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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.

Of special importance is knowing how to identify infestation and molds, which, if inhaled, might exacerbate already compromised health conditions.

Some observers have suggested acquiring cannabis supplies through either the medical/pharmaceutical professions or from the police. With regard to the medical and pharmaceutical professions, no specific recommendations have been forthcoming from either field (beyond limiting cannabis use to prescribed THC/Marinol). Both professions seem content to allow the matter of delivery to be settled elsewhere. Our past history of marijuana prohibition has resulted in physicians seemingly knowing less about smoked marijuana, the preferred route of ingestion among patients, than the patients themselves. In California, most physicians who recommend patients to cannabis clubs appear satisfied with only recommending cannabis and monitoring patients while allowing cannabis buyers clubs (CBCs) to dispense it. The problems (especially with regards to available sources, storage, and assessing potencies) surrounding how pharmacies might dispense cannabis have not even begun to be speculated upon by the pharmaceutical profession.

Since the passage of Proposition 215 in California, there has been some discussion, especially in San Mateo County, about the feasibility of the police providing confiscated marijuana to qualified patients. This new police function would require a different kind of training for this new quasi-medical role. From our discussions with CBC members, many would balk at revealing confidential health information to their local police departments. Constancy of supply in the San Mateo plan would depend on police seizure activities. Would police increase their seizures in order to meet the medical demands of patient consumers if their supplies ran out? Would they turn away legitimate patients? Or, out of necessity, would the police grow cannabis, or purchase it

from the black market in order to meet their medical responsibilities? The number of complications inherent in the police option makes it a choice that offers amusing contradictions, but given the historical role of police in our series of drug wars, such a plan would be impractical and unworkable.

Prior to the passage of Proposition 215 and the advent of cannabis clubs, all marijuana purchases in California were illegal. Although the black market is still an option for legitimate patients to acquire cannabis, it has a number of disadvantages for persons with serious medical conditions. If other options are not available, it forces patients to risk arrest in the process of purchasing medicine. Without necessarily defaming street dealers or impugning their honesty, these illegal transactions seldom involve discussions about the quality, freshness, purity, or even the sources of the product. In these furtive sales, consumers might easily be cheated, or simply sold bogus cannabis. For individuals with life-threatening diseases, the total interaction of purchasing medicine on the black market seems unnecessarily risky, inappropriate, and demeaning as well as especially costly.

Of all the apparent available choices, purchasing marijuana through cannabis buyers clubs, from the authors' perspective, is clearly the soundest option. At this juncture, one might ask, "What are cannabis buyers clubs?" "What functions do they serve?" "How do people get into them?" and "What do members do there?"

BACKGROUND AND RESEARCH

Despite the media attention devoted to the cannabis clubs, which has usually emphasized the public smoking aspect, to our knowledge there has been almost nothing written about them by trained and qualified social science observers, other than one oral presentation to the American Anthropological Association (Roberts 1996) and a New York Times Magazine article (Pollan 1997) which dealt more with the general implementation of Proposition 215 than with cannabis clubs exclusively. This article is an attempt to begin filling that gap in knowledge.

Beginning in February 1996, the authors, both experienced drug researchers, were part of a research group that met biweekly at the San Francisco Cannabis Buyers Club (SF CBC). The group was started and chaired by Dr. Tod Mikuriya, who has been a leader in the medical marijuana field since he was a consulting psychiatrist with the National Institute on Mental Health in 1967. At the end of July 1996, the Drug Policy Foundation awarded our research group a small grant to analyze the 12,000 or so intake forms the SF CBC required from all its members, with the goal of determining the distribution of disease categories and the demographic characteristics of its members. Less than a week later, however, on August 4, 1996, the California State Attorney General's Office and agents from the California Narcotics

Enforcement Agency raided the club, shut it down (temporarily, it tumed out) and removed all the records, which remain under court seal. With permission from the Drug Policy Foundation, we revised our research plan and decided to explore the ways members utilized the CBC and the impact of its closing. Within two months, new but smaller cannabis clubs as well as other delivery arrangements emerged to fill the void, some lasting only a short time. The authors associated themselves primarily with Flower Therapy, one of the new clubs which some of the former SF CBC employees opened to meet the demand for cannabis of some of the 12,000 members who were separated from their supply as a result of the Attorney General's raid.

Flower Therapy provided full cooperation with the research by providing a setting for interviews and observations, and by allowing staff to refer members to our research. We interviewed as broad a cross-section of the membership as our budget would allow. Selection of respondents was made to provide a broad representation of disease categories, gender, age, sexual orientation, and race/ ethnicity. To assure standardization, we developed an 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. Dec, 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 Peron, a critical mass developed so that word-of-mouth became the most common route into the club:

JM: How did you learn about the club?

