

EXHIBIT Z



Oakland Cannabis Buyers' Cooperative

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Welcome to the OCBC. We are a California Consumer Cooperative Corporation, organized by members, for medical-marijuana patients protected by Proposition 215. The Oakland CBC operates on a not-for-profit basis with the assistance of member volunteers. Currently we are providing medical cannabis and other services to over 1,300 members.

Oakland Cannabis Buyers' Cooperative
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Please See it our Way

Please remember the Oakland Cannabis Buyers Cooperative is a **health organization**. Our services are for those who **suffer from serious illnesses and disabilities**. Any other inquires for cannabis will be neither tolerated nor appreciated.

We do not send, mail or ship cannabis.

This site provides information for patients who use cannabis with a doctor's recommendation. This site exists because the voters of California have said yes to providing cannabis for medical use. Please don't test the law by trying to establish illegal transactions via this site.

These pages look best . . . when viewed through our software on our computer. If they don't look so good on your system, you're probably not the only one. Please let us know about any problems - we're committed to making our site accessible, useful and fun.

Our immutable thanks to Chameleon Productions for this site's initial graphical elements and HTML.

Last updated: Dec. 19, 1997

This URL: <http://www.rxcbc.org/>

ER0063



Oakland Cannabis Buyers' Cooperative

Mission Statement

Mission Statement

The goal of the Oakland Cannabis Buyers' Cooperative (OCBC) is to provide seriously ill patients with a safe and reliable source of medical cannabis. Our cooperative is open to all patients with a verifiable letter of diagnosis who use cannabis to alleviate or terminate the effects of their illnesses.

Services/Calendar

Membership

Federal statutes currently prohibit the use of cannabis as medicine. However, scientific evidence, including anecdotal evidence, documents the relief that cannabis provides to many seriously ill patients. The cooperative is dedicated to reducing the harm these patients encounter due to the prohibition of cannabis. This includes alleviating the fear of arrest, as well as negating problems associated with purchasing cannabis on the illicit market.

Related Sites and Organizations

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E-mail

OCBC's headquarters is a multi-faceted facility, accessible to people with disabilities. We provide a professional atmosphere for patients to procure cannabis, with trained member advocates on hand to offer advice and assistance. We also offer self-help services such as support groups and massage therapy. In addition, OCBC provides information on a variety of topics, including AIDS prevention and treatment, safe sex, and cannabis reform in general. (See our [calendar](#).)

The Oakland CBC currently operates under the auspices of California Proposition 215 and Oakland City Council Resolution No. 72516. Resolution 72516, passed in March 1996, makes the enforcement of medicinal-cannabis laws the lowest priority for the city of Oakland. Furthermore, the city has appointed a working group to oversee OCBC functions and to determine the most effective means to protect and assist seriously ill patients.

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Oakland Cannabis Buyers' Cooperative

Services

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☐ Visa, MasterCard, Discover and ATM cards are now accepted at the Bud Bar!



☐ **Bud Bar hours:** 11 am through 7 pm Mondays and Fridays, 11 am until 1 pm Tuesdays through Thursdays. Closed Saturdays, Sundays and holidays. We are located in downtown Oakland, California - members and others who need to know can call 832-5346 for our street address. (A BART station is within one block and the OCBC offices are completely accessible to people using wheelchairs. However, please remember that no smoking is allowed on the premises or in the immediate vicinity of the club.)

Calendar

*Except as noted,
events listed below
take place at the cooperative.*

- ☐ **Bowling Team**, 4 pm Sunday, Dec. 21, at Mel's in Alameda.
- ☐ **Cultivation Meeting**, 5 pm Wednesday, Dec. 24.
- ☐ **Merry Christmas!** Closed on Thursday, Dec. 25.
- ☐ **"Fruit Friday,"** 11 am-7 pm Dec. 26. Relax and enjoy a fresh variety of delicious fruit.
- ☐ **Bowling Team**, 4 pm Sunday, Dec. 28, at Mel's in Alameda.
- ☐ **Happy New Year!** Closed Thursday, Jan. 1.
- ☐ **Members' Buffet**, 1-4 pm Saturday, Jan. 3.

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ER0065



Oakland Cannabis Buyers' Cooperative

Membership

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Protocols

The Oakland Cannabis Buyers' Cooperative operates pursuant to and in accordance with the statewide mandate of Proposition 215 (Exhibit A) and Resolutions passed unanimously by the Oakland City Council (Exhibit B). Its operating procedures have been consolidated as these Protocols.

