

High Times

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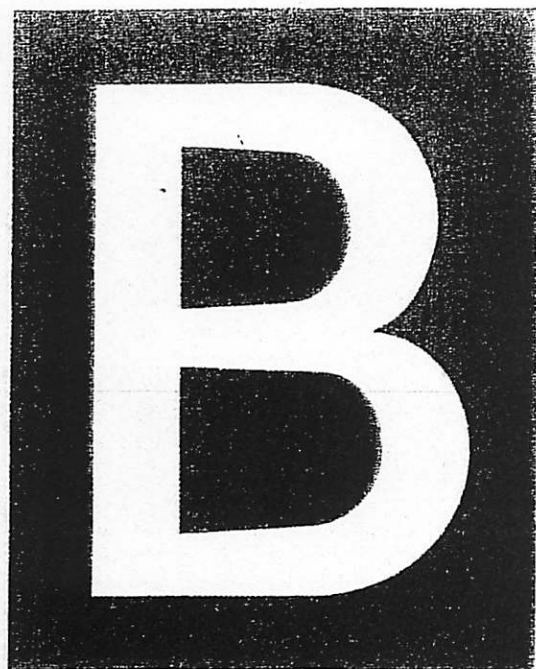
2012/11

The feds say medical marijuana is illegal. State authorities disagree. A tour through the capital of quasi-legal pot, where the buds are stony and confusion is king

2012

BY LARS BORDE





Before Matt Farrell's medical marijuana plants were confiscated and he was arrested at gunpoint by the LAPD, before the *Los Angeles Times* put his case on its front page, and before he became a living symbol of the confusion surrounding California's medical marijuana laws, I knew him as Medical Matt. ¶ We met in a Long Beach parking lot in 2003. Farrell had been using marijuana medicinally since 2001. Passing a joint among a group of friends before seeing a band, Farrell held court in front of a rapt audience as he showed off a prescription drug bottle filled with neatly rolled joints. It was a flamboyant flourish, a handcrafted joke illustrating his special status. He didn't elaborate on his condition, but from appearances he seemed healthy enough. After Farrell gave a brief explanation of Proposition 215—the California law that allows doctors to recommend marijuana to patients—I asked if it was difficult to secure a physician's referral. He just smiled through the smoky haze and exhaled, "All you need is a doctor who feels your pain."

I find one through an advertisement in an alternative paper. Dr. Alfonso Jimenez's office is in a nondescript commercial complex in downtown Laguna Beach, not far from my parents' home. Inside, the sparsely furnished suite seems like it has either never really been moved into or is ready to be moved out of at a moment's notice. There is no receptionist. A sign taped to a potted plant instructs me to call a number to notify the doctor of my arrival. Two other men, one close to 50, the other around 30, sit waiting. A third, a father in his twenties accompanied by his three-year-old son, arrives shortly after I do. As we all mumble acknowledgment of each other, a man in his midthirties appears from the recesses of the office wearing a black baseball cap, black T-shirt, and ripped jeans. I assume he is another patient. Turns out this is our doctor.

