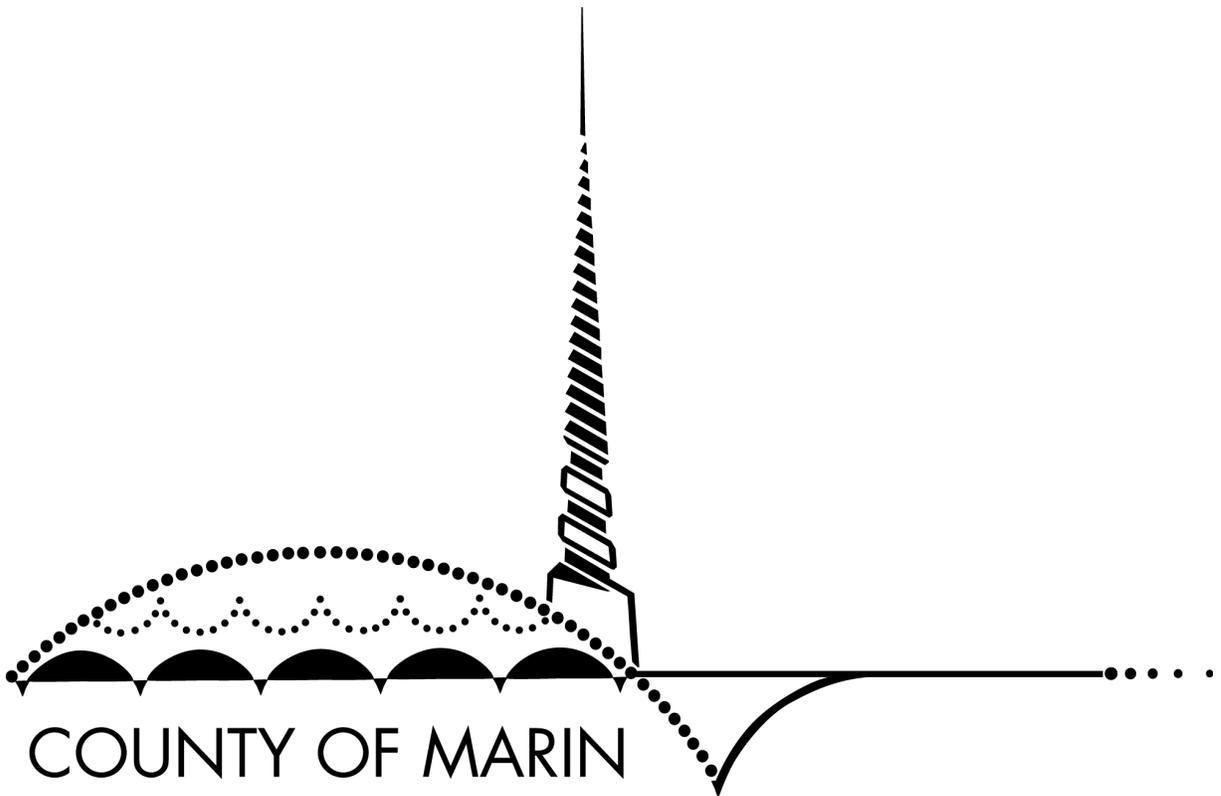

2012/2013 MARIN COUNTY CIVIL GRAND JURY

Medical Marijuana: Up in Smoke?

Report Date - May 9, 2013
Public Release Date - May 17, 2013



MEDICAL MARIJUANA: UP IN SMOKE?

SUMMARY

Marijuana is the most widely used illicit drug in the United States, and perhaps the most controversial. Just as Prohibition utterly failed to keep Americans from drinking, despite decades of law enforcement and millions of dollars spent on anti-drug education, marijuana is readily available just about anywhere. Advocates claim it alleviates pain and suffering from a variety of illnesses. Opponents insist that marijuana is addictive, impacts the adolescent brain and can be a gateway to more serious drug use.

A recent poll conducted by the PEW Research Center found that 77% of respondents favor the use of medical marijuana for legitimate medical purposes. Despite popular support and the large number of Medical ID cards issued in this county, only one licensed medical marijuana dispensary continues to do business in Marin. In recent years, dispensaries operated in Novato, Kentfield, Sausalito, San Rafael, Fairfax and Corte Madera. All but one has been closed by the passing of moratoriums and bans by local governments or under threat of forfeiture by the federal government.

