

An Estimation of Qualified Patient Populations in California, by County

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California Counties Estimated Patient Populations and Suggested Dispensary Allocations per County:

Purpose of this Document: Determine the best way to calculate the number of dispensaries and delivery services needed to operate in California in order to accommodate consumer interests, public safety concerns, industry requirements and local patient populations.

Presentation of Data: In order to establish a comprehensive equation, we first need to look at each of the four accommodations and how they affect the number of dispensaries. We summarize these four points here.

1) Protecting Consumer Interests. In order to prevent monopolies and to encourage friendly competition, as well as to accommodate the needs of patients who cannot travel great distances (or at all), we recommend that every county allow for the issuance of a minimum of two dispensary licenses, regardless of population. And that either a % of these licenses be reserved for delivery services or that all dispensaries must maintain their own delivery services, as a part of these licensing requirements.

2) Protecting Public Safety. We recommend that the issue of public safety be properly accommodated through zoning guidelines and licensing requirements (such as tracking systems and security protocols) as outlined in our document entitled “A Template for Regulating Cannabis Cultivation and Distribution in California”. These are better suited for dealing with issues of neighborhood safety and appropriate areas for dispensaries, farms, etc. The numbers of dispensaries and delivery services in previous years, absent these factors, seems to bear no causal link to public safety concerns and was not taken into consideration for developing our data. According to the Rand Institute, as well as the Los Angeles Police Department, studies indicate that the presence of dispensaries reduces overall crime in the direct vicinity, and that banks are more likely to attract violent criminality than dispensaries’ are. There is simply no data in the public domain that indicates any increases in crime related to licensed dispensaries, despite some law enforcement claims to the contrary.

3) Industry Requirements. In determining the minimum number licenses to be made available for dispensaries (and delivery services) within each County, we looked into matters of population density and how that affects expected daily customer traffic per dispensary. We recommend that the following ratio be applied for the number of dispensaries and delivery services, based on qualified patient populations:

A) The ABC should license one dispensary / delivery service per 1250, 2500, or 5000 qualified patients or a minimum of two dispensaries per county (to encourage competition), whichever is greater.

B) Patients frequent their Dispensaries for a variety of reasons, but when pared down to purely cannabis-dispensing related purposes, most patients receive medicine at least once or twice per month. Therefore, a service with 1250 members should expect to accommodate a minimum of 42 – 84 patients per day. A service with 2500 members should expect to accommodate 84 - 168 patients per day. And a service with 5000 members should expect to accommodate 168 – 336 patients per day.

C) For purposes of utility and staffing needs, we recommend that delivery services can generally provide for up to 25% of the amount of patients that a stationary facility can accommodate, on a daily basis. However, nothing would prevent a much larger delivery service from being successful, so long as an

adequate number of drivers and delivery vehicles are available. Additionally, the need for stand-alone delivery services can be eliminated, if some or all dispensaries are required to provide them (for patients with limited or restricted mobility and/or inadequate means to facilitate their own travels).

4) Determining the number of qualified patients (i.e. patients who use cannabis with the authorization of a physician), who reside in each county:

Taking into account that California State Patient ID Cards issued to qualified patients and their primary caregivers (through each County Department of Public Health) are voluntary, and because there are not yet any standards in place that mandate their use, a very small % of qualified individuals possess these Patient ID Cards at this time. This also makes the cost per card very high, in order to pay for the Program, which is a further disincentive for participation. In our proposed regulations, we recommend the adoption of State Patient ID Card requirements (through the auspices of membership rules mandated through the State licensing agency overseeing Dispensaries), for all patients participating in any dispensary or delivery service. This will ensure accurate assessments of patient numbers, to better assess future needs for determining the number of dispensaries licensed within each county. It will also afford greater consumer protections (which the ID Cards provide already) and will dramatically increase revenues through the program; thereby lowering the overall cost to the patients significantly (the higher costs now are mostly due to the low numbers of patients utilizing the program).

[CA COUNTY MAP](#)

[Cal NORML estimates](#) that the Medical Cannabis Population in California is between 750,000 (2%) – 1,125,000 (3%). They have been collecting statistics and listing services in this industry since its inception, and are a fairly reliable source for this information.

In examining the numbers of patients who suffer from illnesses in two categories that are best documented through California, Cancer and HIV/AIDS with the assumption that their physicians recommend or approve such use. Many illnesses that cannabis is found to be effective in treating are not publicly tracked and no accurate numbers of patients per capita are available.

[California Cancer Statistics](#): In 2009 148,000 new cases were diagnosed. Note: Recent studies have shown that cannabis is actually a most effective anti-cancer agent, as it both prevents and destroys cancers in multiple ways, including penetration of the blood-brain barrier, which is essential in helping to destroy brain tumors.

[California HIV/AIDS Statistics](#): 110,000 living cases cumulative for the state.