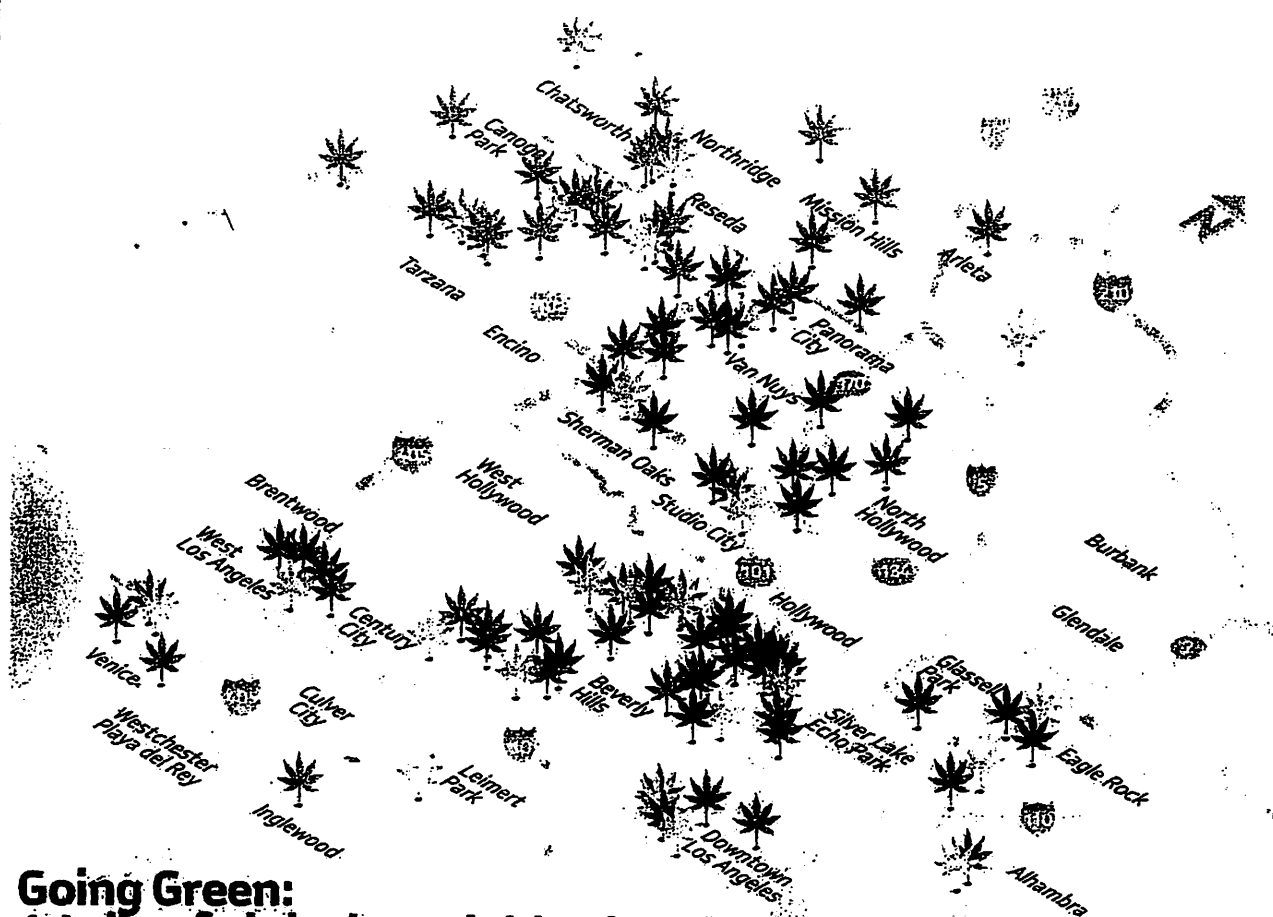
He leads us into a windowless conference room and tells us that he would prefer to perform the consultation as a group. "Patients seeking this course of treatment often share the same questions and concerns," he says as we take our seats around a large table. "If anyone is uncomfortable with a group setting, you are welcome to wait for a private session." Nobody takes the offer. The oldest patient, a gem dealer from Northern California with a ponytail of thinning hair, jokingly asks if it's a casual dress day. The doctor laughs. "I don't dress like a typical doctor," he says, "because for the most part, I'm not a typical doctor." To remove any doubt of his authority, he lists his credentials: medical school at Michigan State, internship at UCLA, residency at the University of Hawaii.

After collecting everyone's fee—\$150 in cash—he checks IDs and distributes forms: One lists the side effects of marijuana; another grants legal consent to provide treatment.

The doctor gives a quick history of the medical uses of marijuana, dating back to the Chinese in 2700 B.C., and notes that cannabis enjoyed legal status in the United States during the early 20th century. "The amount of time marijuana has been illegal in the United States compared to the time it's been used in practical application is really just a blip in history," he says.

Every few minutes his cell phone rings and he touches a Bluetooth earpiece to take the calls from the marijuana dispensaries issuing pot to his patients. His response is always the same: "Yes, the patient is in my care."

Between phone calls he asks us a series of questions. "Do you have any family history of depression or anxiety?" "Do you drink or smoke cigarettes?" "Do you use any street drugs like crystal meth?" Finally, he inquires about the condition that led us to seek treatment. The gem dealer complains of neck pain from high school football injuries. The young



Going Green: A tally of clubs by neighborhood

Burbank1	Eagle Rock3	Granada Hills1	Leimert Park/1	Northridge6	Reseda6	Studio City3	Venice4
Canoga Park1	East L.A.3	Highland Park ...2	Inglewood2	North Hills1	Shadow Hills1	Tarzana6	W. Hollywood6
Chatsworth.....2	Encino Park1	Hollywood15	Mid Wilshire10	N. Hollywood4	Sherman Oaks4	Tujunga1	West L.A.5
Downtown.....6	Glassell Park1	Koreatown3	Mission Hills1	Pacoima1	Silver Lake1	Van Nuys10	Woodland Hills ...1

father explains that he developed repetitive stress injuries while training in the military. At this, the doctor perks up. "Do you suffer from any post-traumatic stress disorder related to combat?" he asks. Hearing the answer is no, he seems disappointed. The third patient says he has been diagnosed with bipolar disorder and attention deficit hyperactivity disorder. They all say they've tried traditional medicine with little success. They also freely admit to having used marijuana and volunteer that it's been helpful to them.

When it is my turn, I say I occasionally experience work-related anxiety, which causes muscle pain from an old back injury to flare up. What I'm saying is true, but I am pretty much describing writer's block. I don't mention the real reason for my visit: that I'm writing a story on medical marijuana. The doctor diagnoses "chronic muscle spasticity," which like the other patients' conditions qualifies me under

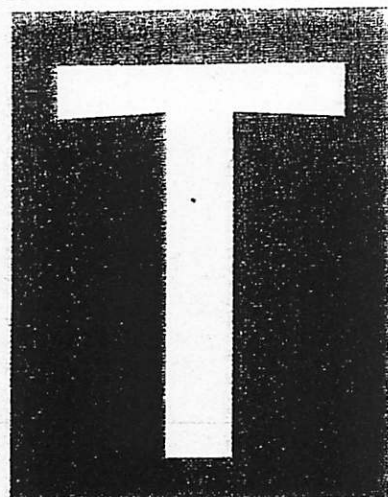
Proposition 215 for his recommendation to use marijuana.

