EXHIBIT L

Providing Medical Marijuana: The Importance of Cannabis Clubs†

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Abstract—In 1996, shortly after the San Francisco Cannabis Club was raided and (temporarily) closed by state authorities, the authors conducted an ethnographic study by interviewing selected former members to ascertain how they had benefited from the use of medical marijuana and how they had utilized the clubs. Interviews were augmented by participant observation techniques. Respondents reported highly positive health benefits from marijuana itself, and underscored even greater benefits from the social aspects of the clubs, which they described as providing important emotional supports. As such, cannabis clubs serve as crucial support mechanisms/groups for people with a wide variety of serious illnesses and conditions. The authors concluded that of the various methods so far proposed, the cannabis clubs afford the best therapeutic setting for providing medical cannabis and for offering a healing environment composed of like-minded, sympathetic friends.

Keywords—cannabis clubs, ethnography, medical marijuana, public policy, social environment

The issue of whether marijuana has medicinal benefits no longer seems to be in question. Hundreds of scientific studies and thousands of testimonials from patients have established marijuana's effectiveness in controlling the nausea of cancer patients undergoing chemotherapy and/or radiation; in enhancing appetites for AIDS patients who suffer a wasting syndrome or who have adverse reactions to their new HAART (highly active antiretroviral treatment) medications; in reducing intraocular pressure for persons with glaucoma; in giving relief from spasms of muscular dystrophy; and for relieving pain from dozens of other serious diseases (Ad Hoc Group of Experts, National Institutes of Health 1997; Gieringer 1996). Voters in California and Arizona confirmed their belief in these medical benefits when they voted overwhelmingly in 1996 to make marijuana legally accessible to qualified medical patients (in California this was achieved by passing Proposition 215). Despite federal resistance to recognizing the medical utility of cannabis, the remaining unresolved question for public policy debate and scientific exploration is not *whether* marijuana can be a useful tool in managing a range of diseases but simply *how* qualified patients can acquire a medicine that they and their physicians believe will benefit their treatment and alleviate suffering.

Of the several ways available for qualified patients to gain access to medicinal cannabis, a frequent suggestion has been for patients to grow their own supplies. While highly desirable, only a small minority of medical marijuana patients have the wherewithal to grow their own plants. Most city dwellers do not have outdoor yards or balconies; those who do report greater danger from thieves than from the police. Indoor growing requires a large initial investment for expensive equipment, which patients who live on limited or fixed incomes simply cannot afford. Patients must also be very skilled home gardeners to ensure a sufficient amount with the proper potency in order not to run short.

†The authors would like to thank the Drug Policy Foundation for its funding, which made this research possible. We would also like to thank Elena Bridges for her help in arranging interviews with the Flower Therapy patients.

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interview guide. The interviews were opened-ended, lasted between one and two hours, were tape-recorded, and transcribed. The few interviews not conducted at Flower Therapy were held in the respondents' residence. Some of those interviewed had been both member and staff at the SF CBC prior to the raid; others had been regular members. While the interviews were our core data, they were backed up with hours of participant observation—the ethnographer's stock-in-trade—at three clubs: the SF CBC before it was raided; Flower Therapy over a 16-month period; and the Oakland Cannabis Buyer's Cooperative.

WHAT ARE CANNABIS CLUBS?

The concept of a cannabis club is the invention of Dennis Peron, a San Francisco marijuana dealer since 1973 who became converted to the cause of medical use of cannabis when his gay lover, a young man with AIDS, found relief from symptoms with regular marijuana use. Peron's concept was to provide not only a cafeteria of cannabis products—including marijuana of varying potencies, cannabis pastries, and smoking paraphernalia—but to create a life space where persons with life-threatening or seriously debilitating diseases could gather, relax, and consume their medications in an accepting, friendly, and colorful surrounding. Some critics referred to Dennis' place as a "circus," but considering that it was both staffed and utilized by sick and dying people, more sensitive observers might conclude that he had created a therapeutic atmosphere that encouraged relaxation, friendly interaction, laughter and healing. It was lively without being unnecessarily noisy, and had attractive furniture arranged to facilitate small group conversation and discussion. With this as a model, other clubs modified one feature or another—e.g., the Oakland club's rental agreement did not permit smoking on the premises, and Flower Therapy gave more emphasis to research and structured intervention—but the essential concept of having a place where members could select from a range of cannabis products and gather to socialize was Peron's original creation. As a new social institution, the cannabis club provides a setting that is a combination of a community center and settlement house (better known in eastern and midwest cities), a hospice, a friendly cafe, and—given the illegal nature of it prior to Proposition 215—a kind of speakeasy which had the approval and public support of San Francisco's Board of Supervisors, Mayors Frank Jordan and Willie Brown, its Department of Public Health, its District Attorney's Office, and the administration of the San Francisco Police Department.