Marin Holistic Solutions (MHS) in Corte Madera continues to operate and serves 800 patients; however, they will lose their lease in May 2014. Patients may then have to resort to the open market where there is no guarantee of purity or quality. As a result of these closures, the enforcement of federal law in California since 2011 and the conflicting laws and practices in the county, safe access for patients who are medically approved to use marijuana is no longer ensured. The county's response to this situation has been to take a wait and see position. One supervisor stated that medical marijuana is not a priority, and a representative of the County's Department of Health and Human Services stated that they "did not have a dog in this race."

The Grand Jury believes that well-defined oversight by the Board of Supervisors should support patient safety and well being by ensuring properly regulated access to medical marijuana, while continuing to limit recreational use.

The findings in this report are intended to inform; the recommendations are meant to show that regulation of governing bodies is the key to safe access for legally authorized patients.

This report is not to be construed as advocating the use of marijuana for recreational purposes; this is not the Grand Jury's recommendation.

BACKGROUND

Federal Laws Restricting Marijuana Usage

Under the Controlled Substances Act, marijuana has been classified as a Schedule I drug since the Nixon Administration. This is the most restrictive Schedule, classifying marijuana along with drugs such as heroin and Ecstasy, and making it illegal to possess or prescribe it if the following findings have been made:

- The drug or other substance has a high potential for abuse
- The drug or other substance has no currently accepted medical use in treatment in the United States
- There is a lack of accepted safety for use of the drug or other substance under medical supervision

One effect of this Schedule I classification has been to limit scientific research on the potential usefulness or risks of marijuana usage. In the past ten years, there have been only twelve U.S. clinical trials investigating the therapeutic properties of marijuana.¹ For the first time in 20 years, the Federal Court of Appeals for the D.C. Circuit has agreed to hear a challenge to the Drug Enforcement Agency's (DEA) classification of marijuana as a Schedule I drug at the request of Americans for Safe Access (ASA).²

In 2005, the U.S. Supreme Court upheld the Controlled Substances Act against possession, cultivation and distribution of marijuana even for personal medical use on the advice of a physician. However, this ruling did not change state law, and, following California's example, 14 other states also passed laws decriminalizing medical marijuana. Candidate Barack Obama in 2008 endorsed a hands-off approach to medical marijuana, promising that he would not interfere with state marijuana laws.

In 2009, the Department of Justice (DOJ) issued guidelines to federal prosecutors in states that have authorized the medical use of marijuana, advising *against* prosecution of individuals whose actions "are in clear and unambiguous compliance with existing state laws," noting that the DOJ was committed to making "efficient and rational use" of its limited resources. Perhaps fearing that this would be regarded as a green light, the Office of National Drug Control Policy and the Drug Enforcement Administration quickly issued statements that these guidelines should not be interpreted as the federal government approving the medical use of marijuana.

Nevertheless, the number of medical marijuana dispensaries in California, Oregon, Montana and Michigan all increased rapidly.

¹ Cannabis and Regulatory Void, Background Paper and Recommendations, 2011.

² ASA is a national organization of over 30,000 patients, medical professionals, scientists and citizens working to create policies that improve access to medical marijuana.

In 2011, the DOJ issued a second guideline stating that its earlier directive was not intended to shield large-scale marijuana cultivation from prosecution, “even when these activities purport to comply with state law.” U. S. Attorneys took this as permission to prosecute, and a federal crackdown on marijuana dispensaries began with a new strategy – threatening prosecution of landlords who rent to marijuana dispensaries. This was very effective, and created chaos for the medical marijuana industry. In the next eighteen months, it is estimated that 800 marijuana dispensaries in California alone closed their doors. Federal investigators have continued to arrest and prosecute thousands of people a year for medical marijuana offenses.

In spite of the federal crackdown, 18 states and the District of Columbia now allow medical use of marijuana, and in November 2012, Colorado and Washington became the first states to legalize recreational use as well, as a result of voter approval. The response from the DOJ so far has been muted. In December 2012, the Attorney General said that a clarification of policy would come soon, but five months later, there has been no further statement. However, a bill amending the Controlled Substances Act has been introduced in Congress for the first time; if enacted, it would ensure that the Federal Government respects state marijuana laws.

California’s Attempts to Regulate Medical Marijuana Usage

In 1973, Oregon became the first state to decriminalize small-scale marijuana possession, and in 1996, California became the first state to legalize the medical use of marijuana with the passage of Prop 215³, also known as the Compassionate Use Act (Appendix A). A fundamental weakness of California’s Compassionate Use Act was its failure to address *how* qualified patients could obtain their medication, nor was there any mention of collectives or dispensaries. The Act did not establish any guidelines for law enforcement personnel, or set limits on the amount of marijuana a patient could possess. The vague language gave physicians considerable latitude to recommend the drug for “any other illness for which marijuana provides relief.” In contrast to California’s weak laws, medical marijuana programs in other states operate on the state level, rather than allowing local governments to pass ordinances or bans, and are more tightly regulated.

