MEETING DATE: February 25, 2008

AGENDA ITEM : Introduction of an Ordinance Amending Section 11.01.075 of the Culver City Municipal Code to Prohibit the Issuance of a Business Tax Certificate to any Business that Provides Goods, Services or Products that Are Illegal Under Local, State Or Federal Law (including but not limited to Medical Marijuana Dispensaries).

ATTACHMENTS

ATTACHMENT 1

California Health & Safety Code

§ 11362.5 Medical use (CUA)

(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.

§ 11362.7 Definitions (MMPA)

For purposes of this article, the following definitions shall apply:
(a) "Attending physician" means an individual who possesses a license in good standing to practice medicine or osteopathy issued by the Medical Board of California or the Osteopathic Medical Board of California and who has taken responsibility for an aspect of the medical care, treatment, diagnosis, counseling, or referral of a patient and who has conducted a medical examination of that patient before recording in the patient's medical record the physician's assessment of whether the patient has a serious medical condition and whether the medical use of marijuana is appropriate.
(b) "Department" means the State Department of Health Services.
(c) "Person with an identification card" means an individual who is a qualified patient who has applied for and received a valid identification card pursuant to this article.
(d) "Primary caregiver" means the individual, designated by a qualified patient or by a person with an identification card, who has consistently assumed responsibility for the housing, health, or safety of that patient or person, and may include any of the following:
(1) In any case in which a qualified patient or person with an identification card receives medical care or supportive services, or both, from a clinic licensed pursuant to Chapter 1 (commencing with Section 1200) of Division 2, a health care facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2, a residential care facility for persons with chronic life-threatening illness licensed pursuant to Chapter 3.01 (commencing

with Section 1568.01) of Division 2, a residential care facility for the elderly licensed pursuant to Chapter 3.2 (commencing with Section 1569) of Division 2, a hospice, or a home health agency licensed pursuant to Chapter 8 (commencing with Section 1725) of Division 2, the owner or operator, or no more than three employees who are designated by the owner or operator, of the clinic, facility, hospice, or home health agency, if designated as a primary caregiver by that qualified patient or person with an identification card.
(2) An individual who has been designated as a primary caregiver by more than one qualified patient or person with an identification card, if every qualified patient or person with an identification card who has designated that individual as a primary caregiver resides in the same city or county as the primary caregiver.
(3) An individual who has been designated as a primary caregiver by a qualified patient or person with an identification card who resides in a city or county other than that of the primary caregiver, if the individual has not been designated as a primary caregiver by any other qualified patient or person with an identification card.
(e) A primary caregiver shall be at least 18 years of age, unless the primary caregiver is the parent of a minor child who is a qualified patient or a person with an identification card or the primary caregiver is a person otherwise entitled to make medical decisions under state law pursuant to Sections 6922, 7002, 7050, or 7120 of the Family Code.
(f) "Qualified patient" means a person who is entitled to the protections of Section 11362.5, but who does not have an identification card issued pursuant to this article.
(g) "Identification card" means a document issued by the State Department of Health Services that document identifies a person authorized to engage in the medical use of marijuana and the person's designated primary caregiver, if any.
(h) "Serious medical condition" means all of the following medical conditions:
(1) Acquired immune deficiency syndrome (AIDS).
(2) Anorexia.
(3) Arthritis.
(4) Cachexia.
(5) Cancer.
(6) Chronic pain.
(7) Glaucoma.
(8) Migraine.
(9) Persistent muscle spasms, including, but not limited to, spasms associated with multiple sclerosis.
(10) Seizures, including, but not limited to, seizures associated with epilepsy.
(11) Severe nausea.
(12) Any other chronic or persistent medical symptom that either:
(A) Substantially limits the ability of the person to conduct one or more major life activities as defined in the Americans with Disabilities Act of 1990 (Public Law 101-336).
(B) If not alleviated, may cause serious harm to the patient's safety or physical or mental health.
(i) "Written documentation" means accurate reproductions of those portions of a patient's medical records that have been created by the attending physician, that contain the information required by paragraph (2) of subdivision (a) of Section 11362.715, and that the patient may submit to a county health department or the county's designee as part of an application for an identification card.

§ 11362.71 Establishment and maintenance of voluntary program for issuance of identification cards to qualified patients; access to necessary information; duties of county health departments; arrests for possession, transportation, delivery or cultivation
(a)(1) The department shall establish and maintain a voluntary program for the issuance of

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identification cards to qualified patients who satisfy the requirements of this article and voluntarily apply to the identification card program.
(2) The department shall establish and maintain a 24-hour, toll-free telephone number that will enable state and local law enforcement officers to have immediate access to information necessary to verify the validity of an identification card issued by the department, until a cost-effective Internet Web-based system can be developed for this purpose.
(b) Every county health department, or the county's designee, shall do all of the following:
(1) Provide applications upon request to individuals seeking to join the identification card program.
(2) Receive and process completed applications in accordance with Section 11362.72.
(3) Maintain records of identification card programs.
(4) Utilize protocols developed by the department pursuant to paragraph (1) of subdivision (d).
(5) Issue identification cards developed by the department to approved applicants and designated primary caregivers.
(c) The county board of supervisors may designate another health-related governmental or nongovernmental entity or organization to perform the functions described in subdivision (b), except for an entity or organization that cultivates or distributes marijuana.
(d) The department shall develop all of the following:
(1) Protocols that shall be used by a county health department or the county's designee to implement the responsibilities described in subdivision (b), including, but not limited to, protocols to confirm the accuracy of information contained in an application and to protect the confidentiality of program records.
(2) Application forms that shall be issued to requesting applicants.
(3) An identification card that identifies a person authorized to engage in the medical use of marijuana and an identification card that identifies the person's designated primary caregiver, if any. The two identification cards developed pursuant to this paragraph shall be easily distinguishable from each other.
(e) No person or designated primary caregiver in possession of a valid identification card shall be subject to arrest for possession, transportation, delivery, or cultivation of medical marijuana in an amount established pursuant to this article, unless there is reasonable cause to believe that the information contained in the card is false or falsified, the card has been obtained by means of fraud, or the person is otherwise in violation of the provisions of this article.
(f) It shall not be necessary for a person to obtain an identification card in order to claim the protections of Section 11362.5.