The session lasts about an hour, and when it is over we are each given a parting gift of an ashtray and a lighter branded with the clinic's logo. The embossed 8½-by-11 physician's statement declares that I am under medical care and I have been "informed that cannabis is providing/may provide relief" for my condition. It is signed by the doctor and in part reads, "I am of the opinion that in this patient's individual circumstance, the potential benefits of cannabis use outweigh the risk, and would prescribe cannabis for this patient's condition if I were legally able to do so." Like so many other aspects of the medical marijuana world, the role of doctors is cloaked in uncertain language. They can recommend that patients use marijuana, yet they are not allowed to actually prescribe it. Even with the vague wording, it is the only document I need to legally grow, buy,

and possess marijuana for personal medical use in California.

Of course, not all referrals come as easily as mine. Many doctors I spoke with require a complete medical history and perform the same tests as when they give full physicals. But it isn't atypical, either. Because doctors are protected under a 2003 Supreme Court ruling that recognizes their First Amendment right to recommend marijuana—as long as they don't assist in procuring it—they have become increasingly open to writing referrals. Despite their lab coat respectability, there is a minority of doctors among them willing to cash in on the gray area. As a result, it's not hard to find one willing to relieve a person from the pain of living outside the boundaries of the current marijuana laws.

Walking out of the office with my ashtray and lighter, I wonder if this is the sort of casual arrangement California voters had in mind when they passed Prop. 215 ten years ago.



The Compassionate Use Act of 1996, or Prop. 215, was brought to a public vote after medical marijuana initiatives were twice approved by the California state legislature and subsequently twice vetoed by

then-governor Pete Wilson. The divisiveness of the issue was evident in the pro and con arguments that appeared on the sample ballots. Supporters stated in capital letters that MEDICAL MARIJUANA HELPS TERMINALLY ILL PATIENTS and listed conditions, including cancer, AIDS, anorexia, and chronic pain. The argument against: PROPOSITION 215 IS MARIJUANA LEGALIZATION—NOT MEDICINE.

Both arguments are true. Kind of. The source of medical marijuana's legal limbo resides in the wording of the proposition. "Prop. 215 was written by anarchists," says Allen St. Pierre, executive director for the National Organization for Reform of Marijuana Laws, or NORML. He says that one of the initiative's authors, Dennis Peron, has famously declared that all marijuana use is medical. "It is literally written to be chaotic, and now there is no wherewithal to really restrict it." A close reading shows that Prop. 215 has a gaping loophole. After highlighting sympathy-inducing diseases like AIDS and cancer as the primary ailments to be treated with marijuana, the initiative essentially gives physicians carte blanche to recommend marijuana for "any other illness for which marijuana provides relief." The result has been massive confusion over what, exactly, pot can treat and where it fits into the legal system.

The push toward the legalization of medical marijuana began in earnest in San Francisco during the early 1990s. Clinical studies and experimental application showed marijuana to be an effective anti-nausea treatment and appetite stimulator, particularly for the growing number of HIV-AIDS patients suffering from wasting syndrome. Despite its illegality, the first public medical marijuana dispensary, the Cannabis

Buyers Club, was opened by Peron and several others in 1994. After repeated legal hassles and police busts, the club's founders got together with two oncologists, a nurse, and others to author Proposition 215.

Their efforts laid the foundation for the scores of marijuana dispensaries that have popped up in Los Angeles over the past two years. While Prop. 215 allows for patients to use marijuana, the initiative didn't specify how they should procure it. Even with a doctor's recommendation, it is illegal to buy marijuana from black market dealers. Though Prop. 215 allows medical users to grow their own marijuana (some counties allow up to 99 plants per patient; Los Angeles specifies no more than 6 mature or 12 immature plants and a maximum of eight ounces of dried marijuana per qualified patient), not everyone has a green thumb. In 2004, the state legislature passed Senate Bill 420 to establish guidelines for procuring medical marijuana. Thus came the pot dispensary.

Typically set up as not-for-profit cooperatives—and often featuring words like *compassion* or *caregivers* in their name—dispensaries occupy another gray area of the medical marijuana industry. "We're primarily supplied by growers who are for the most part also our patients," says a Los Angeles dispensary owner I'll