In 2003, the California legislature adopted new guidelines for medical marijuana under Senate Bill 420, which took effect on January 1, 2004. Under these guidelines, patients could possess no more than eight ounces of marijuana and/or six mature, or twelve immature, plants. Greater amounts of marijuana could be possessed if a physician approved such quantities. SB 420 also mandated a voluntary medical marijuana patient registry, and the Department of Health Services was directed to issue identification cards for qualified patients and caregivers through County Health Departments.

Another provision of SB 420 allowed for the establishment of collectives or cooperatives to cultivate marijuana for medicinal purposes, but there is no mention of dispensaries. Four years after the passage of this bill, Attorney General Edmund G. Brown, Jr. issued a

³ CMA ON-CALL Document #1315. “The Compassionate Use Act of 1996”; The Medical Marijuana Initiative.”

document known as the Attorney General's Guidelines, which established rules for the operation of collectives and cooperatives:

- Cooperatives and collectives must be non-profit entities
- Medical marijuana transactions are subject to sales tax
- Cooperatives and collectives must maintain a ledger of cash transactions
- A member's status must be verified and documented in their records
- Cooperatives and collectives cannot distribute to, or acquire marijuana from, non-members

The Attorney General's Guidelines did address the issue of storefront dispensaries, noting that although they are not recognized as legitimate under the law, they have been operating in California for years. His opinion was that "a properly organized and operated" collective or cooperative that dispenses medical marijuana through a storefront may be legal under California law, if it is in compliance with the guidelines he set forth in this document.

Despite the apparent incongruity between federal and state law, Attorney General Brown argued that there is no legal conflict because California did not "legalize" medical marijuana, but chose to exercise the state's right not to punish certain marijuana offenses when a physician has recommended its use.⁴

In 2010, California voters decisively voted down Proposition 19, a recreational marijuana initiative, but in January 2011, Health and Safety Code 11357 was implemented, downgrading the possession of less than an ounce of marijuana for personal use from a criminal offense to an infraction. It is still a crime to possess any amount if the intent is to sell it. The change in the law resulted in arrests for marijuana possession dropping 86%, from 54,000 in 2010 to 7,800 in 2011, according to the Criminal Justice Statistics Center.⁵

In 2011, another amendment to existing law was enacted as Assembly Bill 1300, that would give cities or other local governing bodies the right to regulate the location, operation or establishment of a medical marijuana cooperative or collective. Although it was intended to remove the legal guesswork for local governments, it has led to more confusion, as cities and counties began exercising their power to ban dispensaries or issue moratoriums on storefront operations, while continuing to look to the state for more guidance and regulation. In 2012, Assembly Member Ammiano and others introduced AB 2312, the Controlled Substances Act. It called for the establishment of a statewide system to regulate and control medical marijuana that would preempt local laws, and require collectives and dispensaries to register with the state, similar to what other states have done. Under this act, a city or county would be required to permit a medical marijuana dispensary for every 50,000 residents. In addition, a state board would

⁴ Guidelines for the Security and Non-Diversion of Marijuana Grown For Medical Use, DOJ, State of California.

⁵ Ibid

regulate the cultivation, processing, manufacturing, testing, transportation, distribution, and sale of medical marijuana. However, AB 2312 was tabled, and its future is unclear.

Recently, Assemblyman Ammiano introduced a second bill, AB 473 that would create a new agency within the state Department of Alcoholic Beverage Control to regulate the supply and sale of medical cannabis, a proposal modeled after Colorado's oversight authority. This bill is still pending.

The bans and moratoriums passed in recent years are now being challenged in courts across the state. The Second District Court of Appeals issued a decision last July that rejected bans on dispensaries imposed by a local municipality. In this case, the Court ruled that state law preempts local law. In January 2013, a federal magistrate ruled that landlords cannot use federal law to evict a medical marijuana dispensary. In February 2013, the California Supreme Court began hearing arguments on these cases to determine whether cities are within their legal rights in banning dispensaries from their jurisdictions despite the voter approved law. On May 6, 2013, their ruling was announced: the rights of local municipalities to ban dispensaries were upheld. This decision will undoubtedly lead to the closing of many dispensaries across the state, and advocates may now shift their efforts to press for full legalization or state regulated control of medical marijuana.