§ 11362.715 Fees for identification cards; application for identification cards; legal representatives

a) A person who seeks an identification card shall pay the fee, as provided in Section 11362.755, and provide all of the following to the county health department or the county's designee on a form developed and provided by the department:
(1) The name of the person, and proof of his or her residency within the county.
(2) Written documentation by the attending physician in the person's medical records stating that the person has been diagnosed with a serious medical condition and that the medical use of marijuana is appropriate.
(3) The name, office address, office telephone number, and California medical license number of the person's attending physician.
(4) The name and the duties of the primary caregiver.
(5) A government-issued photo identification card of the person and of the designated

primary caregiver, if any. If the applicant is a person under 18 years of age, a certified copy of a birth certificate shall be deemed sufficient proof of identity.

b) If the person applying for an identification card lacks the capacity to make medical decisions, the application may be made by the person's legal representative, including, but not limited to, any of the following:
(1) A conservator with authority to make medical decisions.
(2) An attorney-in-fact under a durable power of attorney for health care or surrogate decisionmaker authorized under another advanced health care directive.
(3) Any other individual authorized by statutory or decisional law to make medical decisions for the person.

c) The legal representative described in subdivision (b) may also designate in the application an individual, including himself or herself, to serve as a primary caregiver for the person, provided that the individual meets the definition of a primary caregiver.

d) The person or legal representative submitting the written information and documentation described in subdivision (a) shall retain a copy thereof.

§ 11362.72 Duties of county health department or county's designee after receipt of application for identification card; approval of application; issuance of card

(a) Within 30 days of receipt of an application for an identification card, a county health department or the county's designee shall do all of the following:

(1) For purposes of processing the application, verify that the information contained in the application is accurate. If the person is less than 18 years of age, the county health department or its designee shall also contact the parent with legal authority to make medical decisions, legal guardian, or other person or entity with legal authority to make medical decisions, to verify the information.

(2) Verify with the Medical Board of California or the Osteopathic Medical Board of California that the attending physician has a license in good standing to practice medicine or osteopathy in the state.

(3) Contact the attending physician by facsimile, telephone, or mail to confirm that the medical records submitted by the patient are a true and correct copy of those contained in the physician's office records. When contacted by a county health department or the county's designee, the attending physician shall confirm or deny that the contents of the medical records are accurate.

(4) Take a photograph or otherwise obtain an electronically transmissible image of the applicant and of the designated primary caregiver, if any.

(5) Approve or deny the application. If an applicant who meets the requirements of Section 11362.715 can establish that an identification card is needed on an emergency basis, the county or its designee shall issue a temporary identification card that shall be valid for 30 days from the date of issuance. The county, or its designee, may extend the temporary identification card for no more than 30 days at a time, so long as the applicant continues to meet the requirements of this paragraph.

(b) If the county health department or the county's designee approves the application, it shall, within 24 hours, or by the end of the next working day of approving the application, electronically transmit the following information to the department:

(1) A unique user identification number of the applicant.

(2) The date of expiration of the identification card.

(3) The name and telephone number of the county health department or the county's designee that has approved the application.

(c) The county health department or the county's designee shall issue an identification card to the applicant and to his or her designated primary caregiver, if any, within five working days of approving the application.

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(d) In any case involving an incomplete application, the applicant shall assume responsibility for rectifying the deficiency. The county shall have 14 days from the receipt of information from the applicant pursuant to this subdivision to approve or deny the application.

§ 11362.735 Serially numbered identification cards; contents; copy given to primary caregiver

(a) An identification card issued by the county health department shall be serially numbered and shall contain all of the following:

(1) A unique user identification number of the cardholder.

(2) The date of expiration of the identification card.

(3) The name and telephone number of the county health department or the county's designee that has approved the application.

(4) A 24-hour, toll-free telephone number, to be maintained by the department, that will enable state and local law enforcement officers to have immediate access to information necessary to verify the validity of the card.

(5) Photo identification of the cardholder.

(b) A separate identification card shall be issued to the person's designated primary caregiver, if any, and shall include a photo identification of the caregiver.

§ 11362.74 Denial of applications; reasons; reapplication after denial; appeals

(a) The county health department or the county's designee may deny an application only for any of the following reasons:

(1) The applicant did not provide the information required by Section 11362.715, and upon notice of the deficiency pursuant to subdivision (d) of Section 11362.72, did not provide the information within 30 days.

(2) The county health department or the county's designee determines that the information provided was false.

(3) The applicant does not meet the criteria set forth in this article.

(b) Any person whose application has been denied pursuant to subdivision (a) may not reapply for six months from the date of denial unless otherwise authorized by the county health department or the county's designee or by a court of competent jurisdiction.

(c) Any person whose application has been denied pursuant to subdivision (a) may appeal that decision to the department. The county health department or the county's designee shall make available a telephone number or address to which the denied applicant can direct an appeal.

§ 11362.745 Annual renewal of identification cards

(a) An identification card shall be valid for a period of one year.

(b) Upon annual renewal of an identification card, the county health department or its designee shall verify all new information and may verify any other information that has not changed.

(c) The county health department or the county's designee shall transmit its determination of approval or denial of a renewal to the department.

§ 11362.755 Application and renewal fees; reduced fees for Medi-Cal beneficiaries

(a) The department shall establish application and renewal fees for persons seeking to obtain or renew identification cards that are sufficient to cover the expenses incurred by the department, including the startup cost, the cost of reduced fees for Medi-Cal beneficiaries in accordance with subdivision (b), the cost of identifying and developing a cost-effective Internet Web-based system, and the cost of maintaining the 24-hour toll-free telephone number. Each county health department or the county's designee may charge an additional fee for all costs incurred by the county or the county's designee for administering the program pursuant to this article.

(b) Upon satisfactory proof of participation and eligibility in the Medi-Cal program, a Medi-Cal beneficiary shall receive a 50 percent reduction in the fees established pursuant to this section.

§ 11362.76. Duties and responsibilities of persons to possess identification cards; expiration of card for failure to comply

(a) A person who possesses an identification card shall:

(1) Within seven days, notify the county health department or the county's designee of any change in the person's attending physician or designated primary caregiver, if any.

(2) Annually submit to the county health department or the county's designee the following:

(A) Updated written documentation of the person's serious medical condition.

(B) The name and duties of the person's designated primary caregiver, if any, for the forthcoming year.

(b) If a person who possesses an identification card fails to comply with this section, the card shall be deemed expired. If an identification card expires, the identification card of any designated primary caregiver of the person shall also expire.