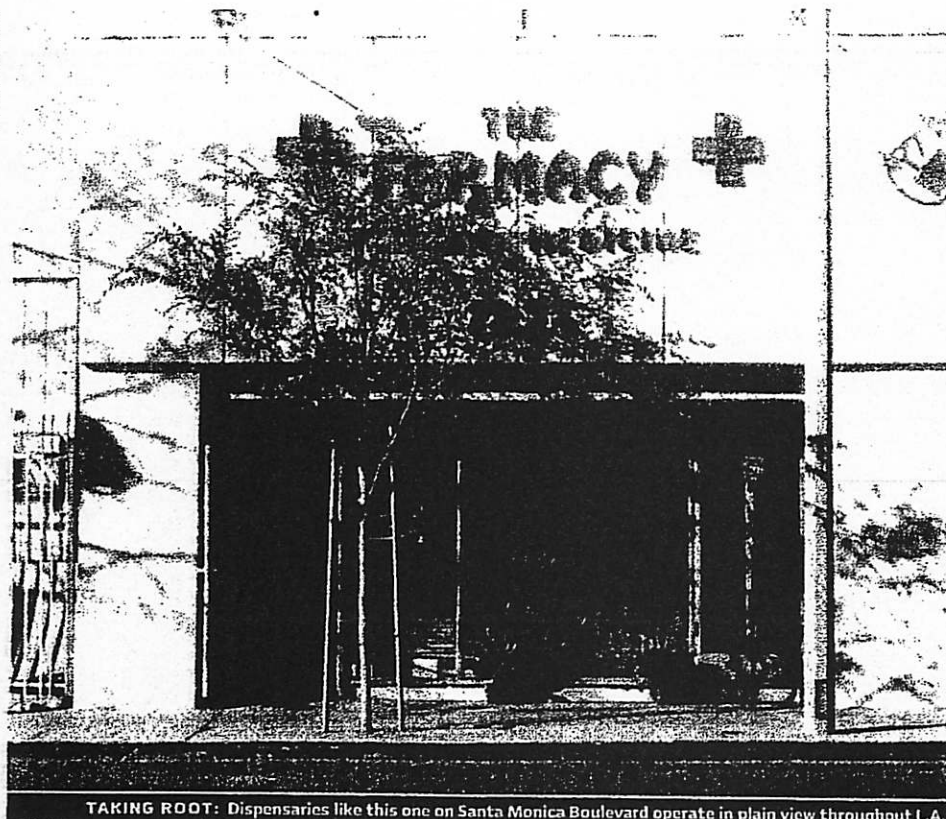
call Stan. "Technically, it's not really a financial transaction that happens. Vendors make a donation of their medicine, and in return we give them a cash donation. Kind of like a church." Stan got into the business after surviving cancer at 18. He's savvy, gregarious, and as one may guess from his creative use of language, has political aspirations. But despite the linguistic gymnastics, it's clearly an exchange of goods for money. Lots of money. Some clubs reportedly make \$1 million a month and have owners who drive Ferraris, live in Malibu, and own islands off the coast of Central America.

From Stan's perspective, the lack of regulation has been a double-edged sword. It makes it easy to start a business, but it also leaves the clubs, their patients, and law enforcement in a legal no-man's-land. "It's like the small print when you sign a contract," he says, "except in this case it's written in invisible ink. Nothing is cut-and-dry." Stan recently had to hire a lawyer when one of his drivers was arrested. The police had stopped him while he was transporting 15 pounds of "medicine." After the lawyer proved the driver was a member of a cannabis co-op and on the payroll as an employee (Stan, like other owners, files payroll taxes), he was released. "They haven't pressed charges because even the cops don't know what's going on," Stan says.

Dispensaries have sprung up all over the county in the midst of so much confusion. On major thoroughfares like Santa Monica, Sunset, Van Nuys, and Westwood boulevards, approximately 200 dispensaries operate in plain sight. Last December alone, in a rush to beat impending moratoriums, 45 dispensaries opened in the county. The City of Angels now has a new distinction: It is the medical marijuana capital of the world. To people like Rosalie Liscardo Pacula, an economist at the Rand Corporation who studies marijuana laws, the outcome isn't surprising. "Voters responded compassionately," she says, "but people sometimes get hoodwinked."



The first time I go to a cannabis dispensary, I realize that the transaction I'm about to engage in has about as much in common with a "traditional" marijuana purchase as a 1950s hardware store does with a Home Depot. Tucked away in a business complex in Long Beach, the club does nothing to attract attention to itself. The squat



TAKING ROOT: Dispensaries like this one on Santa Monica Boulevard operate in plain view throughout L.A.

stucco building has few windows and could pass for an accountant's office, save for the small sign bearing the initials CCLB, which stands for Compassionate Caregivers Long Beach.

As with other dispensaries, CCLB has a compact reception room where IDs and physicians' recommendations are checked. Black-and-white still-life photographs decorate the walls; a security guard stands at the door. Stan explains the dispensaries' need for security: "We're basically like a bank dealing with a tremendous amount of cash and a commodity that is priced at nearly the same as gold." Like a bank, clubs often have several massive safes to protect their assets.

While I wait for the receptionist to call the doctor and confirm my referral, I'm given a sheet explaining the club's rules: Cell phone use is forbidden. Only verifiable Prop. 215 patients are allowed in the back room, where the medicine is displayed and sold. Patients are forbidden to have anyone wait for them in their car or to "take their medicine" in the dispensary's parking lot—protocol intended to eliminate activities associated with drug dealing.