State of California

2010 Census Population: [37,253,956](#)

Accordingly, 2% - 3% of this population is equivalent to 745,079 – 1,117,619 qualified patients in California at this time. In order to anticipate program participation, we use the higher figure (3%), for the purposes of determining the reasonable number of dispensary / delivery-service licenses initially to be issued per county. We believe that 3% is actually a conservative estimate.

County	County Population	2011 Estimated Medical Marijuana Patients 3%	1250 Patients per Dispensary Permit	2500 Patients per Dispensary Permit	5000 Patients per dispensary Permit
Alameda	1,510,271	45,308	36+	18+	9+
Alpine	1,175	35	2*	2*	2*
Amador	38,091	1,143	2*	2*	2*
Butte	220,000	6,600	5+	2+	2*
Calaveras	45,578	1,367	2+	2*	2*
Colusa	21,419	643	2*	2*	2*
Contra Costa	1,049,025	31,471	25	13	6
Del Norte	28,610	858	2*	2*	2*
El Dorado	181,058	5,432	4+	2+	2*
Fresno	930,450	27,942	22+	11+	5+
Glenn	28,122	844	2*	2*	2*
Humboldt	134,623	4,039	3+	2*	2*
Imperial	174,528	5,236	4+	2+	2*
Inyo	18,546	556	2*	2*	2*
Kern	839,631	25,189	20+	10+	5+
Kings	152,982	4,589	3+	2*	2*
Lake	64,665	1,940	2*	2*	2*
Lassen	34,895	1,047	2*	2*	2*
Los Angeles	9,818,605	294,558	235+	118+	58+
Madera	150,865	4,526	3+	2*	2*
Marin	252,409	7,572	6+	3+	2*
Mariposa	18,251	548	2*	2*	2*
Mendocino	87,841	2,635	2+	2+	2*
Merced	255,793	7,674	6+	3+	2*
Modoc	9,686	291	2*	2*	2*
Mono	14,202	426	2*	2*	2*
Monterey	415,057	12,452	9+	4+	2+
Napa	136,484	4,095	3+	2*	2*
Nevada	98,764	2,963	2+	2+	2*
Orange	3,010,232	90,307	72+	36+	18+
Placer	348,432	10,453	8+	4+	2+
Plumas	20,007	600	2*	2*	2*
Riverside	2,189,641	65,689	52+	26+	13+
Sacramento	1,418,788	42,564	34+	17+	8+
San Benito	55,269	1,658	2*	2*	2*
San Bernardino	2,035,210	61,056	48+	24+	12+
San Diego	3,095,313	92,859	74+	37+	18+

San Francisco	805,235	24,157	19+	9+	4+
San Joaquin	685,306	20,559	16+	8+	4+
San Luis Obispo	269,637	8,089	6+	3+	2*
San Mateo	718,451	21,554	17+	8+	4+
Santa Barbara	423,895	12,717	10+	5+	2+
Santa Clara	1,781,642	53,449	42+	21+	10+
Santa Cruz	262,382	7,871	6+	3+	2*
Shasta	177,223	5,317	4+	2+	2*
Sierra	3,240	97	2*	2*	2*
Siskiyou	44,900	1,347	2*	2*	2*
Solano	413,344	12,400	9+	4+	2+
Sonoma	483,878	14,516	11+	5+	2+
Stanislaus	514,453	15,434	12+	6+	3+
Sutter	94,737	2,842	2+	2*	2*
Tehama	63,463	1,904	2*	2*	2*
Trinity	13,786	414	2*	2*	2*
Tulare	442,179	13,265	10+	5+	2+
Tuolumne	55,365	1,661	2*	2*	2*
Ventura	823,318	24,700	19+	9+	4+
Yolo	200,849	6,025	4+	2+	2*
Yuba	72,155	2,165	2*	2*	2*
Totals: 58	37,253,956	1,117,618	903	474	266

Evaluation and Conclusions:

For all counties with small populations (represented by the number 2*), the actual License Fees would still be \$5 per patient, rather than based on the 5000 patient minimum used for larger counties. The population base can be used to extrapolate combinations. For example, for every 10,000 qualified patients, we could expect to see 2 dispensaries providing for 2500 members each, and 4 delivery services providing for 1250 members each. Or 1 dispensary with 5000 members and 4 delivery services with 1250 members each. Or 3 dispensaries, providing for 2500 members each and 2 delivery services providing for 1250 members each, etc. These are likely conservative figures, as the actual number of qualified patients in California may be larger than 3%. With proper regulations in place, this number might certainly increase to a new peak, and then level off again, once the laws are more clarified and everyone understands the playing field.

With adequate data tracking systems in place, that all participants must use, the issue of patients belonging to more than one Service (within the same county or anywhere within the State) also becomes moot. The total amounts of cannabis received by any one patient would never exceed their approved monthly amount, regardless of which cannabis Services they use, and each Service could also set their own daily limits. The number of expected daily uses of any given cannabis Service also balances out, (excepting for the small percentage of people travelling away from home at any given time), because the number of Licenses available for these Services is based on the total patient population within each county.