(c) If the designated primary caregiver has been changed, the previous primary caregiver shall return his or her identification card to the department or to the county health department or the county's designee.

(d) If the owner or operator or an employee of the owner or operator of a provider has been designated as a primary caregiver pursuant to paragraph (1) of subdivision (d) of Section 11362.7, of the qualified patient or person with an identification card, the owner or operator shall notify the county health department or the county's designee, pursuant to Section 11362.715, if a change in the designated primary caregiver has occurred.

§11362.765. Criminal liability; application of section; assistance and compensation

(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.

(2) 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.

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11362.77. Amount qualified patients or caregivers may possess; guidelines; modifications to possession and cultivation limits by Attorney General

(a) A qualified patient or primary caregiver may possess no more than eight ounces of dried marijuana per qualified patient. In addition, a qualified patient or primary caregiver may also maintain no more than six mature or 12 immature marijuana plants per qualified patient.

(b) If a qualified patient or primary caregiver has a doctor's recommendation that this quantity does not meet the qualified patient's medical needs, the qualified patient or primary caregiver may possess an amount of marijuana consistent with the patient's needs.

(c) Counties and cities may retain or enact medical marijuana guidelines allowing qualified patients or primary caregivers to exceed the state limits set forth in subdivision (a).

(d) Only the dried mature processed flowers of female cannabis plant or the plant conversion shall be considered when determining allowable quantities of marijuana under this section.

(e) The Attorney General may recommend modifications to the possession or cultivation limits set forth in this section. These recommendations, if any, shall be made to the Legislature no later than December 1, 2005, and may be made only after public comment and consultation with interested organizations, including, but not limited to, patients, health care professionals, researchers, law enforcement, and local governments. Any recommended modification shall be consistent with the intent of this article and shall be based on currently available scientific research.

(f) A qualified patient or a person holding a valid identification card, or the designated primary caregiver of that qualified patient or person, may possess amounts of marijuana consistent with this article.

11362.775. Criminal sanctions against qualified patients, primary caregivers, and persons with valid identification cards

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.

11362.78. Refusal to accept identification card issued by department; fraud

A state or local law enforcement agency or officer shall not refuse to accept an identification card issued by the department unless the state or local law enforcement agency or officer has reasonable cause to believe that the information contained in the card is false or fraudulent, or the card is being used fraudulently.

11362.785. Necessity to accommodate medical use of marijuana at places of employment or penal institutions; permission for prisoners or persons under arrest to apply for identification card; reimbursement for medical use of marijuana

(a) Nothing in this article shall require any accommodation of any medical use of marijuana on the property or premises of any place of employment or during the hours of employment or on the property or premises of any jail, correctional facility, or other type of penal institution in which prisoners reside or persons under arrest are detained.

(b) Notwithstanding subdivision (a), a person shall not be prohibited or prevented from obtaining and submitting the written information and documentation necessary to apply for an identification card on the basis that the person is incarcerated in a jail, correctional facility, or other penal institution in which prisoners reside or persons under arrest are detained.

(c) Nothing in this article shall prohibit a jail, correctional facility, or other penal institution in which prisoners reside or persons under arrest are detained, from permitting a prisoner or a

person under arrest who has an identification card, to use marijuana for medical purposes under circumstances that will not endanger the health or safety of other prisoners or the security of the facility.

(d) Nothing in this article shall require a governmental, private, or any other health insurance provider or health care service plan to be liable for any claim for reimbursement for the medical use of marijuana.

11362.79. Places where medical use of marijuana is prohibited

Nothing in this article shall authorize a qualified patient or person with an identification card to engage in the smoking of medical marijuana under any of the following circumstances:

(a) In any place where smoking is prohibited by law.

(b) In or within 1,000 feet of the grounds of a school, recreation center, or youth center, unless the medical use occurs within a residence.

(c) On a schoolbus.

(d) While in a motor vehicle that is being operated.

(e) While operating a boat.

11362.795. Confirmation by court that criminal defendant is allowed to use marijuana for medical purposes while on probation, released on bail, or on parole; statement of court's decision and reasons; administrative appeal of decision

(a)(1) Any criminal defendant who is eligible to use marijuana pursuant to Section 11362.5 may request that the court confirm that he or she is allowed to use medical marijuana while he or she is on probation or released on bail.

(2) The court's decision and the reasons for the decision shall be stated on the record and an entry stating those reasons shall be made in the minutes of the court.

(3) During the period of probation or release on bail, if a physician recommends that the probationer or defendant use medical marijuana, the probationer or defendant may request a modification of the conditions of probation or bail to authorize the use of medical marijuana.

(4) The court's consideration of the modification request authorized by this subdivision shall comply with the requirements of this section.

(b)(1) Any person who is to be released on parole from a jail, state prison, school, road camp, or other state or local institution of confinement and who is eligible to use medical marijuana pursuant to Section 11362.5 may request that he or she be allowed to use medical marijuana during the period he or she is released on parole. A parolee's written conditions of parole shall reflect whether or not a request for a modification of the conditions of his or her parole to use medical marijuana was made, and whether the request was granted or denied.

(2) During the period of the parole, where a physician recommends that the parolee use medical marijuana, the parolee may request a modification of the conditions of the parole to authorize the use of medical marijuana.

(3) Any parolee whose request to use medical marijuana while on parole was denied may pursue an administrative appeal of the decision. Any decision on the appeal shall be in writing and shall reflect the reasons for the decision.

(4) The administrative consideration of the modification request authorized by this subdivision shall comply with the requirements of this section.

11362.8. Civil penalty or other disciplinary action against licensee based on role as designated primary caregiver; application of section

No professional licensing board may impose a civil penalty or take other disciplinary action against a licensee based solely on the fact that the licensee has performed acts that are necessary or appropriate to carry out the licensee's role as a designated primary caregiver to a

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person who is a qualified patient or who possesses a lawful identification card issued pursuant to Section 11362.72. However, this section shall not apply to acts performed by a physician relating to the discussion or recommendation of the medical use of marijuana to a patient. These discussions or recommendations, or both, shall be governed by Section 11362.5.

11362.81. Penalties; application of section; development and adoption of guidelines to ensure security and nondiversion of marijuana grown for medical use

(a) A person specified in subdivision (b) shall be subject to the following penalties:

(1) For the first offense, imprisonment in the county jail for no more than six months or a fine not to exceed one thousand dollars ($1,000), or both.