ROUTES OF ENTRY

The development of the SF CBC is attributable to three underlying currents that seem peculiar to San Francisco: (1) its history of progressive political activism, (2) its reputation for innovation, and (3) its relatively small population, which allows for information to be disseminated quietly and quickly by word-of-mouth.

The political background which brought like-minded people together in the medical marijuana movement was given a substantial boost with Proposition P, a local ordinance the San Francisco Board of Supervisors passed in 1992 that directed the San Francisco police department to make marijuana arrests its lowest priority. This ordinance allowed Peron to come out of the shadows and become more public in using his private residence for commercial marijuana sales, and eventually to become the central San Francisco figure around whom others gathered in order to advance the cause of marijuana both as a political rallying point and as a legitimate medicine. Dee, the fictitious name for one of the early recruits, explained how her contacts with Peron introduced her to both the medical and political aspects of marijuana:

> Oh, when I met Dennis, we'd sit around his living room and plan it [organizing for the passage of Proposition P, a San Francisco initiative requesting that police lower the priority of marijuana arrests]. I met him almost six years ago through my ex-husband. . . I met him and I knew from the minute I met him that he was coming from the heart as far as helping sick people get marijuana. We just connected. And the second time I went to his house, he just grabbed me and hugged me and kissed me and said, "Welcome back." And I was a regular at his house from 1992 on, even though I had to drive back and forth from Bakersfield . . . And then in 1994 my friends were worried that I was dying (from multiple sclerosis). I was wheel-chair bound and weighed about 100 pounds. I had gone to Los Angeles for a Medical Marijuana Day in 1994, and they all saw me and realized how critically ill I was. And they moved me to Santa Cruz and then I got moved to San Francisco with Dennis' help.

Others came to the club through other word-of-mouth referrals; one, an elderly woman with both glaucoma and breast cancer, was referred by a member of the San Francisco Board of Supervisors:

> HWF: How did you initially learn about the club?
> Hortense: From A [the elected Supervisor] sending me that note. I didn't even know it existed before then.
> HWF: How did you go about becoming a member?
> Hortence: I just made a nuisance of myself. I went every week on Fridays and Saturdays and talked to people. Then I decided my role was to listen, and I did that for quite awhile. And then in July, Dennis asked if I would do intake. There wasn't a lot of intake. We only had a hundred members or something like that.

Regarding the original club, located on Church Street in much smaller quarters than the one which has received national and international attention, others heard from friends about a unique place where marijuana could be openly purchased and consumed. While the early members joined because they were personal acquaintances of

members found that their satisfactions were as much social as medical, maybe even more so. In reflecting on their use of the club, members overwhelmingly described the social benefits in glowing terms.

When asked the question, "What did you like best about the club?" almost without exception respondents answered in one form or another, "the social life." As with a community center or perhaps a hospice, members could find or create activities that utilized their skills, abilities, or talents. Sandy, a small woman who walked with two hand canes, described how she would teach origami (the Japanese art of folding paper into flowers or animals), and how her involvement served to improve her physical condition:

> Twice a week I'd go up there. Friday, and then Saturday, Saturday because of the evening thing. Mainly do origami, the fellowship, and I'd bring a little weed and everybody'd have a little bit of weed. We'd smoke, but mainly we'd be sitting there shooting the breeze, folding stuff, singing along with the radio. Heck, we'd go up and down the elevator, or up and down the steps. I was walking up and down the steps on a regular basis. I *was*. Yes, I *was*. Now, I'd do the elevator every now and then, you know, but I was doing steps, man. It was great. It was old home week. You'd walk in there, and it didn't matter what kind of day you had had. And it wasn't the pot. If it was only the pot, I wouldn't be there, quite frankly.