I. Admission and Membership Requirements

A person seeking membership of the Oakland CBC must at the threshold provide a note from a treating physician assenting to cannabis therapy for a medical condition listed on the Medicinal Cannabis User Initial Questionnaire (Exhibit C). Upon acceptance of the note by intake staff, the prospective member will undergo an extensive screening and such questioning as shall establish that the candidate meets the Medical Admissions Criteria (Exhibit D), including, without being limited to, the Cannabis Buyers' Cooperative Information Form (Exhibit E). If, upon the screening by staff members, the candidate does not appear to qualify, he or she will be denied membership with a statement of reasons for his or her being screened out. If the candidate appears to qualify for membership, intake staff will give the candidate the Authorization for Release of Patient Status form (Exhibit F) and the Physician Statement (Exhibit G), with a request that the candidate's treating physician sign it. When the form is returned, the intake staff will verify the physician's approval by telephone. Patients must also complete the Cannabis Patient Registry Program Survey (Exhibit H) gathering past medical data.

No person under the age of eighteen shall be admitted to membership without the written consent of parents, in addition to meeting all other requirements.

II. Responsibilities of Membership

All members must sign a Membership Agreement (Exhibit I), whereupon they will receive a Membership Card (Exhibit J). Members agree to conduct themselves discreetly, in accordance with the Statement of Safe Use of Cannabis (Exhibit K) and the Principles of Responsible Cannabis Use (Exhibit L).

III. Other Provisions

A. Purpose. The purpose of the Oakland CBC is to help provide medicine for people who need it. Accordingly, it shall be operated as a non-profit organization.

B. Privacy of members. The staff of the Cooperative shall take steps

to protect the privacy and identity of members. However, neither the Cooperative nor its staff shall be liable for any breach thereof

C. Changes. These Protocols, and all medical protocols, are subject to change without notice from time to time in the sole discretion of management.

D. Cooperative operation. a. No smoking of anything on premises. b. Members shall observe additional house rules as same maybe posted by management. c. Management may eject any person at any time.

Exhibits

A. Proposition 215

B. Oakland City Council Resolutions

C. Medicinal Cannabis User Initial Questionnaire

D. Medical Admissions Criteria

E. Information Form

F. Authorization for Release of Patient Status

G. Physician Statement

H. Cannabis Patient Registry Program Survey

I. Membership Agreement

J. Membership Card

K. Statement of Safe Use of Cannabis

L. Principles of Responsible Cannabis Use

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Oakland Cannabis Buyers' Cooperative

Exhibit C

Medical Cannabis User Initial Questionnaire

(c)1996 Tod Mikuriya Draft 9, 9-12

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Today's Date _____

Identifying Data

Last name _____, First name _____

Middle Initial _____

Address _____ City _____

State _____ Zip _____

Res Ph _____ - _____ - _____ Work Ph _____ - _____ - _____ ext _____

Fax _____ - _____ - _____

Birthdate (MMDDYY) _____ SS# _____ - _____ - _____

Sex M _ F _ Ethnic Wh _ B _ Hisp _ Or _ NatAm _ Other _____

Education _____ Occupation(s) _____ Unemployed _ Disabled _____

Marital Status: Single _ Mar _ Sep _ Div _ W _

Living situation: _ Alone _ Couple _ Group _ Apartment _ House _ Institution _

Homeless _____

Health Insurance: None _ Medicaid _ Medicare _ Workers Compensation _ Othe

health plan. (specify) _____ ID Number _____

GroupNumber _____

Address _____ City _____ State _____ Zip _____

Phone _____ - _____ - _____ x _____

Referred by: Self _ Name _____

Institution _____

Address _____ City _____ State _____ Zip _____

Phone _____ - _____ - _____ x _____ Fax _____ - _____ - _____ Pager _____ - _____ - _____

Chief Complaint(s) circle and rank in importance:

example: AIDS related illness 1 anorexia 2

- | | | |
|------------------------|--------------------------|---|
| Alcoholism | Cough | Tic doloroux |
| Alcohol Abuse | Anxiety | Tourette's syndrome |
| Sedative/Opiate Habit | Panic attacks | Glaucoma |
| Cocaine or Speed Habit | Insomnia | Menstrual cramps |
| Nicotine Habit | Mania | Labor pains |
| AIDS related illness | Depression | Migraine |
| Cancer & cancer Rx | Lethargy | Meniereis Disease |
| Anorexia | Weakness | Hypertension |
| Nausea | Chronic Fatigue Syndrome | Itching |
| Vomiting | Epilepsy | Hiccough |
| Diarrhea | Delirium Tremens | Arthritis |
| Irritable bowel | Dementia | Carpal Tunnel Syndrome |
| Colitis | Multiple Sclerosis | Lupus, scleroderma Amyloidosis |
| Cron's disease | Huntington's Chorea | Conjunctivitis |
| Gastritis | Cerebral Palsy | Other Pain (specify source) _____ |
| Pancreatitis | Brain Trauma | External Use _____ |
| Hepatitis | Spinal Cord Injury | Drug Side Effect control (specify) _____ |
| Peptic Ulcer | Muscle spasm | Decrease Use of Other Drugs (specify) _____ |
| Antibiotic | Parkinson's disease | Substitute for Other Drugs (speci _____ |
| Asthma | Tremor | _____ |
| Sinusitis | Periph al neuropathy | Other _____ |