(2) For a second or subsequent offense, imprisonment in the county jail for no more than one year, or a fine not to exceed one thousand dollars ($1,000), or both.

(b) Subdivision (a) applies to any of the following:

(1) A person who fraudulently represents a medical condition or fraudulently provides any material misinformation to a physician, county health department or the county's designee, or state or local law enforcement agency or officer, for the purpose of falsely obtaining an identification card.

(2) A person who steals or fraudulently uses any person's identification card in order to acquire, possess, cultivate, transport, use, produce, or distribute marijuana.

(3) A person who counterfeits, tampers with, or fraudulently produces an identification card.

(4) A person who breaches the confidentiality requirements of this article to information provided to, or contained in the records of, the department or of a county health department or the county's designee pertaining to an identification card program.

(c) In addition to the penalties prescribed in subdivision (a), any person described in subdivision (b) may be precluded from attempting to obtain, or obtaining or using, an identification card for a period of up to six months at the discretion of the court.

(d) In addition to the requirements of this article, the Attorney General shall develop and adopt appropriate guidelines to ensure the security and nondiversion of marijuana grown for medical use by patients qualified under the Compassionate Use Act of 1996.

11362.82. Separate and distinct provisions

If any section, subdivision, sentence, clause, phrase, or portion of this article is for any reason held invalid or unconstitutional by any court of competent jurisdiction, that portion shall be deemed a separate, distinct, and independent provision, and that holding shall not affect the validity of the remaining portion thereof.

11362.83. Adoption and enforcement of laws consistent with article

Nothing in this article shall prevent a city or other local governing body from adopting and enforcing laws consistent with this article.

11362.9. California Marijuana Research Program; legislative intent; creation; research proposals; establishment; powers and duties; Scientific Advisory Council

(a)(1) It is the intent of the Legislature that the state commission objective scientific research by the premier research institute of the world, the University of California, regarding the efficacy and safety of administering marijuana as part of medical treatment. If the Regents of the University of California, by appropriate resolution, accept this responsibility, the University of California shall create a program, to be known as the California Marijuana Research Program.

(2) The program shall develop and conduct studies intended to ascertain the general medical safety and efficacy of marijuana and, if found valuable, shall develop medical guidelines for

the appropriate administration and use of marijuana.
(b) The program may immediately solicit proposals for research projects to be included in the marijuana studies. Program requirements to be used when evaluating responses to its solicitation for proposals, shall include, but not be limited to, all of the following:
(1) Proposals shall demonstrate the use of key personnel, including clinicians or scientists and support personnel, who are prepared to develop a program of research regarding marijuana's general medical efficacy and safety.
(2) Proposals shall contain procedures for outreach to patients with various medical conditions who may be suitable participants in research on marijuana.

(3) Proposals shall contain provisions for a patient registry.
(4) Proposals shall contain provisions for an information system that is designed to record information about possible study participants, investigators, and clinicians, and deposit and analyze data that accrues as part of clinical trials.
(5) Proposals shall contain protocols suitable for research on marijuana, addressing patients diagnosed with the acquired immunodeficiency syndrome (AIDS) or the human immunodeficiency virus (HIV), cancer, glaucoma, or seizures or muscle spasms associated with a chronic, debilitating condition. The proposal may also include research on other serious illnesses, provided that resources are available and medical information justifies the research.
(6) Proposals shall demonstrate the use of a specimen laboratory capable of housing plasma, urine, and other specimens necessary to study the concentration of cannabinoids in various tissues, as well as housing specimens for studies of toxic effects of marijuana.
(7) Proposals shall demonstrate the use of a laboratory capable of analyzing marijuana, provided to the program under this section, for purity and cannabinoid content and the capacity to detect contaminants.
(c) In order to ensure objectivity in evaluating proposals, the program shall use a peer review process that is modeled on the process used by the National Institutes of Health, and that guards against funding research that is biased in favor of or against particular outcomes. Peer reviewers shall be selected for their expertise in the scientific substance and methods of the proposed research, and their lack of bias or conflict of interest regarding the applicants or the topic of an approach taken in the proposed research. Peer reviewers shall judge research proposals on several criteria, foremost among which shall be both of the following:
(1) The scientific merit of the research plan, including whether the research design and experimental procedures are potentially biased for or against a particular outcome.
(2) Researchers' expertise in the scientific substance and methods of the proposed research, and their lack of bias or conflict of interest regarding the topic of, and the approach taken in, the proposed research.
(d) If the program is administered by the Regents of the University of California, any grant research proposals approved by the program shall also require review and approval by the research advisory panel.
(e) It is the intent of the Legislature that the program be established as follows:
(1) The program shall be located at one or more University of California campuses that have a core of faculty experienced in organizing multidisciplinary scientific endeavors and, in particular, strong experience in clinical trials involving psychopharmacologic agents. The campuses at which research under the auspices of the program is to take place shall accommodate the administrative offices, including the director of the program, as well as a data management unit, and facilities for storage of specimens.
(2) When awarding grants under this section, the program shall utilize principles and parameters of the other well-tested statewide research programs administered by the University of California, modeled after programs administered by the National Institutes of

Health, including peer review evaluation of the scientific merit of applications.
(3) The scientific and clinical operations of the program shall occur, partly at University of California campuses, and partly at other postsecondary institutions, that have clinicians or scientists with expertise to conduct the required studies. Criteria for selection of research locations shall include the elements listed in subdivision (b) and, additionally, shall give particular weight to the organizational plan, leadership qualities of the program director, and plans to involve investigators and patient populations from multiple sites.
(4) The funds received by the program shall be allocated to various research studies in accordance with a scientific plan developed by the Scientific Advisory Council. As the first wave of studies is completed, it is anticipated that the program will receive requests for funding of additional studies. These requests shall be reviewed by the Scientific Advisory Council.
(5) The size, scope, and number of studies funded shall be commensurate with the amount of appropriated and available program funding.
(f) All personnel involved in implementing approved proposals shall be authorized as required by Section 11604.
(g) Studies conducted pursuant to this section shall include the greatest amount of new scientific research possible on the medical uses of, and medical hazards associated with, marijuana. The program shall consult with the Research Advisory Panel analogous agencies in other states, and appropriate federal agencies in an attempt to avoid duplicative research and the wasting of research dollars.
(h) The program shall make every effort to recruit qualified patients and qualified physicians from throughout the state.
(i) The marijuana studies shall employ state-of-the-art research methodologies.
(j) The program shall ensure that all marijuana used in the studies is of the appropriate medical quality and shall be obtained from the National Institute on Drug Abuse or any other federal agency designated to supply marijuana for authorized research. If these federal agencies fail to provide a supply of adequate quality and quantity within six months of the effective date of this section, the Attorney General shall provide an adequate supply pursuant to Section 11478.
(k) The program may review, approve, or incorporate studies and research by independent groups presenting scientifically valid protocols for medical research, regardless of whether the areas of study are being researched by the committee.
(l)(1) To enhance understanding of the efficacy and adverse effects of marijuana as a pharmacological agent, the program shall conduct focused controlled clinical trials on the usefulness of marijuana in patients diagnosed with AIDS or HIV, cancer, glaucoma, or seizures or muscle spasms associated with a chronic, debilitating condition. The program may add research on other serious illnesses, provided that resources are available and medical information justifies the research. The studies shall focus on comparisons of both the efficacy and safety of methods of administering the drug to patients, including inhalational, tinctural, and oral, evaluate possible uses of marijuana as a primary or adjunctive treatment, and develop further information on optimal dosage, timing, mode of administration, and variations in the effects of different cannabinoids and varieties of marijuana.