Once cleared, I'm allowed to enter the back room. It is small and resembles a high-end jewelry boutique cum old-school pharmacy. A row of illuminated glass cases displays the wares, and white boards on the wall behind them list the selection, with the prices in grams, eighths, half

ounces, and ounces. In one case are baked goods cooked with marijuana extract, including packaged items with names like Kush Bar, Space Ball, Reefer's Peanut Butter Cups, and Kief Kats. In another, about 40 types of marijuana in bud and hash form are artfully arranged. The presentation has a fetishistic quality. Bulbous buds sit in what look like wooden Japanese tea containers. The bright light catches purple hues and shimmering crystals. Customers hold samples up to

shows me a Sour Diesel sample and another called Kush, which is indigenous to the Hindu Kush Mountains of Afghanistan. I take a gram of the Kush to go with the Train Wreck, and for \$70 in cash I'm ready to medicate.

Marijuana at a dispensary usually costs 10 to 20 percent more than on the street—between \$40 and \$80 for an eighth of an ounce, though \$100-an-eighth luxury strains are starting to appear. The cost difference is meant to offset

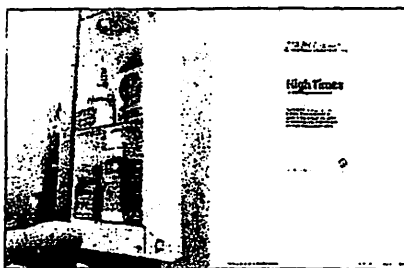
A row of illuminated glass cases displays the pot. The presentation has a fetishistic quality. Bulbous buds sit in what look like wooden Japanese tea containers.

their noses and inhale deeply with the solemnity of connoisseurs. It's as if I've walked into an artisanal coffeehouse and found weed instead of beans. There is even a lounge area where people can take their medicine. The aroma is intense, but instead of roasted hominess, there's a thick pine forest scent.

A cannabarista in a black apron and a bandanna ornamented with pot leaves offers a cinnamon bread sample, warning me that it's "tainted." After mentioning it's my first time, I describe my symptoms. He listens carefully,

the expense of business, but it has two noteworthy side effects: Not only does it discourage people from trying to resell the marijuana, but it generates competition among growers to create the highest-grade product. "When you see the material on sale at the dispensaries, it's beautiful," says Dr. William Eidelman, a natural medicine specialist on Cahuenga. His medical license was suspended in 2002 after he'd recommended pot to undercover officers posing as patients who weren't "seriously" ill. After a lengthy legal battle, I CONTINUED ON PAGE 234

looking up from time to time at the board behind the bar, contemplating a diagnosis. When I finish, he makes his recommendation. "What you need is a sativa. It will help take the edge off, yet it's a very up, kind of talky, energetic variety," he says. "Plus it will help you relax and loosen up the constricted muscles in your back. Let me show you what we have." He brings out one container with a variety called Train Wreck and another with Bull Rider. Both are heirloom quality and organically grown. I take a gram of the Train Wreck and ask for another recommendation: I tell him that after working long hours, often late into the night, I find it hard to silence my mind and sleep. Without hesitating he says, "That's when you need an indica. It's a heavier, more full-bodied variety and will help you sleep." He



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[CONTINUED FROM PAGE 149] his license was restored in 2004. "Somebody did a really nice job of growing it with attention and love."

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Eidelman is among a rising number of M.D.s for whom pot's medicinal powers go far beyond treating the ill of the ill. There are more than 1,500 in California who prescribe pot. Some even see it as a means for nurturing holistic health, a way to help achieve wellness. "One of the most unusual things about marijuana is the wide range of conditions that it is useful for," says Dr. Frank Lucido, a Berkeley-based physician who has been in practice for 27 years and has made more than 3,000 medical marijuana referrals. According to Lucido, the past ten years have seen a vast amount of clinical research and the identification of more than 100 conditions that can be treated with pot.

Marijuana achieved scientific legitimacy in a 1997 National Institutes of Health report commissioned by the federal government. It concluded that marijuana "looks promising enough [in the treatment of certain serious illnesses] to recommend that there be new controlled studies done" and urged the start of clinical evaluations. In 1999, a review by the Institute of Medicine (part of the National Academy of Sciences) found marijuana to be "moderately well suited for particular conditions." Other research has recorded promising evidence that marijuana is helpful in treating conditions such as Alzheimer's disease, attention deficit hyperactivity disorder, hepatitis C, Parkinson's disease, and rheumatoid arthritis. The IOM review moved integrative medicine pioneer Dr. Andrew Weil to write an article in his newsletter, *Self Healing*, called "Why I Support Medical Marijuana," in which he stated that physicians should "be able to prescribe marijuana to individual patients with debilitating or terminal conditions."

Minds in Washington remained unchanged. On the day the report was issued in 1999, a Clinton administration spokesman told the Associated Press that it continued

to oppose the use of marijuana to treat sick people. In the ensuing years, 11 other states followed California's lead by passing marijuana initiatives, yet the issue is no closer to reaching legal clarity. Last April the Food and Drug Administration issued a statement declaring that "no sound scientific studies" support the medical use of marijuana. The Drug Enforcement Agency followed by stating that it would continue to pursue its current policy, an approach that puts marijuana in the same class as heroin, LSD, and PCP. In response, Bill Lockyer, the California attorney general at the time, said the FDA statement had no bearing on California law and that Prop. 215 would stand.

