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To: Santa Barbara City Council
From: David Bearman, M.D.
Re: Marijuana Dispensary Ordinance

**• Recommendations**

Cannabis should be dispensed from pharmacies under local and state regulations. My study of history reveals little evidence of problems with distribution of cannabis via pharmacies. From 1854 to 1941 cannabis was in the USP (United States Pharmacopeia), produced by well-known pharmaceutical companies and dispensed through pharmacies in both cannabis containing OTC medication and prescription medication. This is why in 1937 the AMA vigorously testified against the Marijuana Tax Act and why in 1944 the New York Academy of Medicine (as part of the LaGuardia Crime Commission Report) endorsed use of recreational marijuana should be legal.

At any rate, until the federal government takes its head out of the sand, recognizes science, and places cannabis in the appropriate schedule or even better, recognizes that the Controlled Substances Act of 1970 violates the Constitution, we are not going to have pharmacies dispensing cannabis. The next best thing is to apply similar regulations and zoning ordinances to cannabis dispensaries as those which presently govern pharmacies. In addition a couple of my suggestions are that you consider requiring nurses or pharmacists to dispense cannabis, not allowing anyone under the age of 23 in a cannabis dispensary, and requiring that you must be 25 or over to be allowed to work there. It also strikes me that some small but meaningful special tax would be useful to the City of Santa Barbara.

**Background**

What follows is some background information on this topic which may prove helpful. There is almost unanimous agreement that California's medical marijuana dispensary system should be regulated. Furthermore if the regulations are reasonable and responsible people in the dispensary field will support closing down any major offenders.

The focus needs to be on the patient. We need to recognize that it is a matter of access. The 1996 Proposition 215 that began California's approval of Medical Marijuana laid out that this was done for the benefit of people who are ill. Prop 215 said in Section (A) that the initiative was *"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."* This wide use (e.g., "for any other illness for which marijuana provides relief") is consistent with FDA rules for prescription pharmaceuticals. Under FDA guidelines, any pharmaceutical which has been approved for use for one disease can be prescribed ("off-label") by doctors for "any other illness for which" the doctor thinks it "provides relief." In that key regard, California does treat medical marijuana "like every other drug."

That said, most of the problems in regulating dispensaries have been caused by the federal government and the Supreme Court by ignoring the 9th and 10th Amendments to the Constitution, as well as the 1925 Supreme Court decision in the Lindner case which affirmed that it is the State's sole responsibility to regulate the practice of medicine.

There are two basic reasons why marijuana is not available "through a legitimate pharmacy" and is not "regulated like every other drug." It is not the supporters of medical marijuana who are responsible for keeping cannabis out of the FDA "system". One is the reluctance of the FDA to follow the law, be it the 1938 Food Cosmetic and Drug Act or the Controlled Substances Act of 1970. For decades supporters of medicinal cannabis have attempted to work through the government bureaucracy and been thwarted. For instance in 1972 NORML sued unsuccessfully to get it rescheduled, so it might be prescribed. The government stalled until 1986. In 1988 the FDA's Chief Administrative Law Judge, Francis Young, issued his recommendation based on 15 days of hearings, that marijuana should be rescheduled. This opinion was rejected by George H.W. Bush's head of the FDA, John Lawn.

Secondly, it can cost huge sums to try to get any "drug" through the FDA process which was not set up to analyze a complex plant. In 1993, NORML was told by the Clinton Administration that it would cost $1.5 million to get the FDA to review marijuana and move it from Schedule I to Schedule II. NORML did not have the $1.5 million, and the Clinton Administration did not have the courage to do even what it had promised patients that it would do so. They had also pledged to reopen the so-called "Compassionate IND" program, but in the end these promises came to nothing.