(2) The program shall examine the safety of marijuana in patients with various medical disorders, including marijuana's interaction with other drugs, relative safety of inhalation versus oral forms, and the effects on mental function in medically ill persons.
(3) The program shall be limited to providing for objective scientific research to ascertain the efficacy and safety of marijuana as part of medical treatment, and should not be construed as encouraging or sanctioning the social or recreational use of marijuana.
(m)(1) Subject to paragraph (2), the program shall, prior to any approving proposals, seek to

obtain research protocol guidelines from the National Institutes of Health and shall, if the National Institutes of Health issues research protocol guidelines, comply with those guidelines.
(2) If, after a reasonable period of time of not less than six months and not more than a year has elapsed from the date the program seeks to obtain guidelines pursuant to paragraph (1), no guidelines have been approved, the program may proceed using the research protocol guidelines it develops.
(n) In order to maximize the scope and size of the marijuana studies, the program may do any of the following:
(1) Solicit, apply for, and accept funds from foundations, private individuals, and all other funding sources that can be used to expand the scope or timeframe of the marijuana studies that are authorized under this section. The program shall not expend more than 5 percent of its General Fund allocation in efforts to obtain money from outside sources.
(2) Include within the scope of the marijuana studies other marijuana research projects that are independently funded and that meet the requirements set forth in subdivisions (a) to (c), inclusive. In no case shall the program accept any funds that are offered with any conditions other than that the funds be used to study the efficacy and safety of marijuana as part of medical treatment. Any donor shall be advised that funds given for purposes of this section will be used to study both the possible benefits and detriments of marijuana and that he or she will have no control over the use of these funds.
(o)(1) Within six months of the effective date of this section, the program shall report to the Legislature, the Governor, and the Attorney General on the progress of the marijuana studies.
(2) Thereafter, the program shall issue a report to the Legislature every six months detailing the progress of the studies. The interim reports required under this paragraph shall include, but not be limited to, data on all of the following:
(A) The names and number of diseases or conditions under study.
(B) The number of patients enrolled in each study by disease.
(C) Any scientifically valid preliminary findings.
(p) If the Regents of the University of California implement this section, the President of the University of California shall appoint a multidisciplinary Scientific Advisory Council, not to exceed 15 members, to provide policy guidance in the creation and implementation of the program. Members shall be chosen on the basis of scientific expertise. Members of the council shall serve on a voluntary basis, with reimbursement for expenses incurred in the course of their participation. The members shall be reimbursed for travel and other necessary expenses incurred in their performance of the duties of the council.
(q) No more than 10 percent of the total funds appropriated may be used for all aspects of the administration of this section.
(r) This section shall be implemented only to the extent that funding for its purposes is appropriated by the Legislature in the annual Budget Act.

ATTACHMENT 2

21 U.S.C.A. § 812

United States Code Annotated
Title 21. Food and Drugs
Chapter 13. Drug Abuse Prevention and Control
Subchapter I. Control and Enforcement
Part B. Authority to Control; Standards and Schedules

➡§ 812. Schedules of controlled substances

(a) Establishment

There are established five schedules of controlled substances, to be known as schedules I, II, III, IV, and V. Such schedules shall initially consist of the substances listed in this section. The schedules established by this section shall be updated and republished on a semiannual basis during the two-year period beginning one year after October 27, 1970, and shall be updated and republished on an annual basis thereafter.

(b) Placement on schedules; findings required

Except where control is required by United States obligations under an international treaty, convention, or protocol, in effect on October 27, 1970, and except in the case of an immediate precursor, a drug or other substance may not be placed in any schedule unless the findings required for such schedule are made with respect to such drug or other substance. The findings required for each of the schedules are as follows:

(1) Schedule I.--

(A) The drug or other substance has a high potential for abuse.

(B) The drug or other substance has no currently accepted medical use in treatment in the United States.

(C) There is a lack of accepted safety for use of the drug or other substance under medical supervision.

(2) Schedule II.--

(A) The drug or other substance has a high potential for abuse.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.

(C) Abuse of the drug or other substances may lead to severe psychological or physical dependence.

(3) Schedule III.--

(A) The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

(4) Schedule IV.--

(A) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

(5) Schedule V.--

(A) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

(c) Initial schedules of controlled substances

Schedules I, II, III, IV, and V shall, unless and until amended [FN1] pursuant to section 811 of this title, consist of the following drugs or other substances, by whatever official name, common or usual name, chemical name, or brand name designated:

Schedule I

(a) Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

(1) Acetylmethadol.

(2) Allylprodine.

(3) Alphacetylmathadol. [FN2]

(4) Alphameprodine.

(5) Alphamethadol.

(6) Benzethidine.

(7) Betacetylmethadol.

(8) Betameprodine.

(9) Betamethadol.

(10) Betaprodine.

(11) Clonitazene.

(12) Dextromoramide.

(13) Dextrorphan.

(14) Diampromide.

(15) Diethylthiambutene.

(16) Dimenoxadol.

(17) Dimepheptanol.

(18) Dimethylthiambutene.

(19) Dioxaphetyl butyrate.

(20) Dipipanone.

(21) Ethylmethylthiambutene.

(22) Etonitazene.

(23) Etoxeridine.

(24) Furethidine.

(25) Hydroxypethidine.