APPROACH

The Grand Jury reviewed the following:

- Prop 215, AB 420, AB 1300 and AB 2650
- Proposed Assembly Bill 2312
- The Federal government's Controlled Substances Act of 1970
- Ordinances 627, 753, 758, 759 and 760 of the Town of Fairfax
- The California State Association of Counties (CSAC) Medical Marijuana Working Group update of 2011
- The California Medical Association's Information re: Prop 215
- Cannabis and the Regulatory Void, a publication of the California Medical Association (Appendix)
- 44 newspaper and magazine articles containing research about medical marijuana
- Previous Grand Jury reports on Medical Marijuana in San Luis Obispo County and San Diego County
- Online sites advertising delivery services for medical marijuana

The Grand Jury interviewed the following:

- County Department of Health and Human Services staff
- A member of the Board of Supervisors

- A local attorney who specializes in medical marijuana cases
- A local physician who specializes in substance abuse, and a physician who advocates legalizing cannabis
- The Community Relations Director of a brick and mortar dispensary

The Grand Jury also attended a city council meeting where a ban on dispensaries was being debated, visited a storefront dispensary and conducted a survey of county city managers for information about local ordinances re: medical marijuana dispensaries.

DISCUSSION

Marin County has a long history of sympathetic support for medical marijuana. In 1992, years before Prop 215 became California law, the County Drug and Alcohol Board was instrumental in helping the Compassionate Use Act gain support, and the Board of Supervisors passed an ordinance expressing compassion for the ill people of Marin whose suffering is alleviated by medical marijuana use. However, this ordinance made no allowance for the establishment of dispensaries, and medical marijuana has now become a politically volatile issue, which may explain in part why the BOS has been reluctant to take a stand.

Marin's Vital Statistics Bureau began issuing Medical Marijuana ID cards in 2001, prior to the passage of Senate Bill 420.

Medical authorizations and the medical license of the authorizing physician are verified by staff. They take an ID card photo, pass on the request for the card to Sacramento, process fees and maintain records of the applications. The fee is \$56.50 for Medi-Cal beneficiaries and \$113 for all other applicants. For Medi-Cal beneficiaries, \$33 goes to the state and \$23.50 goes to the County. For all others, \$66 goes to the state and \$47 to the County. The card is good for one year; for renewal, a new application is required. Applicants must be residents of the county to qualify. There is no provision for checking criminal records. The primary use of the ID card is to provide information to law enforcement officers if an individual is found to possess marijuana. A check of the statewide computer registry would verify that possession is authorized. It is not, however, mandatory to obtain an ID card. By law, all that is required for a patient to buy or possess medical marijuana is a letter of authorization from a California licensed physician. Physicians may not *prescribe* marijuana.

The Bureau, part of the Department of Health and Human Services, does not maintain a list of dispensaries or give any advice to applicants about where to obtain medical marijuana. Its role is strictly administrative. The Health Department does not monitor, test or regulate medical marijuana for public health concerns, so the amount of contaminants, pesticides and the potency of the drug is not addressed. There are no mandatory labeling standards, so what constitutes a "dose" varies according to the dispensary. There are no warning labels on medical marijuana, as there are on cigarettes and alcohol. Since the program began, the Marin Vital Statistics Bureau has issued more than 6,000 cards. However, accurate usage estimates cannot be made because of

unregulated mobile delivery services to our community and the availability of marijuana in other counties.

After the passage of the Compassionate Use Act, which Marin residents approved by 73% of the vote, Fairfax became the first town in Marin County and indeed, the state, to issue a permit allowing the establishment of a storefront dispensary within town limits. The Marin Alliance for Medical Marijuana received its permit and business license in 1998, allowing it to sell medical marijuana to patients, after the owner met with the police chief and planning commission and agreed to 84 conditions. These included paying a sales tax, designating a location for a dispensary, and setting standards for the size, operating hours, record keeping, staffing levels and security plans. Marin Alliance continued to operate successfully in Fairfax for 13 years, and was considered a model for other dispensaries in the state. Town officials acknowledged that the dispensary followed the rules and was in the top 10% of tax paying businesses. The town removed 12 of the original conditions in 2001. In 2010, the owner requested a relaxation of 40 more restrictions, including allowing it to start home delivery services, due to the competition it was facing from other clubs, some unlicensed, which were delivering marijuana to Fairfax residents. The Planning Commission agreed to remove or modify more of the conditions, and allowed Marin Alliance to begin making deliveries, with the stipulation that the dispensary carry insurance indemnifying the town from liability. In 2011, after intense pressure and threats of lawsuits from the federal government, Marin Alliance closed its doors.