When I spoke to David Murray, a special assistant to the White House Office of National Drug Control Policy, he was dismissive of states' rights. "The state initiative processes and legislature approval [of medical marijuana] is in itself a kind of admission of defeat," said Murray. "If marijuana is offered up as medicine in the arena of science and medicine, it loses." For Murray and the administration, the only way marijuana achieved medical classification was through the "novel phenomenon" of people voting for it. In other words, the democratic process.

Complicating the impasse between the state and federal governments are local authorities. In January federal agents raided 11 dispensaries in Los Angeles and, according to the DEA, seized 5,000 pounds of pot, 163 plants, \$200,000 in cash, and multiple firearms. Protests were immediately mounted by medical marijuana supporters at City Hall in West Hollywood, and shortly after, police chief William Bratton pushed for a moratorium on new dispensaries opening until the city passes regulations. At press time the department was still completing procedures for officers who come in contact with anyone claiming their marijuana is for medicinal purposes. In the meantime several other dispensaries, including the Cannabis Club of Long Beach, have voluntarily shut down. It is not necessarily a sign of defeat. Some former club owners have shifted focus to supplying clubs instead of running them. They see it as a way to establish a lower profile and concentrate on the more lucrative wholesale end of the supply chain.

Many politicians see taking a stand on medical marijuana as a lose-lose proposition. Speak out against it, and be branded insensitive to the medical needs of sick individuals. Speak out for it, and be labeled soft on crime and the war on drugs. So most are letting Bratton take the lead. Lisa Hansen, a spokesperson for city council member Jack Weiss, puts it this way: "While [Weiss] has not been

on the forefront of this issue, I can tell you he has been very concerned by reports of problems related to the dispensaries and is supportive of police chief Bratton's position that the city must take action and have some sort of guidelines for the location and operation of facilities, but the council is still deliberating what to do under state and local law."

The ambiguity has put the Los Angeles Police Department "in law enforcement limbo," says spokesman Lieutenant Paul Vernon. The LAPD has a policy that makes medical marijuana a low priority. He says the LAPD respects both Prop. 215 and the efforts of some medical marijuana providers. "We won't interfere with the clubs unless we can tie illegal activities to them," says Vernon. But he points to an escalating number of complaints from citizens who don't want pot clubs in their neighborhood. "If medical marijuana users just went home and smoked, no one would give a damn," says Vernon, "but users are smoking outside clubs, smoking in close proximity of schools, and engaging in behavior that clearly abuses the law. That's when we have to get involved."

Other municipalities in the county have been more restrictive. Eight cities have moratoriums on the opening of new dispensaries, and Torrance and Pasadena have banned clubs within their city limits. Overseeing unincorporated areas, the county Board of Supervisors debated the issue last April and came up with a series of guidelines regarding zoning and other aspects of dispensaries that have been adopted by several municipalities. Among other rules, dispensaries aren't allowed to operate within 1,000 feet of each other or of "sensitive" areas, such as schools or parks, and they're required to have alarm systems and security guards on duty.

As far as advocacy groups such as Americans for Safe Access are concerned, just about any time medical marijuana is discussed publicly by politicians or law enforcement, it loses some of its taboo. "Each time medical marijuana is recognized in a positive way," says founder Steph Sherer, "the more firmly it becomes embedded in the fabric of American life."

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For patients, obtaining pot is pretty straightforward. But feeding the beast is not easy. Marijuana is fragrant, voluminous, and a felony in the eyes of DEA agents and the federal government. There is no infrastructure and no state-sanctioned farm dedicated to growing marijuana for medical use. For the most part, the marijuana sold in dispensaries comes either from the same growers who

supply the illicit market or from patients who cultivate their own marijuana. The stipulation in Prop. 215 that allows individuals to grow their own pot also permits patients to grow it for others in medical need. Individuals collect referrals from any number of card-carrying patients and produce marijuana for the collective on a much larger scale. They then sell the medicine to the dispensaries, who sell it to the members of the collective.

Boone and Rollo (not their real names) have been operating in and around the marijuana economy for more than a decade. Medical marijuana suppliers, they specialize in butane hash oil, a highly concentrated derivative created by blasting pot with butane. It is not only more powerful than marijuana in plant form but is also easier to carry and commands a much higher price. A pound of marijuana fills a one-gallon turkey-roasting bag—airtight, hence no scent—and wholesales for around \$3,000; a half pound of top-quality hash oil—about the size of an iPod—wholesales for about \$8,000.

Like many cannabis suppliers, Boone used to make his living as a black market pot dealer. He suffers chronic pain in his hands from years of fistfighting. Rollo is a rock and roll hustler who performs in bands, manages musicians, and knows everyone in the music business. He's a fixer. Both are certified Prop. 215 patients.

One morning in August the three of us take a tour of cannabis clubs around town before heading into the Hollywood Hills, where they will meet at a middleman's house to transform marijuana into BHO, or as it's more commonly referred to, oil. An hour into the tour, I'd already seen a dozen dispensaries blending into the retail landscape throughout Los Angeles. As we wait for a light at Fairfax and Santa Monica, Rollo points to the Whole Foods, then the Starbucks across the street. Then he points to West Hollywood Caregivers, a cannabis club just above Starbucks. "You want to see the future of medical marijuana?" he says. "That's it right there." Starbucks, apple pie, Hindu Kush, and Chevrolet.