Chief Complaint _____ ICD9-CM Diagnoses _____

History of Present Illness: (date of onset, course) _____

Past Medical History: (Allergies & adverse drug reactions): _____

Family Medical History: _____

Social History: _____ Drug law arrests/convictions: None _ Yes (specify) _____

Cannabis type preferred: Sinsemilla _ Mexican _ Hashish _ No preference Other _____

Age or date Use Begun: _____ Marinol Æ(dronabinol) 2.5 mg _ 5 mg _ 10 result (+) (0) (-) _____

Route: Oral _ Inhaled: Joint _ Pipe _ Water Pipe _ Vaporizer _ Other (specify): _____

Frequency: Monthly _ Weekly _ Semiweekly _ Daily _ Twice a day _ 3 x a day _ a day _ more _

Other drugs using - Rx and Over the Counter _____

Has your physician discussed your use of cannabis with you? Yes _ No _ Discuss any non prescribed psychoactive drugs? (including alcohol and tobacco) Yes _ No _ Remarks _____

Completed by: _____



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Oakland Cannabis Buyers' Cooperative

Exhibit D

Medical Admissions Criteria

Tod H. Mikuriya, M.D.
Medical Coordinator

Because of the vacuum of clinical knowledge about the therapeutic applications of cannabis caused by marijuana prohibition a widespread condition of ignorance exists. While it is acknowledged that there exists a range of illnesses on the dimension of seriousness objectively, there is none to the person afflicted who is seeking relief. Exclusion because the condition does not appear on a list developed by a group of non-medical politicians or bureaucrats merely perpetuate this clinical ignorance. Therefore the medical criteria are to be inclusive limited only by contemporary classifications of illness.

Medical Criteria

Persons shall have a verified specific diagnosis by a licensed physician that is included within the latest revision of the International Classification of Diseases ICD-9. Or the Diagnostic Statistical Manual DSM-IV vague statements about conditions, disorders, or syndromes without specific information or not recognized by either ICD-9 or DSM-IV are not acceptable.

Mental Disorders Admissions Protocol

Since the inception of cannabis buyers clubs some have expressed concern about the possibility of adverse effects on individuals suffering from emotional or mental disorders.

In clinical interviews I have conducted with members and patients in my psychiatric practice it is my impression that while many definitely benefit from cannabis there are others for whom use of cannabis is contraindicated.

The buyers co-op procedures seek to both address these concerns and study more fully the effects of cannabis on emotional and mental disorders.

All persons seeking membership in the club for treatment of conditions listed in DSM-IV or emotional or mental conditions listed in ICD-9 shall be reviewed by mental health professional after verification by intake staff.

Individuals in whom the use of cannabis is or has been problematic shall be excluded. This group includes persons suffering from cannabis related disorders.

Additionally, other emotional and mental conditions may be

worsened by the use of cannabis. Some persons are involved in treatment requiring abstinence from cannabis especially those involved in twelve step recovery programs.

Cases where verification or suitability for the program is in dispute shall be reviewed by a panel of volunteer psychiatrists who will make final determination.

Adverse Effects of Cannabis

As with any drug, cannabis is a tool. There will always be individuals that experience adverse consequences from any drug use. The abuse of cannabis had been recognized for millennia. These problems were described by O'Shaughnessey during his observations in India in 1839 which included references in the Persian medical literature. With widespread non medical use of the drug for the past thirty years, psychiatrists have developed classifications of cannabis presented in the latest Diagnostic and Statistical Manual, Revision IV (DSM-IV).

Intoxication/Overdose

Overdose is most common by the oral route since the time from taking the drug until the experience of effects begin is from one to three or more hours. Inexperienced and ignorant first time users will have an unforgettable experience.

The effects of overdose have been numerous described in general, clinical, and scientific literature. Cannabis overdose comprises the majority of listings in the Surgeon General's list, 19th century precursor of the Indicus Medicus. American literary accounts in books: FitzHugh Ludlow's Hashish Eater and an essay on Hashish by Victor Robinson M.D are expressly devoted to cannabis. Descriptions of experience with the drug as part of travel to areas of indigenous use may be found in English and European literature over the past three centuries. Scientific and medical descriptions of effects of cannabis overdose have been numerous extensive. Before and after its removal in 1937.