The NIMBY Effect (Not in My Backyard)

Despite the support from voters for medical marijuana and genuine sympathy for people who are suffering, some fear that dispensaries will attract a criminal element to their neighborhood or encourage recreational usage of marijuana by youth. In the past three years, three major studies, including one by the National Institutes of Health, have concluded that there is *no* increase in crime in the neighborhoods around dispensaries. Nevertheless, local governments have responded to citizens' misgivings by choosing one or more of the following strategies to control the establishment or proliferation of medical marijuana dispensaries:

- Enactment of moratoriums
- Bans
- Zoning and land use codes

Mill Valley banned dispensaries in 2005. San Rafael and Larkspur also passed bans, and both Tiburon and Novato prohibit land use not in compliance with state or federal law. Nevertheless, two dispensaries were allowed to operate in Novato because they opened before the city first adopted a moratorium. Both have since been closed by the federal regulators, and in 2012 Novato also joined the other cities banning dispensaries. Although Sausalito had a moratorium on dispensaries, Caregiver Compassion Group challenged this, opening a dispensary without a permit in 2009. They have since closed their doors. Dispensaries in Kentfield and Santa Venetia were shut down. Two medical marijuana clubs – Marin Holistic Solutions, and Going Green - operated in Corte Madera,

but Going Green, which had only a one year lease, left after being threatened with cease and desist orders by the town. Marin Holistic Solutions became the last dispensary standing after reaching an agreement with the town that allowed it to temporarily operate a collective and dispensary until Spring 2014 with the following conditions attached:

- No person under the age of 21 years would be permitted entry or provided with medical marijuana. Only patients or primary caregivers who possess a valid California Medical Marijuana ID card or a written recommendation from a physician may purchase marijuana
- Video cameras had to be installed recording all activities occurring on the premises, and must be provided to law enforcement officials in response to a warrant
- A professionally monitored burglar alarm system was to be installed
- No alcoholic beverages or weapons and no loitering in the parking lot are allowed; no off-site deliveries to medical marijuana are permitted
- Exterior signage was prohibited

During an onsite visit to Marin Holistic Solutions (MHS), which operates discreetly out of an office complex in Corte Madera, Grand Jury members observed the tight security measures and were given a copy of the Membership Agreement all patients must sign, as well as a Code of Conduct they must adhere to. New patients are warned that any medical marijuana obtained through the collective must not be shared, sold or otherwise distributed, and that the dispensary will cooperate with police in investigations of any unauthorized sales. Central Marin Police have inspected the dispensary and the chief of police reports that there has been no increase in crime in the area. MHS pays sales taxes and business license fees as well as a gross receipts tax of 1.4% to the city. Their products are tested by Halent Laboratories for mold, fungus or pesticides. Those strains that don't pass the test are not sold.

At present, the dispensary serves 800 patients from all over the county. The average age of these patients is 40 years, and approximately half of them report that this is their first experience with cannabis. Some patients were referred by their oncologists; others by family practice physicians or internists. The marijuana, which is always referred to as medicine, is available in many forms, including teas, pills, concentrates and edible products. Some forms of cannabis do not produce any psychoactive "high" at all, allowing patients to drive and function at work.

The Gray Market: Online Dispensaries

As landlords and federal regulators close down storefront dispensaries, online dispensaries that deliver marijuana to one's door appear to be flourishing. A Google search turned up 98 online businesses that deliver to the Bay Area seven days a week. Many are legitimate and well intentioned. Other websites, with names like Inner High, Granny Purps, and Yogajuana are clearly not trying to appeal to oncology patients. These "gray market" operations have slick web sites; they offer promotions and feature menus with colorfully titled strains such as Trainwreck, Purple Monkey and Grape Ape.

Most promise high-grade contaminant-free medical marijuana, and some list conditions whose symptoms, they claim, can be treated with marijuana, including Epilepsy, Autism, Bipolar Disorder and Attention Deficit Hyperactivity Disorder (ADHD). These mobile delivery services are often unregulated and there is no guarantee that their products are safe since no state or county laws require testing. Sales tax revenue is supposed to go to the local jurisdiction where the customer is located, but this may or may not happen. Delivery services without a fixed place of business in Marin County are subject to a flat rate tax, but mobile delivery services typically use unmarked vans and often deal in cash.