On a clear day, the view from the middleman's house reveals the Pacific. A 40-inch plasma doubles as a security monitor, with cameras covering multiple angles. Boone tells me to go to the garage to retrieve a four-foot black nylon duffel bag, which we unzip on the deck upstairs. In it are a dozen one-pound bags of top-grade marijuana. When I ask him about the gray area he thrives in, Boone, wrist-deep in marijuana, says matter-of-factly, "I love the gray area." Still, even with our three referrals, we all know there is no legal foundation for the quantity at hand.

Four hours later 200 grams of pearl-and-

honeycomb-colored hash oil have been extracted from about six pounds of marijuana. Out of time and feeling paranoid, Boone and Rollo decide the rest of the weed will have to wait. That night we have dinner in West Hollywood at the Rainbow Bar and Grill with Dan Greuel, who runs Weedtracker.com, a Web site that's like a Zagat for marijuana patients. To Greuel, the burgeoning ranks of clubs are creating a hypercompetitive market complete with all the conflict that that entails. (I experienced it myself a few days earlier: Leaving a dispensary in Hollywood, I was handed a competing club's flyer.) "If the groups don't bind together and regulate themselves, the DEA will just pick them off one at a time," he says. Paranoia is a common theme in the marijuana world, medical or otherwise, but at the time Boone and Rollo seem unconcerned as they present a sample of their latest batch of oil to be reviewed on Weedtracker. Three months earlier West Hollywood passed a resolution that made possession of small amounts of marijuana a "lowest law enforcement priority," and the Rainbow staff appears to follow the same principle when Boone and Rollo smoke their wares at our outdoor table.

The next day Boone and Rollo have sales appointments at several clubs. The first dispensary, which only recently opened just off the water in Long Beach, seems confused by the BHO—they only stock edibles and plant matter—and takes a pass on the hash. In the back office at another dispensary, in the Valley, one of the club owners listens to their sales pitch and pulls out a small postage scale to weigh the hash. "You're going to need a bigger scale, bro. This is a cocky lump of hash," Rollo says. Just outside the office, a half-dozen employees reach into gallon-size bags of pot, filling containers with marijuana to be sold in the dispensary. A slight haze lingers in the air, and I spot empty cigarette boxes with the tongue-in-cheek name Marlboro Green printed on them. Over in the section where patients buy medicine, hoodies and T-shirts bearing the club's name are available for purchase.

Sales calls in the medical marijuana world are much like those in the straight business world, with a couple of exceptions. For one, sampling the product is de rigueur, and at this club, the owners ask a pair of assembly line workers to try it out. After nearly coughing up a lung, one simply says, "Smooth." Negotiations follow, but the club owner hedges, saying he doesn't know how much he can afford. "The real question," says Rollo, "is how much can you afford to let your competitors have?" Calculations are made, weights double-checked, and an agreement is reached.

As we drive back into Hollywood, I ask how things went. Boone smiles broadly and

says, "Well, they now have the best BHO in Los Angeles." They sold everything. He waves a one-inch wad of \$100 bills, about \$12,000. I facetiously ask if they got a bill of sale, and both answer in unison, "No!" Written receipts for these kinds of transactions are uncommon. From the backseat I hear the Rick James song "Mary Jane" coming from Boone's phone. He looks at it and just lets the ring tone keep playing.

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When we had first met in that Long Beach parking lot, Matt Farrell seemed to embody everything that is controversial about medical marijuana. He looked healthy, he was flaunting his status as a medical marijuana user, and he was medicating with a group of recreational pot smokers. In the parlance of medical marijuana activists, he is the quintessential example of "able body syndrome"—a seemingly healthy individual perceived to be abusing the system.

But last August, as we talk at a burger stand on Pico, Farrell reveals that his medical status is more complicated than it appears. A 30-year-old video producer, he had taken doctor-prescribed pharmaceuticals for years to treat an anxiety condition before turning exclusively to marijuana. "I took Xanax in college, and it would knock me out in an hour, and then I'd wake up five hours later in a daze," Farrell says. "Now I have a puff of cannabis and walk around for the rest of the day. I can do whatever I need to and still be cognizant of my surroundings."

Eight months earlier, when police seized 150 plants from his home (he was operating as part of a collective with 15 other medical users), confiscated his supply of marijuana, and impounded his growing equipment, he was facing criminal charges and up to three years in jail. Charges were dropped when the prosecution recognized his status as a medical marijuana patient, but only after multiple court appearances and \$15,000 in legal fees. "I was scared to death and thought I was going to lose my freedom," says Farrell. In what is becoming a not-so-unusual turn of events, Farrell's attorney requested and received a return-of-property order. "I went to the police station and picked up all the equipment and all the marijuana they took," he says. "The plants were moldy in a box. Destroyed. But I got them back." Farrell continues to grow and use marijuana, but he's not deleting his lawyer's number from his cell phone any time soon. "Even with the order," he tells me, "the police were in denial and told me, 'There is no such thing as medical marijuana.'"