(26) Ketobemidone.

(27) Levomoramide.

(28) Levophenacylmorphan.

(29) Morpheridine.

(30) Noracymethadol.

(31) Norlevorphanol.

(32) Normethadone.

(33) Norpipanone.

(34) Phenadoxone.

(35) Phenampromide.

(36) Phenomorphan.

(37) Phenoperidine.

(38) Piritramide.

(39) Proheptazine.

(40) Properidine.

(41) Racemoramide.

(42) Trimeperidine.

(b) Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Acetorphine.

(2) Acetyldihydrocodeine.

(3) Benzylmorphine.

(4) Codeine methylbromide.

(5) Codeine-N-Oxide.

(6) Cyprenorphine.

(7) Desomorphine.

(8) Dihydromorphine.

(9) Etorphine.

(10) Heroin.

(11) Hydromorphinol.

(12) Methyldesorphine.

(13) Methylhydromorphine.

(14) Morphine methylbromide.

(15) Morphine methylsulfonate.

(16) Morphine-N-Oxide.

(17) Myrophine.

(18) Nicocodeine.

(19) Nicomorphine.

(20) Normorphine.

(21) Pholcodine.

(22) Thebacon.

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) 3,4-methylenedioxy amphetamine.

(2) 5-methoxy-3,4-methylenedioxy amphetamine.

(3) 3,4,5-trimethoxy amphetamine.

(4) Bufotenine.

(5) Diethyltryptamine.

(6) Dimethyltryptamine.

(7) 4-methyl-2,5-dimethoxyamphetamine.

(8) Ibogaine.

(9) Lysergic acid diethylamide.

(10) Marihuana.

(11) Mescaline.

(12) Peyote.

(13) N-ethyl-3-piperidyl benzilate.

(14) N-methyl-3-piperidyl benzilate.

(15) Psilocybin.

(16) Psilocyn.

(17) Tetrahydrocannabinols.

ATTACHMENT 3

FACT SHEET

MEDICAL MARIJUANA FACILITIES WITHIN THE CITY OF LOS ANGELES
December 14, 2006

BACKGROUND

Since the passage of the Compassionate Use Act (CUA) of 1996, a number of medical marijuana facilities have opened throughout the City, resulting in a variety of problems. The City Council Public Safety and Land and Use Management Committees requested the Police Department collaborate with the City Attorney's Office to provide input and recommendations regarding pertinent law enforcement related issues.

FINDINGS

Synopsis of Applicable Laws

Proposition 215 Compassionate Use Act of 1996

Proposition 215, the Compassionate Use Act of 1996, made the possession and cultivation of marijuana legal for "qualified patients" and "primary caregivers." Qualified patients included those with specified serious illnesses that had a recommendation from a physician, and primary caregivers were individuals designated by a patient who has consistently assumed responsibility for the housing, health, and safety of the patient.

Proposition 215 also absolved patients and caregivers of Sections 11357 and 11358 ofthe Health and Safety (H&S) Code pertaining to the possession of and cultivation of medical marijuana for personal medical purposes "upon the written or *oral* recommendation or approval of a physician." It also absolved physicians for recommending marijuana for medical purposes, notwithstanding any other provision of law. See Proposition 215 Compassionate Use Act of 1996 for additional information. (Addendum No. 1)

Senate Bill 420, 2003

Senate Bill (SB) 420, enacted in 2003, attempted to clarify and implement a **voluntary** program designed to fulfill the intentions of Proposition 215. Since Proposition 215 cannot be amended by an act of the Legislature, SB 420 is wholly voluntary, which is the reason why municipalities are able to prevent medical marijuana dispensaries from operating in their cities. Additionally, SB 420 also requires the State Department of Health Services to establish and maintain a **voluntary** program for the issuance of identification cards to qualified patients and establishes procedures under which a qualified patient with an identification card may use marijuana for medical purposes. Senate Bill 420 also imposes various duties upon county health departments relating to the issuance of Medical Marijuana Identification Cards (MMIC), thus creating a state-mandated system.

Senate Bill 420 also grants immunity from arrest for the possession, transportation, delivery, or cultivation of specified amounts of medicinal marijuana: eight ounces of dried marijuana; 6 mature; or 12 immature marijuana plants. The amounts may be increased with a doctor's recommendation. Senate Bill 420 also expanded the definition of primary caregiver to

employees of health care facilities. Senate Bill 420 also provides for limited compensation for the primary caregiver for "out of pocket" expenses and services, but not for profit. See attached Senate Bill 420 for the full text of the bill. (Addendum No. 2)

Conflicts with Federal Law

According to a report entitled "Legal Issues Surrounding Medical Marijuana Dispensaries" written by Los Angeles Deputy City Attorney Heather Aubrey:

> Federal Law prohibits the possession of marijuana for any purpose, including medical purposes. In June 2005, the United States Supreme Court in *Gonzalez, et. al. V. Raich, et. al.*, 125 S. Ct 2195, ruled that under the Federal Controlled Substances Act ("CSA"), possession, cultivation, and sale of marijuana, even though medically prescribed is illegal. The Court reasoned that Congress had the authority under the Commerce Clause to prohibit the local cultivation and use of marijuana for medical purposes, even if that activity was legal under California law. Therefore, individuals who use, cultivate or dispense medical marijuana in California are subject to federal prosecution under existing federal law. Shortly after the Supreme Court's decision, the California Attorney General issued an opinion stating that although the Supreme Court upheld federal law, it did not invalidate the state's medical marijuana law. According to this opinion, the California Use Act was not pre-empted by federal law and the use of medical marijuana under state law was unaffected by the United States Supreme Court's ruling in *Gonzales v. Raich.*

Los Angeles County Ordinances

On May 23, 2006, the Los Angeles County Board of Supervisors, after a lengthy moratorium, passed ordinances regulating Medical Marijuana Dispensaries and instituting the issuance of MMICs. Ordinance No. 2006-0032, which took effect June 22, 2006, permits medical marijuana providers (providers, collectives, marijuana clubs, and clinics) to operate in Los Angeles County. Under Ordinance No. 2006-0038, the County is expected to start issuing MMICs in the near future; the Los Angeles County Health Department could not provide a definitive date.