Undoubtedly, there are many who obtain a Medical Marijuana ID card for recreational, rather than medical, use. Some opponents speculate that as many as 80% of users fall into this category, although these numbers are impossible to verify. For those who are sick, elderly or unable to get around easily, there are few options available in Marin to obtain medication their physician has recommended to relieve their symptoms, and access has been increasingly limited. With only one storefront dispensary left, patients have to travel from all over the county to obtain medication, at whatever price the dispensary decides to charge. When Marin Holistic Solution's lease expires next year, this option will no longer exist, and patients will either have to travel to another county, grow their own plants – as long as they don't live too near a school or park – or use a home delivery service, which entails risks. As one official put it, "I would never refer my 94 year old grandmother to a delivery service."

Current Laws Conspire to Confuse

Medical marijuana is illegal under Federal law, but it is legal under the laws of California and seventeen other states. Marijuana has accepted medical applications, according to the California Medical Association, and California physicians routinely authorize it for a variety of medical ailments. The CMA has recommended that marijuana be removed from the list of Schedule I controlled substances in order to encourage research into its potential uses, and to subject marijuana to the same oversight and quality control that exist for alcohol, tobacco and food products.

California voters enacted the Compassionate Use Act of 1996, allowing seriously ill people to obtain, grow and use marijuana for medical purposes when authorized by a physician. However, exactly how to go about obtaining the medicine has always been unclear. There are no sanctioned drug trials, no diagnostic manuals explaining dosages, no guidelines for choosing the best delivery system for a particular condition. Inhalants? Tea infusions? Brownies?

Today, the policies, procedures and laws regarding dispensaries are confusing and conflicting, and have been subject to variations in interpretation by cities and counties throughout the state. Marin has never had more than seven dispensaries, while San Jose currently has 110, which, although unlicensed, pay a 7% business tax to the city. The approach San Jose and other cities have taken is to tolerate the dispensaries that are good neighbors, pay their taxes, and fly under the radar. The California Supreme Court's decision will gratify opponents of medical marijuana but leaves many patients with even fewer legal options. The rights of patients authorized to use medical marijuana in our

county are not being safeguarded. The Grand Jury is concerned that closure of the dispensaries in Marin County deprives legitimate medical marijuana patients access to marijuana in their communities, and forces them to travel out of their communities or obtain marijuana through online services.

FINDINGS

F1: The Compassionate Use Act of 1996 was overwhelmingly supported by 73% of Marin voters, and more than 6000 residents have applied for Medical Marijuana ID cards. County oversight is needed to protect the rights and safety of those residents who have legal authorization to purchase medical marijuana.

F2: Medical marijuana edible products are not regulated by the County's Department of Health and Human Services; therefore, there is no guarantee that the products are safe.

F3: Medical marijuana mobile delivery services without a fixed Marin County business address should be subject to a flat rate license tax.

F4: Since 2011, all but one medical marijuana dispensary in the county have been closed. One dispensary, already serving 800 patients, cannot adequately meet the needs of a county this size.

RECOMMENDATIONS

The Grand Jury Recommends that:

R1: The Board of Supervisors respect the will of the voters and the intentions of the Compassionate Use Act by using its authority to uphold access to medical marijuana within the county. Compassion without action is not enough.

R2: The County Department of Health and Human Services establish standards for edible medical marijuana sold in Marin County.

R3: The Board of Supervisors, in concert with law enforcement, the Planning Commission, and representatives from the Alcohol and Drug Advisory Board, develop a viable set of ordinances for Medical Marijuana Dispensaries in the unincorporated areas of the County.

REQUEST FOR RESPONSES

Pursuant to Penal code section 933.05, the Grand Jury requests responses from the following governing bodies:

- County Board of Supervisors: R1, R3
- Director of County Department of Health and Human Services, R2

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda and open meeting requirements of the Brown Act (GJ Text)

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- Proposition 215: Text of Proposed Law, Health & Safety Code, 1996
- Senate Bill 420, Medical Marijuana, Legislative Counsel's Digest, 2003

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury.
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APPENDIX A

Proposition 215: Text of Compassionate Use Act of 1996

Proposition 215: Text of Proposed Law

This initiative measure is submitted to the people in accordance with the provisions of Article II, Section 8 of the Constitution.

This initiative measure adds a section to the Health and Safety Code; therefore, new provisions proposed to be added are printed in italic type to indicate that they are new.