The effects of overdose are from the stimulation and sedation of the central nervous system. Stimulation with a flooding of ideas and images that are vivid and rapidly changing. Attention and concentration are markedly impaired. Time perception is significantly altered with minutes seeming like hours. There may be distortion of spatial perception. Secondary physical effects, aside from a speeding up of the heart rate is generally no more than that associated with mild to moderate exercise.

Cannabis-Induced Disorders

Cannabis Intoxication

- A. Recent use of cannabis.
- B. Clinically significant maladaptive behavior or psychological changes (e.g. impaired motor coordination, euphoria, anxiety, sensation of slowed time, impaired judgment, social withdrawal) that developed during, or shortly after, cannabis

- use.
- C. Two (or more) of the following signs, developing within 2 hours of cannabis use: (1) conjunctivae injection (2) increased appetite (3) dry mouth (4) tachycardia. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.
- D. Specify if:
 With Perceptual Disturbances: This specifier may be noted when hallucinations with intact reality testing or auditory, visual, or tactile illusions occur in the absence of delirium. Intact reality testing means that the person knows that the hallucinations are induced by the substance and do not represent external reality. When hallucinations occur in the absence of intact reality testing, a diagnosis of Substance-Induced Psychotic Disorder, with Hallucinations should be considered.

292.81 Cannabis Intoxication Delirium

292.11 Cannabis-Induced Psychotic Disorder, With Delusions
Specify if with onset during intoxication.

292.89 Cannabis-Induced Anxiety Disorder, Specify if: with onset during Intoxication.

Continuing or chronic use.

Use or abuse? Cannabis, like any other drug, is a tool. Properly utilized with realistic expectations and awareness of its properties, cannabis is a safe and effective medicine. Improperly used with unrealistic expectations and ignorance, adverse effects may result. The onset of unwanted effects may be obvious or insidious. The general etiology is some emotional discomfort for which cannabis is taken to relieve producing undesirable consequences from using the drug itself.

Paranoia and delusional thinking are not uncommon effects of cannabis both acute and chronically. In the acute experience it appears to be from the perceptual distortions of space, time and feelings of detachment.

In chronic use paranoid and delusional thinking appear to be the consequences of the suppression of feelings, the dulling of feelings may alienate the cannabis users from others by diminishing empathetic capabilities. This emotional insensitivity then results in conflict through misperception. Misperception results from the dulling of affect that is important contextual collateral information source. An effective relief of emotional distress then becomes an impediment to relationships with the cannabis user. Feelings are an integral dimension of social perception that convey important contextual information. Cannabis, as an effective sedative and antidepressant, has this undesirable side effect when misused. The relief afforded by the drug may be paid for by complications caused by avoiding dealing with the causes of the emotional pain as well as diminished functioning while under its influence.

Cognitive impairment by continuing or overuse of cannabis creates a form of mild dementia that may persist for up to several weeks after discontinuing the drug. Individuals sensitive to the drug report a

persistent hangover that diminishes the ability to pay attention and concentrate. The onset may be insidious, subtle, and gradual. This condition is reversible with abstinence from cannabis.

304.30 Cannabis Dependence

A maladaptive pattern of cannabis use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

1. tolerance, as defined by either of the following;
 - a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - b. markedly diminished by either of the following;
2. withdrawal, as manifested by either of the following:
 - A. the characteristic withdrawal syndrome for the substance.
 - B. the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
3. cannabis is often taken in larger amounts or over a longer period than was intended.
4. there is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
5. a great deal of time is spent in activities necessary to obtain cannabis (e.g. visiting multiple dealers or driving long distances), use the substance (e.g. chain smoking) or recover from its effects
6. important social, occupational, or recreational activities are given up or reduced because of cannabis use
7. cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

305.20 Cannabis Abuse

A. maladaptive pattern of cannabis use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

1. recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; cannabis related absences, suspensions, or expulsions from school; neglect of children or household)
2. recurrent cannabis use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by cannabis use)
3. recurrent cannabis related legal problems (e.g. arrests for cannabis related disorderly conduct)
4. continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, forgotten promises)

B. The symptoms have never met the criteria for Cannabis Dependence for this class of substance.

232.9 Cannabis Related Disorder not Otherwise Specified

The Cannabis Related not Otherwise Specified category is for disorders associated with the use of cannabis that are not classifiable as one of the disorders listed above.

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