These Los Angeles County ordinances apply to medical marijuana dispensaries operating in the unincorporated areas of Los Angeles County. The incorporated areas of Los Angeles County are governed by their own city ordinances and vary widely. See the attached Los Angeles County Medical Marijuana Dispensary Ordinance for the full text of the ordinance. (Addendum No. 3)

Actions by Other Counties / Cities

Currently, seventy cities and six counties have moratoriums on the medical use of marijuana. Thirty-four cities and five counties have bans on the use of medical marijuana. Three of the five counties with bans, Merced, San Diego, and San Bernardino, are currently taking the State of California to court concerning the legality of SB 420 and its violation of Federal law. Seven counties and twenty-four cities have established ordinances regarding medical marijuana. In the

intervening timeframe between the adoption of an ordinance and its actual implementation, profiteers have initiated their own MMICs and other official looking documents in direct violation of SB 420, which states the County Health Department, or its designee, must issue the MMIC.

Cities with Moratoria (70)

Albany	Grover Beach	Manteca	Palm Springs	San Luis Obispo
Antioch	Hawaiian Gardens	Marin City	Patterson	San Jacinto
Arroyo Grande	Hawthorne	Marina	Pico Rivera	San Pablo
Bellflower	Healdsburg	Mill Valley	Pinole	Santa Clarita
Buellton	Hermosa Beach	Milpitas	Placentia	Santa Maria
Carpinteria	Indian Wells	Mission Viejo	Pleasanton	Sausalito
Ceres	La Mirada	Monrovia	Pleasant Hill	Seaside
Clearlake	Lawndale	Moorpark	Pomona	Sebastopol
City of Industry	Lake Forest	Newman	Rancho Cordova	Simi Valley
Corona	Livermore	Newport Beach	Redlands	Solvang
Cypress	Lompoc	Oakley	Rohnert Park	Truckee
El Monte	Long Beach	Ontario	Ridgecrest	Turlock
Fairfield	Malibu	Oxnard	Riverbank	Ukiah
Galt	Manhattan Beach	Palm Desert	San Leandro	Windsor

Counties with Moratoria (6)

El Dorado	Merced	Sacramento	Riverside	Contra Costa	Sonoma

Cities with Bans (34)

Auburn	Dublin	Los Banos	Rocklin	Tustin
Clovis	El Cerrito	Modesto	Roseville	Union City
Concord	Folsom	Murrieta	San Rafael	Yuba City
Clovis	Fremont	Newark	Susanville	Monterey Park
Costa Mesa	Hercules	Pasadena	Temecula	Corona
Cypress	Hesperia	Pismo Beach	Torrance	Whittier
Davis	Lincoln	Placentia	South San Francisco	

Counties with Bans (5)

Amador	Merced	San Diego	San Bernardino	Sutter

Cities with Established Ordinances (24)

Atascadero	Fort Bragg	Plymouth	Selma
Angels Camp	Hayward	Ripon	Sutter Creek
Berkeley	Jackson	San Francisco	Tulare
Citrus Heights	Martinez	San Jose	Visalia
Dixon	Oakland	Santa Cruz	West Hollywood
Elk Grove	Placerville	Santa Rosa	Whittier

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MEDICAL MARIJUANA FACILITIES WITHIN THE CITY OF LOS ANGELES
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Counties with Established Ordinances (7)

Alameda	Kern	San Luis Obispo	Santa Clara
Calaveras	Los Angeles	Santa Barbara	

On August 16, 2006, the City of Monterey Park joined several other counties and cities in California, including Roseville, Pasadena, and Torrance, and banned medical marijuana dispensaries. The City of Corona has also begun to examine this issue as well. On August 29, 2006, the City of Cypress banned medical marijuana dispensaries from operating within its City limits. The Cities of Placentia and Tustin each passed a 45-day moratorium in an effort to sort out the discrepancies among the California and Federal laws concerning the possession and use of marijuana.

Torrance City Attorney, Robert Acciani, stated that the City of Torrance immediately adopted a moratorium on medical marijuana dispensaries when it was first learned that the Green Cross of Torrance was operating in the City of Torrance. An ordinance was adopted that stated the City of Torrance would allow Medical Marijuana so long as they complied with all City Ordinances, as would be expected of all businesses operating in the City of Torrance. The City of Torrance has an ordinance that states any business operating in the City of Torrance must comply with all local, State, and Federal laws, which effectively precludes the dispensing of medical marijuana as it is a violation of Federal law. Mr. Acciani stated that most municipalities have similar ordinances; it is just a matter of enforcement. Torrance has not received a single legal challenge against their ordinance. They have issued a notice to the Green Cross that they are in violation of the aforementioned ordinance and must relinquish their business permit within 30 days; no legal action has been forthcoming. The Drug Enforcement Administration (DEA) conducted an investigation of Green Cross at the end of October 2006 and closed the dispensary due to a number of violations. The City of Torrance now has no medical marijuana dispensaries.

Monterey Park Sergeant Ruben Echeverria stated that Monterey Park also issued a moratorium to further investigate the issue of medical marijuana. After consulting with several other municipalities, the final solution to the problem was the adoption of the City of Torrance's model to ban medical marijuana dispensaries. Monterey Park, like the City of Torrance, has not incurred any legal challenges to either its moratorium or its business ordinance, which in essence bans medical marijuana dispensaries.

Attorney Kimberly Barlow, who is a contract attorney for several municipalities, including the City of Los Angeles, stated that she drafted an ordinance for both the cities of Costa Mesa and Whittier to ban medical marijuana dispensaries. Both municipalities considered using the City of Torrance model to ban the medical marijuana dispensaries, but desired an ordinance that was very specific and unequivocal. Proponents of medical marijuana usage were in attendance at each City Council session, but no legal challenges have been levied against either of the two cities' ordinances.

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MEDICAL MARIJUANA FACILITIES WITHIN THE CITY OF LOS ANGELES
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Los Angeles Deputy City Attorney Dena Carreyn, the Neighborhood Prosecutor for the Central Area, was asked about the existence of a City Ordinance stipulating that any business operating in the City of Los Angeles must comply with all local, State, and Federal laws. Ms. Carreyn stated the Los Angeles Municipal Code contains no such ordinance. Ms. Carreyn did state that Federal law takes precedence over State law and that is precisely the reason San Diego County is taking SB 420 to court in an effort to nullify it.