PROPOSED LAW

SECTION 1. Section 11362.5 is added to the Health and Safety Code, to read:

11362.5. (a) This section shall be known and may be cited as the Compassionate Use Act of 1996.

(b)(1) The people of the State of California hereby find and declare that the purposes of the Compassionate Use Act of 1996 are as follows:

(A) To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief.

(B) To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.

(C) 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.

(2) Nothing in this section shall be construed to supersede legislation prohibiting persons from engaging in conduct that endangers others, nor to condone the diversion of marijuana for nonmedical purposes.

(c) Notwithstanding any other provision of law, no physician in this state shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.

(d) 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.

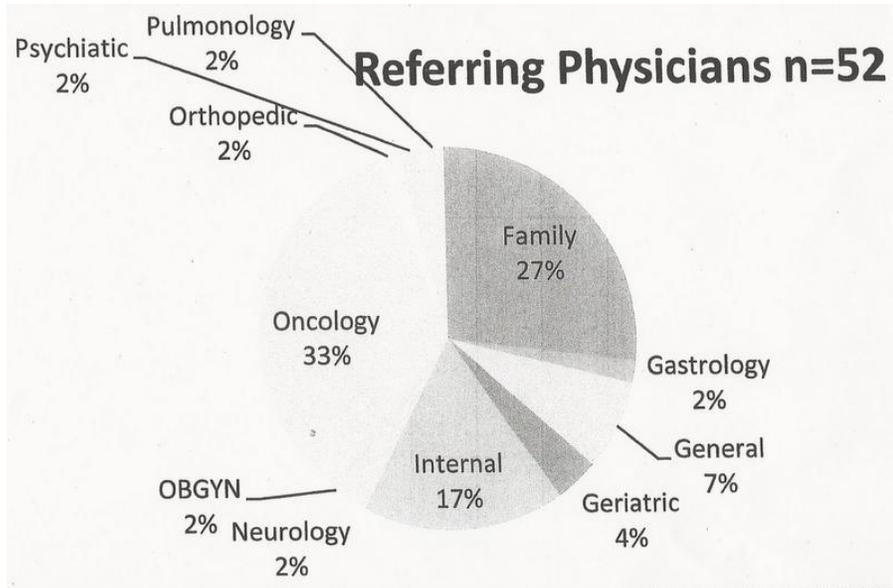
(e) For the purposes of this section, "primary caregiver" means the individual designated by the person exempted under this section who has consistently assumed responsibility for the housing, health, or safety of that person.

SEC. 2. If any provision of this measure or the application thereof to any person or circumstance is held invalid, that invalidity shall not affect other provisions or applications of the measure that can be given effect without the invalid provision or application, and to this end the provisions of this measure are severable.

EXHIBITS 1 and 2

(Source: Marin Holistic Solutions)

1. Referring Physicians by Specialty



2. Numbers of Patients - Geographic source

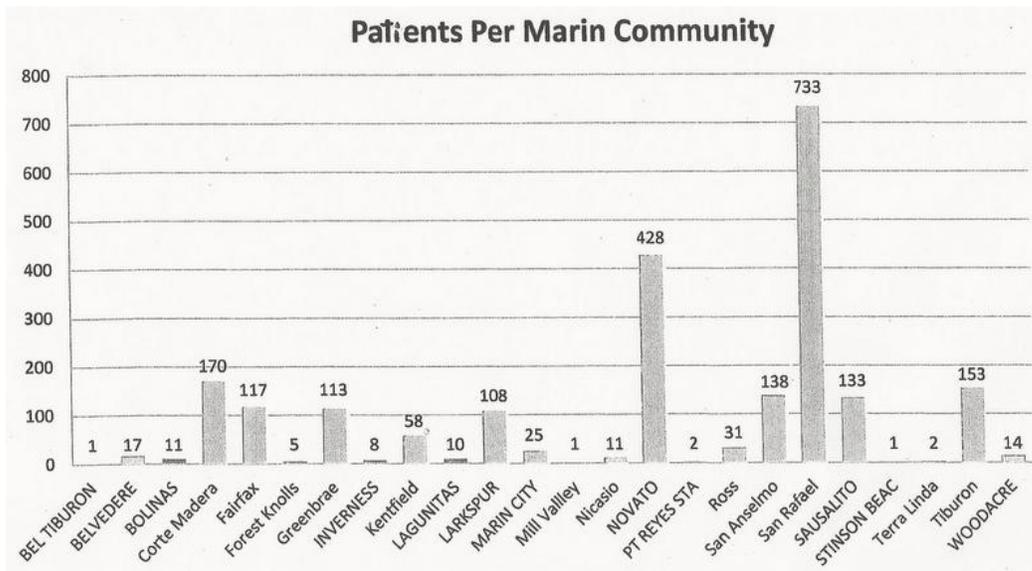


EXHIBIT 3 DESCRIPTION OF MEDICAL APPLICATIONS FOR THE DIFFERENT STRAINS OF CANNIBIS

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Choosing the Right Medicine for You