For members with limited incomes or the homeless with qualifying illnesses, the club provided oranges in containers placed strategically throughout the facility. On weekend days, staff prepared a full home-cooked dinner for members. Hector explained how he would schedule his visits to coincide with the meals:

> Well, food. There was a time or two that I went knowing specifically it was Saturday afternoon and I specifically expected food would be there, and I was kind of broke, and I thought, I wouldn't wonder whether I'd get a potato or a cherry pie from the store. I expect there would be something decent to eat there.

Others, like Jamie, enjoyed the Saturday night entertainment, which was provided by volunteer performers or members themselves in a kind of "open mike" evening:

> I was there Saturday nights. They . . . had really great music. Saturday nights they would put on some nice shows, and things like that. Put on some bad shows, too. Put on shows. It was fun there. It really was.

FINDING SUPPORT GROUPS

When members were asked how they spent their time at the CBC or what they liked best, the most common and repeated response related less to the acquisition of cannabis and emphasized the supportive aspect of being with like-minded people with similar medical conditions. For many of the members, the clubs provided a kind of generalized support group: the social interaction that took place was an important and significant component of their treatment and/or rehabilitation. For some individuals, the CBCs were their *primary* source of socialization. Recently, Lester Grinspoon, the Harvard psychiatrist and author of *Marijuana Reconsidered* (1994), one of the best and most complete discussions of medical marijuana, turned his attention to the subject of cannabis clubs. In an article which will appear in the 1998 Summer issue of *Playboy* (Grinspoon In press), he notes that recent studies by others have shown that having a *social* support network is an essential ingredient for cancer patients and that " . . . these kinds of supports improve the quality of life . . . and that there is growing evidence that [they] may also *prolong* life" [emphasis added]. He notes that in one study "socially isolated women were found to be at five times higher risk of death from ovarian and related cancers than the controls," who were not reported to be isolated. In a second study, he stated, "women with breast cancer were 50 percent *less* likely to die in the first months after surgery if they said they had confidants, i.e. people they were close to." Grinspoon (1998) goes on to report that the studies showed that patients " . . . become less anxious and depressed, make better use of their time, and are more likely to return to work than similar patients who are given only standard care." These and several other examples discussed by Dr. Grinspoon provide strong testimony for the social role that cannabis clubs can and have provided.

Not all cannabis clubs make a concerted effort to capitalize on this therapeutic possibility. But it is clear from the interviews that there were beneficial aspects to mere attendance at the clubs. Seriously ill and dying people can gather and enjoy the friendship of others in like situations. They learn how others with similar medical and social conditions cope. Hector again supplies one of many testimonials to the therapeutic benefits of his attendance at the SF CBC:

> There's *nothing* else like it. There's no facility in town that offered a comfortable social place to hang out and meet other people that are in your same similar situation facing terminal illness . . . and trying to cope with it, both physically and emotionally . . . Let me put it this way. I think that depression is a real illness for some people. And as a major branch for almost all people who suffer from HIV. Once you're facing a terminal illness, you are bound to have a thousand ways of depression. And I think a support group, wherever you find it, a fully functioning support group and facility, is, can be a big booster and counter to serious depression . . . And the option of having a place to go that provides medicine in terms of marijuana but also medicine in terms of a real friendly network and reliable support group has been really important. And I haven't jumped into, or found a support group that was as comfortable and attracted to as I was with the support group I found on a daily basis at that place.