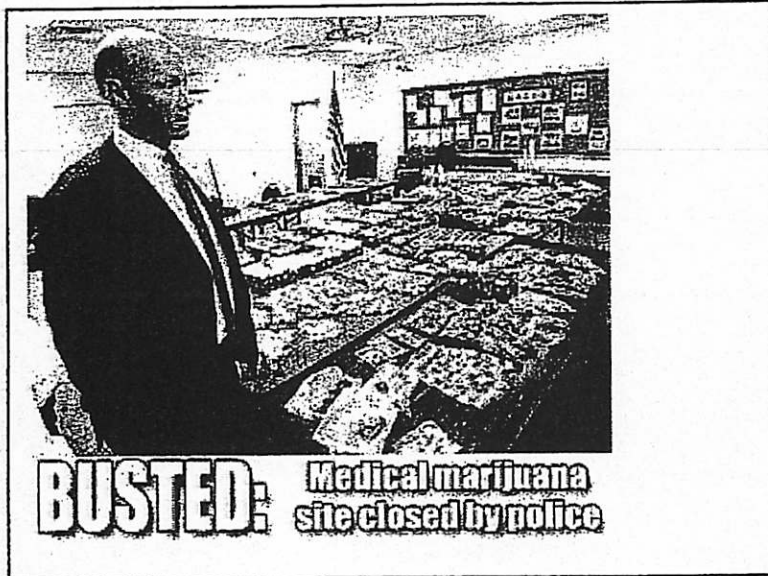
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May 8, 2007

BUSTED: Medical marijuana site closed by police

Chief says seizure is largest within city

By Alison Hewitt Staff Writer



WEST COVINA - Police busted an unlicensed medical marijuana dispensary last week, confiscating "Reefer's" peanut butter cups, pot brownies and marijuana-tinged barbecue sauce.

West Covina police estimated that they confiscated more than 150 pounds of marijuana and more than \$10,000 when they closed the dispensary on Friday.

The dispensary was run by the same people who ran a similar facility in Hacienda Heights that was recently closed by the Los Angeles County, according to a medical marijuana advocacy group.

Police Chief Frank Wills on Monday called it "the largest seizure I've ever seen" in West Covina.

On Friday - less than a week after the Hacienda Heights collective reopened in West Covina - police arrested David Ki Nam, who they identified as the owner. Nam, 26, of Rowland Heights, was released on \$50,000 bail.

Although medical marijuana dispensaries are allowed in some cities and in Los Angeles County because of state laws legalizing the facilities, they continue to be illegal under federal law. Many cities, including West Covina, ban the dispensaries.

"This legislation was meant \ a person dying of cancer," Wills said. "But to have a dozen 18-19 year olds when we went in there, all in perfect health, complaining of migraines - any reasonable person should have foreseen what this legislation would do."

Workers in an office near the dispensary complained that they had been overpowered by the smell of marijuana and that aggressive marijuana patients wandered through their offices. They declined to give their names because of safety concerns.

The city overreacted to what was essentially a zoning violation, said Chris Fusco, the Los Angeles County field coordinator for Americans for Safe Access, a medical marijuana advocacy group which has supported the Hacienda Heights/West Covina cooperative. The facility simply lacked a business license, Fusco said.

"Usually when there's a zoning infraction, they send in a zoning inspector," he said. "The city should be more willing to work with collectives and show them how they can operate in the city, instead of sending in the police."

Fusco said the dispensary was opened in West Covina because it was important to open in underserved areas.

"Patients having to take public transportation or sit in long traffic rides from San Gabriel Valley to Los Angeles is not acceptable," he said. "Opening in an area where there are already too many collectives doesn't serve anybody, and going to the areas where there aren't any is both brave and important."

Police on Monday displayed the confiscated marijuana out on folding tables, from small vials of hashish and large bags of marijuana to pre-rolled "bubba bomb" cigarettes.

The pungent smell of crushed plants permeated the room - strong enough to give some officers headaches, the chief said.

The tables were also covered in a wide variety of pot-laced food, such as lollipops, brownies with multi-colored sprinkles, beribboned bon bons, peanut butter, jelly, sodas, hot sauce, chocolate syrup, peppermint patties and bottles of "Mother's Finest Medicinal Cannabis" and "That Time of the Month Potion." Mint patties, lollipops and "Reefer's" peanut butter cups appeared to be the cheapest items at \$10 each, while some of the larger bags of marijuana were priced at \$540.

A sign stated "happy hour; daily 2 p.m.; until all of the supplies are gone."

"All this has been set up to focus on young kids," said Detective Travis Tibbetts. "This dispensary was operating way outside the scope of state legislation."

A hand-written sign on the door of the dispensary Monday read "Closed for Good." A 20-year-old who said he had a prescription for arthritis stood at the door after reading the sign. He had followed the collective from Hacienda Heights.

"Are you sure they're closed?" he asked. "Do you know where I can find another one?"

Fusco said he couldn't say for sure if the group would re-open.

"If I know these guys, they'll be open somewhere soon," he said. "They're a very determined group of individuals who want to see medicine get to their patients."

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