ANALGESIC	CBC, CBD, CBGA, D9-THC, D8-THC, THCA-C4, THCVA, CBLA, CBNA, Linalool, Myrcene	Relieves pain
ANORECTIC	THCV	Weight loss
ANTIBACTERIAL	CBD, CBGA, CBG	Slows bacteria growth
ANTI-DIABETIC	CBD	Reduces blood sugar levels
ANTIDEPRESSANT	Limonene	Relieves symptoms of depression
ANTI-EMETIC	D9-THC, CBD	Reduces vomiting and nausea
ANTI-EPILEPTIC	THCV, CBD, Linalool	Reduce seizures and convulsions
ANTIFUNGAL	CBCA, Caryophyllene Oxide, Limonene	Treats fungal infection
ANTI-INFLAMMATORY	CBDA, CBD, CBCA, CBC, CBGA, Alpha-Pinene, Myrcene, Trans-Caryophyllene	Reduces inflammation
ANTI-INSOMNIA	THCA, CBG	Aids sleep
ANTI-ISCHEMIC	CBD	Reduces risk of artery blockage

How to use cannabinoid and terpene test results to choose the right medicine for you.

See Back for More →

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ANTI-PROLIFERATIVE	THCA, CBDA, CBD, CBC, CBG, Limonene	Inhibits cancer cell growth
ANTIPSIORATIC	CBD	Treats psoriasis
ANTIPSYCHOTIC	CBD, Linalool, Myrcene	Tranquilizing
ANTISPASMODIC	THCA, D9-THC, CBD, Myrcene	Suppresses muscle spasms
ANXIOLITIC	CBD, Linalool, Limonene	Relieves anxiety
APPETITE STIMULANT	D9-THC	Stimulates appetite
BONE STIMULANT	THCV, CBD, CBC, CBG	Promotes bone growth
GASTRO-OESOPHAGEAL REFLUX	Limonene	Reduces acid reflux
IMMUNOSTIMULANT	Limonene	Stimulates the immune system
IMMUNOSUPPRESSIVE	CBD	Reduces function in the immune system
INTESTINAL ANTI-PROKINETIC	CBD	Reduces small intestine contractions
NEUROPROTECTIVE	CBD	Retards nervous system degeneration
VASORELAXANT	CBD	Reduces vascular tension

DISCLAIMER: The information on this poster is not intended to replace a one-on-one relationship with a qualified health care professional and is not intended as medical advice. Please consult a medical health care professional before making any decisions regarding your use of medical cannabis.

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EXHIBIT 4 COLLECTIVE CODE OF CONDUCT

- Cell phones, cameras, audio and video recorders may not be brought into or used in the facility.
- Never consume marijuana in or around the premises, in a car or where smoking is prohibited.

- No alcohol, hard drugs or weapons of any kind are allowed on the premises at any time.
- For your safety, place all medication and cuttings out of sight before leaving the premises.
- Do not come to our facility when you are intoxicated.
- You will be asked to leave if you use offensive language.
- You must treat everyone in the facility with respect.
- Do not bring children into the facility
- Be friendly and respectful to our neighbors,
- Friends are not allowed to wait in the parking lot, a vehicle, or around building when you come to our facility.
- You must be 21 years or older and have a valid, unexpired California driver's license or California ID card.
- You must have your valid, current, not-expired doctor's recommendation with you every time you are at the collective's facility.
- You must keep your valid, current not-expired doctor's recommendation with you whenever you possess medical marijuana obtained from the collective.
- You must not sell, distribute or share medical marijuana obtained through the collective with anyone who is not a member with a valid doctor's recommendation.
- Any patient who commits or threatens any act of violence will have their membership immediately terminated, and may be subjected to criminal prosecution.

You are responsible for keeping any medical marijuana obtained through the collective under your control, properly secured and away from minors at all times. Any patient we believe is not maintaining proper control over their medicine will no longer be allowed access to medicinal cannabis products through the collective, but will continue to be eligible for all other services. It is our policy to both investigate and cooperate in investigations of the unauthorized sale and distribution of medicinal marijuana contrary to California law.