Hector: The club? A friend of mine told me about it because access [to medical marijuana] after HIV was still often awkward and expensive. Some people you buy from have minimum amounts that you have to meet. Like an eighth [ounce] for $60 or more. And limited hours. You don't know when they are going to be home, or when it's going to be available. So when you run out and when you want it, there was no guarantee that you were going to have enough money or that it would be easily accessible. A friend of mine knew about the club on Church Street, and took me, and introduced me. I had my proper paper work.

HWF: How did you hear about the club?

Marie: From a care-giver. 1 was in the hospital, and I wanted to get out. [A friend] told me about it.

HWF: Where was the club then?

Marie: On Market Street. And I couldn't believe it. It was like a piece of heaven.... I went with my doctor's letter. I knew what I had to bring. I was prepared. They walked me through it and introduced me around. It was just

wonderful.

JM: When did you first get involved in the club?

James: Way in the beginning because I had a low number [cell count]. At the club on Church Street.

SM: How did you gravitate there?

James: My boss at the time brought me in because at the time you had to have a member bring you in was the way it worked. You couldn't just walk in.

HWF: How did you initially learn about the club?

Donald: A good question. Hmmmm? I guess a friend told me about it.... That there was a marijuana buyer's club that was right down the street from me. At that point I was HIV-positive so 1 could become a member.

HWF: So, it was described to you as... ?

Donald: As a place to buy marijuana for people with AIDS.

HWF: Was it exclusively AIDS in the early days?

Donald: It wasn't. No, because Hortense had glaucoma. No, but that's what they told me. Once I went, I found out it was for AIDS, cancer, glaucoma.

ACTIVITIES AND SOCIALIZATION WITHIN THE CLUB

Without question, the focal point of the CBCs was the distribution of medical cannabis. What too often is either understated or ignored is the variety of ways members utilized the club as a social and recreational institution. Most of these social activities appear to come about as a byproduct of the size of the facility and numbers of people in attendance rather than through formally planned programs. Members and staff found that marijuana itself produced a sense of well-being and that sharing both the substance and experiences developed strong bonds of friendship. This became especially true for members whose daily routines for dealing with their illnesses had left them isolated, pained, and frequently deeply depressed. The ways members went about enjoying their socialization varied. Some found the club simply a sanctuary from loneliness, a place to go and just hang out. Several respondents compared the cannabis club to the social setting of the bar, a likely comparison since both served as places of socialization and as a place where a mood-altering substance could be purchased and consumed. In contrast to bars, members found the club more suitable to sustaining friendships. Chuckles, a gay male with HIV/AIDS, claimed

to have found the CBC far superior:

"Oh, yes, there were lots of shared experiences. Lots of new social contacts that I would not have made or would not have wanted to make in any other place. The only other place for me to go, as a gay male, was to a bar, which means drinking, which is much more deleterious to my health and my behavior than is marijuana."

Kenny compared the relaxed atmosphere of the cannabis club to a bar that might offer free beer:

"I saw very few problems of members because of marijuana and considering that it was open to such a wide spectrum of different types of people, I think that it was amazing that I never saw a fist fight in there. I heard a few people had to be escorted out at times, but compared to say, a bar, I'd hate to even think of what it would be like to have a place with free beer given out to all customers.... Some people talk about being shy going into a party, walking into a room... I never felt that. I'd go in, and the first thing, look around the room to see who was there, and say "hi" to this person and that person. It was very social. I can't stress that enough."

When the SF CBC moved to its larger (four-story) quarters on Market Street, directly on the main business' and traffic artery in downtown San Francisco - - and with the ensuing increase in membership and media attention, and the political move to make medical marijuana legal under Proposition 215 - a new era began. A sense of excitement and destiny seemed to transform the club. Historically, it became the facility where former hippie/ radical/marijuana devotees, some of whom were now debilitated with legitimate medical conditions, blended with the rising number of people who had never been part of the counter-culture and were, for the most part, naive and resistant to using marijuana recreationally. With a sense of "only in San Francisco," the factions came together in a common political purpose, a satisfaction and relief of finding others in similar medical situations, and a feeling of safety because the club was protected by the local authorities. Though the first-time visitor might be wide-eyed, having what appeared to be legitimate access to marijuana and the ability to consume it in public without fear, regular 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 s 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."

Such sentiments were repeated often both spontaneously and in response to direct questions regarding what they liked or didn't like about the SF CBC. Frederick, a regular visitor to the club, actually downplayed the importance of marijuana and emphasized the social aspects as the club's primary significance even though he himself seldom used the club in that way:

"I never smoked at the club. I was never a big one to go hang out and smoke. I would just get my stuff and would leave, which is what I thought people should do. Although I do, I am aware that people stayed... They hung out and smoked. I slowly started to see. I was just there Sunday night. I'm starting more and more to see that the reason they are there isn't just because, just that they want to sit there and smoke pot. It's because they know each other. I think marijuana is a secondary issue... It's about whatever it is that brings them, these people

together, which is probably more their illness itself. Well, they all have illnesses in common, and the political issues that surround it [their illness]. That's what they are all always talking about. That's how they became friends... So, the marijuana itself to me is a small character in all this. Even with me personally, I don't see marijuana as being the star of the show here."