In fact cannabis should be lower than Schedule II. In 1998, after a number of states passed medical marijuana laws, Marinol, synthetic THC, was quickly moved from Schedule II to Schedule III with the full support of the DEA, while marijuana remains absurdly in Schedule I.) Of historical note is a 1971 letter from Dr. Rodger Egeberg, then Under Secretary for Health for HEW and former dean of USC Medical School who pointed out that cannabis was only temporarily in Schedule I until the Report of the Nixon Marijuana Commission came out. The Commission recommended legalization of marijuana for recreational use, yet marijuana still languishes as a Schedule I drug.

- **Discussion**

*Feds Have Created the Problem*
One justification for the dispensary system is that the federal government has made it difficult for pharmacies to dispense cannabis. Another is that dispensaries keep medical cannabis users from having to go to "street dealers" in order to get their medicine. So while we would be better served by the system which existed from 1854-1941, dispensaries are an improvement over the previous distribution system.

*Dispensary System Decreases Substance Abuse*
In the broader context of drug policy, the California medical marijuana dispensary system has the same beneficial effect as the Dutch cannabis "coffee shop" system. The Dutch call it the "separation of the markets for soft and hard drugs." The Dutch have a much lower use of hard drugs, especially heroin, among young people than does the U.S. This is very likely a consequence of this "separation of the markets."

*Dispensaries Have Some Controls*
Dispensaries are not selling to just anyone. Dispensaries do provide some limited controls as well as safe access. They require a special form of identification that establishes the fact that a doctor has approved of the patient's use of cannabis. (That is all that is required by state law, and – critically – all that is allowed by Federal law.)

This zoning issue would disappear if the federal government respected the 9th and 10th Amendments to the Constitution. Then cannabis would be available in a pharmacy by prescription. Since the federal government only grudgingly changing on this matter, the ordinance should look to zoning and licensing requirements of commercial pharmacies.

No control system is perfect. Any "control" system devised by humans will be either "too tight" or "too loose." If it is too tight, then some sick and probably a few dying people will not be able to get their medical marijuana. Second, healthy young people can always find "weed" on the "streets." I am trying to use the AACM to marginalize those physicians who are practicing minimalist medicine.

We need to figure out if there is a way to prevent filling the approval several times. We need to recognize that while this will be very useful it won't be perfect. Even with the laws we have regulating pharmacies the "prescription" drug control system does not keep prescription drugs from all teens or prescription drugs out of the illicit market. The dispensary system also has that deficiency. One of the loopholes in the current system is that people can go to several dispensaries. This needs to be addressed, but we must also recognize that no regulatory system in a free society is perfect.

*Diversion of Prescription Drugs*

On June 14, 2008 the New York Times reported that the "Florida Medical Examiners Commission found that the rate of deaths caused by prescription drugs was three times the rate of deaths caused by all illicit drugs combined."

Whereas cannabis does not cause death and has relatively benign consequences, there is a big problem with diversion of prescription drugs. Nevertheless we continue to allow the pharmaceutical industry to stay in business.

"The Florida report analyzed 168,000 deaths statewide. Cocaine, heroin and all methamphetamines caused 989 deaths, it found, while legal opioids – strong painkillers in brand-name drugs like Vicodin and OxyContin – caused 2,328.

Drugs with benzodiazepine, mainly depressants (sic) like Valium and Xanax, led to 743 deaths. Alcohol was the most commonly occurring drug, appearing in the bodies of 4,179 of the dead and judged the cause of death of 466 – fewer than cocaine (843) but more than methamphetamine (25) and marijuana ***(0)***." (emphasis added) See Guess Who Said, "The decrease in the abuse of cannabis among youth in the United States may be offset by an increase in the abuse of prescription drugs." Iron Law of Prohibition" & Czar's Strategy 3."

**Conclusion:**

I am confident that you will craft a good functional ordinance. Your staff should be able to incorporate the best features of the many ordinances that have already been instituted. I think that if you keep in mind that these dispensaries serve some very ill people and that the ordinance won't be perfect, you won't drive yourself to distraction trying to escape the legal straightjacket created by the federal government. You might read Sandra Day O'Connor's dissent in Gonzales v. Raich for a good assessment of state's rights in this matter.