Status of Medical Marijuana Dispensaries in the City of Los Angeles

In July 2005, there were four dispensaries operating in the City of Los Angeles. As of November 30, 2006, Narcotics Division (ND) has identified 98 medicinal marijuana dispensaries operating in the City; the exact number of dispensaries is difficult to determine due to the fact that many circumvent the law and utilize only a telephone number, constantly move, or use other clandestine methods of operation. ***This is an increase of 2,350% in medical marijuana dispensaries in a little more than one year***. As of November 16, 2006, the ND Medical Marijuana Coordinator received 110 complaints from neighbors, local business owners, and concerned citizens. One hundred centered in West and Valley Bureaus and two complaints occurring in the Harbor Area. While some of the marijuana for these dispensaries is grown locally for "collectives," some of it is flown in from out of state locations in violation of SB 420. Since no one maintains statistics on sources of marijuana, it is difficult to place an actual percentage of locally grown versus marijuana procured from outside sources. By law, medical marijuana is only to be procured from California sources.

The, ND, Los Angeles Airport (LAX) Detail, Major Enforcement Section, has arrested suspects with large amounts of currency who have admitted they were traveling to Northern California for the purposes of procuring marijuana. The LAX Detail has arrested a total of 44 suspects, seized 665,418 gross grams of marijuana, 209,162 gross grams of cocaine powder, 6,490 gross grams of heroin, 17,317 gross grams of methamphetamine, and $3,574,648 in U.S. currency from January through September 2006. Again, it is unknown what quantity of these seizures is specifically due to medical marijuana dispensaries as no specific information other than quantities seized was maintained by the ND Crime Analysis Detail.

The 98 documented medical marijuana dispensaries located in the City are operating in the following geographic Areas:

Central Bureau
Central Area – 4
Rampart Area – 1
Hollenbeck Area – 0
Northeast Area – 4
Newton Area – 1

West Bureau
Hollywood Area – 16
Wilshire Area – 5
West Los Angeles Area – 4
Pacific Area – 6

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South Bureau
Southwest Area – 0
Harbor Area – 2
77th Area – 2
Southeast Area – 0

Valley Bureau
Van Nuys Area – 14
West Valley Area – 10
North Hollywood Area – 17
Foothill Area – 3
Devonshire Area – 7
Mission Area – 2

Marijuana seizures have increased in the City of Los Angeles for the time period January through September 2005 versus January through September 2006. Anecdotal evidence, such as the increased number of clinics, suggests that these increased seizures are due to the increase in usage in California since the passage of the CUA. The proponents of the CUA point to the increased seizures and arrests of marijuana users as further evidence of their vilification and targeting of medical marijuana dispensaries for law enforcement action. The increase in seizures and arrests can be attributed to the greater frequency of encountering the drug on the street without the proper credentials per the CUA.

	2005	2006	2005/2006 % Change
Marijuana Seized	7380.87 lbs	17,749.78 lbs	140.48%
Marijuana Arrests	4,720	5,506	16.65%

Proximity of Clinics to Schools

The ND Crime Analysis Detail is completing a comprehensive review of the proximity of all medical marijuana dispensaries to schools, churches, and other community infrastructures. Medical marijuana dispensaries receiving chronic public complaints and within 1,000 feet of Los Angeles Unified School District schools, private schools, and day care centers are located in Reporting Districts (RD) 567 (Harbor); 1524, 1557, 1558, 1562 (North Hollywood); 1072, 1084 (West Valley); 963, 945, 941, 969 (Van Nuys); and 1972 (Mission). Grant High School found a number of flyers placed on students' vehicles advertising the local medical marijuana dispensary and the ease with which marijuana could be obtained. The restriction of locating liquor stores, adult oriented entertainment, and smoke shops within 1,000 feet of any school has been effective and should be extended to medical marijuana dispensaries as well.

Using Google Earth, all medical marijuana dispensaries showed proximity of less than 1,000 yards to a house of worship, public or private school, or other location where children are likely to congregate, such as a public park.

Some dispensaries are located less than a mile from public locations of concern, such as Miracle Healing Alliance, 12805 Victory Boulevard, Van Nuys, which is .86 miles from Grant High School at 13000 Oxnard Street, Van Nuys. Two complaints were received concerning flyers from Miracle Healing Alliance placed on vehicles parked at Grant High School. In fact, a teacher at Grant High School had allowed his students to "borrow" his medicinal marijuana card

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ATTACHMENT 4

ORDINANCE NO. 2008-_____

AN ORDINANCE OF THE CITY OF CULVER CITY, STATE OF CALIFORNIA, AMENDING SECTION 11.01.075 OF THE CULVER CITY MUNICIPAL CODE TO PROHIBIT THE ISSUANCE OF A BUSINESS TAX CERTIFICATE TO ANY BUSINESS THAT PROVIDES GOODS, SERVICES OR PRODUCTS THAT ARE ILLEGAL UNDER LOCAL, STATE OR FEDERAL LAW.

The City Council of the City of Culver City, California, **DOES HEREBY ORDAIN** as follows:

SECTION 1. Section 11.01.075 of the Culver City Municipal Code is hereby amended to read as follows (strike-through indicates a deletion; underline indicates an addition):

In no event shall any business tax certificate be granted for any use or activity that is illegal or unlawful under federal, state or City laws or regulations. No ~~license~~ business tax certificate issued hereunder shall be construed as authorizing the conduct of or continuance of any illegal or unlawful business~~.~~, or the furnishing, sale, or provisioning of any service, good or product that is illegal under this Code, the laws of the State of California, or the laws of the United States of America.

SECTION 2. Pursuant to Section 619 of the City Charter, this Ordinance shall take effect thirty (30) days after its adoption. Pursuant to Section 616 and 621 of the City Charter, prior to the expiration of fifteen (15) days after the adoption, the City Clerk shall cause this Ordinance, or a summary thereof, to be published in the Culver City News and shall post this Ordinance or a summary thereof in at least three (3) places within the City.

SECTION 3. City Council hereby declares that, if any provision, section, subsection, paragraph, sentence, phrase or word of this Ordinance is rendered or declared invalid or unconstitutional by any final action in a court of competent jurisdiction or by reason or any preemptive legislation, then the City Council would have

independently adopted the remaining provisions, sections, subsections, paragraphs, sentences, phrases, or words of this Ordinance, and as such they shall remain in full force and effect.

APPROVED and ADOPTED this _____day of _____ 2008.

_____
ALAN CORLIN, MAYOR
City of Culver City, California

ATTEST:

_____
CHRISTOPHER ARMENTA,
City Clerk

APPROVED AS TO FORM:

_____
CAROL A. SCHWAB,
City Attorney