Given the pervasiveness of terminal illness among the membership, managing depression and grief was always an issue which arose both from trying to adjust to having diseases where death was near and in dealing with the loss of friends. Being an active member of the CBC helped many individuals who had been living in isolation to reestablish a friendship network. Kendall, another member with full-blown AIDS, underscored the social role the club played in introducing him to a new set of friends:

"The mainstay of my friends now are the people that I met through the club. Some [friends from the club] I've known way back, but a lot of them are people I just met m the past couple of years. Course, also in the past 10 years 1've had a lot of friends die from AIDS. I could think of a whole group of people I would have been out with, say, to dinner, or at a bar, and I am the only one that's alive out of, say seven or eight people in the group... I find it very hard to gauge how much benefit I should ascribe to marijuana and how much to the club itself. Because just being around people has really helped a lot. Like I said, I lost a great portion of my friends to AIDS. Other people I just drifted apart from. So, this was a way back into having a close circle of friends"

In keeping with the way the clubs provide a healing atmosphere, Jamie noted how the social relations he had developed over time allowed him and others to manage the grief associated with the death of close friends and helped him find a new set of associates whose concerns he valued:

"We had wakes there. We had a wake for Jimmy when he died. Jimmy was one of the original people from before it was Church Street... That's how long Jimmy was a member... He was one of the original I'd say 10 people in the beginning. And when he died, they had a wake... I've been a part of the club because I was there everyday. I became a part of the

club, one of the faces that belongs there. When 1 went away for a week, everybody said, "Where'd you go?" It's a social thing to do, every day of your life. Well, almost everyday.

THE ETHOS OF "LOVE AND COMPASSION"

One of the remarkable consequences of having established the clubs as a place where members could expect help was the way the notion of helping others permeated member interaction, so that group esteem and status was often connected to performing kind, compassionate acts. One might say that there

emerged an unstated expectation that rewards and recognition could be accrued through acts of helping other members. As a result, several respondents reported how they consciously set out to be of service to other members, which they viewed as being consistent with the club's mantra and slogan of "love and compassion." This aspect of helping was a route to both recognition and acceptance. Sidney, whose medical diagnosis did not include physical infirmities, explained how he created a helping role for himself in an attempt to become an official volunteer:

"I hung around every day that I could because I wanted to help people who had problems with neuropathy, palsy, sclerosis, dystrophy. They can't roll [joints]; they can't clean [remove stems and seeds from marijuana]. They're shaking, trembling... A friend of mine has glaucoma and also has spasticity and arthritis. She'll come in and literally hand me her bag [of marijuana], and I would sit and roll her entire bag. And she would hand me a cigarette. And I would say, "No, thanks." And she would say, "Okay, just light it.""

For Marie, a 40-year-old African-American women who was wheelchair bound because of muscular dystrophy, and a lifetime resident of San Francisco before moving to an adjacent county when special housing for her medical condition became available, her three visits a week to the club were her rationale for leaving her apartment. As a knowledgeable observer of San Francisco scenes while growing up in the Haight-Ashbury district, and as a child seeing the development of the counter-culture during its heyday in the mid-sixties, she summed up her view of the SF CBC by putting it in the context of San Francisco as a city of civility:

Marie: I went Mondays, Wednesdays, and Fridays.

HWF: Did you go there only to buy or did you hang around?

Marie: I went there to buy but I'd always run into someone I knew who I'd sit around and smoke a joint with and talk about how cool it [the club] was .. The club was life! The club was what San Francisco was all about. People were there sharing, talking, loving, just having a good time. And it was all kinds of people from all walks of life... It reinforced what San Francisco was all about I looked forward to it. Wednesdays is Farmer's Market Day [on Market Street near the SF CBC]. It was perfect. I could go to the club and then get my fruits and vegetables on my trip to the city.

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 transfer. Of greatest importance is that the clubs provide a therapeutic setting which patients themselves find gratifying, socially supportive, and congenial.

Rather than attempting to shut down cannabis clubs, public policy makers at the federal and state level should move toward supporting the clubs' existence, and thus function the way the health, law enforcement, and elected political officials in San Francisco have done over the past six years. As a new and promising strategy, the cannabis club concept is boldly imaginative and; according to our investigations, highly effective in providing its sick and terminally ill members both a medicine and a social setting which has improved the quality of their lives.

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