

TALKING POINTS: MEDICAL CANNABIS COLLECTIVE DISPENSARY REGULATIONS

Given that medical cannabis law is still being developed, it is reasonable for civic leaders to have concerns about medical cannabis regulations. However, successful precedents exist that can be used as a guide in the development of a local policy. It is crucial that policymakers and other stakeholders be reminded that medical cannabis is legal under state law. Regardless of the federal government's position on medical marijuana, it is up to the states – and their counties and municipalities – to determine what is best for the health and wellbeing of its residents.

PRIMARY GOALS OF REGULATION:

- ✓ To ensure that there is a safe, reliable, and sanctioned source of medication for qualified patients in the community
- ✓ To protect the community from nuisance activity or other harm that may result from the improper operation of these organizations.

LAW ENFORCEMENT IS NOT THE APPROPRIATE REGULATORY AGENCY:

- ✓ To ensure that qualified patients, caregivers, and collective dispensaries are protected, general regulatory oversight duties – including permitting, record maintenance and related protocols – should fall to the local Department of Public Health or the local Planning Department. It is essential that law enforcement not be the regulatory body.
- ✓ Given the statutory mission and responsibilities of DPH, it is the natural choice and best-suited agency to address the regulation of *medical* cannabis dispensing collectives. Conversely, law enforcement agencies have little or no expertise in health and medical affairs, and as such, their role in the regulation of medical cannabis dispensaries and collectives should be restricted.
- ✓ There is no evidence that a well-run dispensing collective leads to crime. It is unfair to stigmatize legal patients by treating their collective like a criminal or nuisance activity.

Headquarters

1322 Webster St, Suite 402, Oakland, CA 94612
PHONE: 510.251.1856 FAX: 510.251.2036

National Office

1730 M Street NW, Washington DC 20036
PHONE: 202.857.4272 FAX: 202.857.4273

General Information

WEB: www.AmericansForSafeAccess.org
TOLL FREE: 1.888.939.4367

LIMITING MEDICAL CANNABIS DISPENSING COLLECTIVES IS A BAD IDEA:

- ✓ It is not necessary for policymakers to set arbitrary limitations on the number of dispensing collectives allowed to operate. Obviously, collectives who provide quality care and patient services to their membership will flourish whereas those that provide little or no service will fail.
- ✓ Capping the number of medical dispensing collectives limits consumer choice, which results in both decreasing quality of care and affordability issues.
- ✓ Limiting the number of dispensing collectives allowed to operate may place additional burdens on patients with limited mobility. It is crucial that collectives be readily accessible to patients throughout and across the community.

WHY ON-SITE CONSUMPTION IS NECESSARY:

- ✓ Dispensing collectives that encourage members to consume medicine on-site have positive psychosocial health benefits for chronically ill people who are otherwise isolated. This kind of support improves the quality of life, and, in some cases may even prolong life.
- ✓ Researchers have confirmed that support groups are effective for patients with a variety of cancers. Participants active in support services are less anxious and depressed, make better use of their time and are more likely to return to work than patients who receive only standardized care, regardless of whether they have serious psychiatric symptoms.
- ✓ On-site consumption is necessary for patients who otherwise are restricted from consuming medicine off-site. This is particularly problematic for patients who reside in Section 8 or other housing arrangements where smoking restrictions are in place. Additionally, on-site consumption provides an opportunity for patients who otherwise have no access to vaporizing equipment to ingest their medication in a safe and controlled environment.