) requesting study of city taxes on medical marijuana collectives

- 18B (KORETZ-REYES) – requiring attendance by a collective representative at monthly meetings with City officials

1649 S. La Cienega Blvd., Los Angeles, California 90035
Phone: (310) 384-3668, Fax: (310) 246-9358

- 18D (KORETZ, REYES – ROSENDAHL) – requiring daily bank drops and prohibiting collectives from keeping more than $200 overnight

- 18E (KORETZ – REYES) – restricting the use of revenue to reasonable employee compensation, reimbursements for actual expenses of marijuana cultivation, and operational expenses incurred while providing medical marijuana

- 18F (KORETZ – REYES) requiring collectives to patrol a 2 block radius and prohibiting firearms and tazers on-site

- 18G (KORETZ, REYES – ROSENDAHL) requiring collectives to provide law enforcement and all neighbors within 200 feet with a name and phone number to contact regarding operational problems

- 18H (PERRY – REYES) – requesting a clear opinion from the Attorney General on cities allowing the sale of marijuana for medical purposes

- 18J (HAHN – GARCETTI) restricting the 180 day registration grace period only to collectives registered pre-ICO AND only to collectives which have not been cited with nuisance violations

- 18K (KORETZ-ROSENDAHL) placing priority registration status to collectives registered pre-ICO

  We believe that the council should recognize those collectives that followed the provisions set forth within the Interim Council order of 2007. One hundred and eighty-seven (187) collectives came forward and agreed to follow the rules set forth by their elected representatives. Those collectives that registered agreed to put forward their name, addresses and phone numbers only to later deal with threatening letters or personal visits from the DEA. These collectives attempted to set an example to the city council that they were willing to work within fair guidelines presented. To not recognize their efforts in moving regulations forward is unreasonable.

Other proposed amendments are either 1) unclear and ambiguous - making compliance with or enforcement of the provisions difficult – or- 2) would unnecessarily restrict access to medical cannabis for patients without providing any actual protection for communities.

GLACA would like to request clarity on the following amendments:

- **18I (REYES) – Section 1E – including "substance abuse rehabilitation center" as a sensitive use.**

  We do not necessarily oppose an in-patient substance abuse rehabilitation center or live-in halfway houses being included as a sensitive use. However, a clear

definition of "substance abuse rehabilitation center" needs to be provided. NAICS codes include 4 separate codes relating to substance abuse rehabilitation centers.
621420 – Outpatient Mental Health and Substance Abuse Centers
This code includes "Psychiatric centers and clinics (except hospitals), outpatient" "Drug addiction treatment centers and clinics (except hospitals), outpatient", and "Substance abuse treatment centers and clinics (except hospitals), outpatient."
622210, 622310, & 623220 –

These codes relate to substance abuse hospitals, residential or inpatient drug treatment centers, and halfway houses.
GLACA is concerned that, without further clarity, a psychiatrist practicing outpatient drug abuse counseling or therapy codified under NAICS 621420 could be considered a sensitive use requiring a buffer. Not only would this create a number of otherwise accessible areas to be zoned out of availability for collectives, but this would also cause enforcement issues where entire office buildings would have to be scanned to find out what type of treatment a practicing therapist might be providing.
We would urge the council to specify the only inpatient substance abuse centers and hospitals or residential halfway houses (specifically codified as NAICS codes 622210, 622310, and 623220) are referred to in this section.

- **Section 1E – deleting numerical plant and weight counts and replacing with "No medical marijuana collective shall possess more dried marijuana plants of any size on the property than that permitted pursuant to state law."**

  While we support the removal of the burdensome and unnecessarily low limit of 100 plants and 5 pounds as well as tying plant and weight counts to the per-patient allowance already established under state law, we would like to, however, point out that this language only references "dried marijuana plants" and makes no reference to actually living marijuana plants.
  We would urge the council to amend the language to specify that "*no collective shall possess more dried marijuana or cultivate more marijuana plants than is permitted pursuant to state law."*

- **18L (ZINE-REYES) – restricting patients to membership at only one collective**

  We are concerned with both implementation and enforcement of this regulation. Collectives do not have access to the records of other collectives. Therefore, aside from taking the patient at their word that the patient is not a member at any other collective, the collective would have no way of actually implementing this regulation. Dishonest patients might join more than one collective, and all the collectives may be found in violation of this regulation should the City cross-reference membership records despite the collectives having no way to self-enforce this regulation.

Short of the City maintaining a database of patients including very specific and personally identifying information (such as a driver's license number) accessible at all times to registered collectives, compliant collectives are not sure how to abide by this regulation.

We would ask that you take these concerns into consideration to allow compliant collectives to have clarity on what is being required of them in the ordinance, as well as make enforcement of the ordinance clear for the agencies participating in the enforcement process.

Again we would like to remind you that the Greater Los Angeles Collectives Alliance remains committed to work with the City Council to develop sensible regulations that address community concerns and protect safe access to medicine. We thank the Council for their time.

Respectfully,

The GLACA Steering Committee:

Yamileth Bolanos

Don Duncan

Jennifer Ferrell

Barry Kramer

1649 S. La Cienega Blvd., Los Angeles, California 90035
Phone: (310) 384-3668, Fax: (310) 246-9358