SUMMARY AND CONCLUSIONS

Our approach in assessing the functions of cannabis clubs, particularly what was formerly called the San Francisco Cannabis Buyers Club, was an ethnographic examination of how members themselves perceived the benefits of their membership. While the acquisition of medical marijuana for specific diseases (as recommended by their physicians) was the members' major rationale for seeking membership, almost without exception they expressed greater satisfaction in the social interaction and activities they found. Most of the members learned of the club through friends or acquaintances who were either members themselves or who knew of the club through other friends. Without advertisement or recruitment, members heard through word-of-mouth that Dennis Peron had created a facility where persons with serious and/or terminal illnesses could purchase and smoke marijuana. With the apparent success of Dennis' place, others with imagination and administrative skills opened similar, if somewhat unique, clubs throughout the state—in Marin, Eureka, San Jose, Oakland, Hayward, Los Angeles, Orange County, and other areas—after becoming acquainted with the SF CBC. Each may have had a somewhat original twist, but the notion of having a facility where cannabis could be purchased (and sometimes ingested onsite) was patterned after the original club created by Dennis Peron.

Members who probably would have been content to find only a legitimate source of medical marijuana were even more pleased to discover that the setting itself served therapeutic purposes for them by providing a natural environment in which to socialize with others who were struggling not only with serious disease but who were frequently isolated, frightened, and depressed. As a result, members often stated that the socialization they encountered and the friends they made at the clubs were health producing. Most frequently members referred to these friendship circles as "support groups" because they offered mutual help in a number of critical emotional areas: adjusting to a terminal illness, or managing the grief which accompanies the many deaths an epidemic like HIV/AIDS leaves in its wake.

At the time of this writing, two legal actions are underway in attempts to close the clubs: (a) action by the California State Attorney General's Office, which claims that cannabis clubs do not qualify as primary caregivers under their interpretation of Proposition 215; and (b) a federal civil suit against six California clubs—including the San Francisco Cannabis Cultivators' Cooperative, Flower Therapy (which closed because of federal action against the club's landlord), and the Oakland Cannabis Buyers' Cooperative. The federal case seems the simplest since it drew on the Controlled Substances Act of 1972, which classified marijuana as a Schedule I drug (a classification specifying that marijuana has no legitimate medical use). The federal action—taken by the Drug Enforcement Administration (DEA) under the Department of Justice—simply does not recognize the many studies and reports on marijuana which have demonstrated its medicinal usefulness. Perhaps the anticipated report from the Institute on Medicine (whose members visited the Bay Area cannabis clubs in December, 1997) on its investigation of possible medical uses for marijuana will help bring the Department of Justice and the DEA more into line with the available scientific evidence. At the moment, the DEA simply ignores all scientific and medical evidence, and with apparent blindness continues to argue that marijuana has *no* legitimate medical use. With that as their foundation for determining public policy, from the DEA's perspective all marijuana use remains illegal. And they saw fit to take civil—not criminal action—against six of the better known clubs. The remedy for the federal position, which in all likelihood is forthcoming, is to reschedule cannabis and recognize what thousands of Americans and hundreds of physicians already know—that cannabis is a remarkable, naturally grown substance with wide utility in the treatment of a variety of diseases. The authors concur with the *New England Journal of Medicine*, which stated in its editorial of January 30, 1997 (Kassirer 1997) that " . . . a federal policy that prohibits physicians from alleviating suffering by prescribing marijuana for seriously ill patients is misguided, heavy-handed, and inhumane."

The California Attorney General's case is somewhat different, since under Proposition 215 the use and recommendation of cannabis for severe medical conditions is legal. In California, the suit against the SF CBC attempts to clarify Proposition 215 by implying that the law does not authorize or consider the role of cannabis clubs in providing marijuana to legitimate patients. While the Attorney General's Office has not developed its own plan for distribution, it does seem to support the police option suggested in San Mateo County, which (as discussed earlier) would blur the lines between law enforcement functions and medical practice. Having the police as distributors of medical cannabis would have a chilling effect on how medical patients, fully aware of how police departments in the past viewed marijuana consumers, might utilize or abuse this new distribution route.

After almost two years of investigation into the functions of cannabis clubs, witnessing how members participate in the socialization that takes place in them, and formally interviewing a selected sample of patients, as social scientists the authors conclude that the cannabis clubs are not only a desirable method but a preferred method for the distribution of medical marijuana. Without question, of the available ways of providing cannabis, the CBCs provide the safest and least expensive commercial method for patients to purchase medical marijuana. Moreover, the existing relationships are trusting ones that have been developed over the years, and they would be difficult to