

Cannabis City: Medical Marijuana Landscapes in Los Angeles

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Abstract

In 2004, nearly ten years after California voters approved Proposition 215 legalizing medical marijuana, local statutory environment relaxed to a point that triggered an explosion of medical marijuana dispensaries (MMDs) in several California cities. The staggering growth of the industry—despite continuing reservations of the medical community, an ongoing ban by the federal government, and legal restrictions on profit-taking by MMDs—called into question the medical credentials of this industry. This study investigates the MMD industry using both classic landscape and computer-intensive content analyses of the built environment of MMDs. A typology of MMDs is constructed that, upon inspection, suggest that though many MMDs appear to function as vendors of natural, therapeutic remedies, a significant minority of MMDs market marijuana primarily as a recreational, hallucinogenic drug. The landscapes built by this minority threaten to undermine the position of medical marijuana proponents.

Introduction

PEOPLE HAVE USED CANNABIS for a variety of industrial, recreational, and therapeutic purposes for thousands of years. Early Americans, including George Washington, grew fields of cannabis, though it was likely the more industrial variant of the plant known as hemp. Over many generations, the medicinal and industrial reputations associated with the plant dimmed in the public consciousness as the intoxicating properties of certain varieties of the plant became better known. An evolving public panic about the effects of recreational use of a variant of cannabis known as marijuana prompted California to ban it in 1913. The federal government followed suit, but it took nearly four decades before the construction of a host of legal sanctions against the cultivation, distribution, and consumption of cannabis was complete. By the late 1960s, public opinion about the drug had already begun to change, perhaps in response to the widespread use of marijuana as a recreational drug by baby boomers. As that generation aged, and the long-term effects of marijuana use

proved not only reasonably safe, at least compared to the hysterical propaganda used by the government, public opinion began to soften.

In politically progressive regions, and in a few libertarian regions around the country, efforts at legalization emerged in the early 1990s. Predictably, Californians were among the first to seriously challenge the status quo. After several failed attempts at legalization through the California legislature, a group of activists managed to get Proposition 215, a law to decriminalize the sale and possession of marijuana for medical purposes, on the ballot. The initiative passed a vote of the California public in 1996, but was overturned several years later by the U.S. Supreme Court, which ruled that federal restrictions against the drug preempted state law. A second ballot initiative (Proposition 19) that aimed to fully decriminalize marijuana in California failed to pass in 2010, but efforts are underway to reintroduce similar ballot measures in future elections, driven partly by a public that senses that the costs of enforcement outweigh the benefits.

The legality of marijuana remains unclear in California. The California legislature, simultaneously ignoring federal authorities and deferring to local ones, fashioned a legal framework for the production, distribution, and consumption of medical marijuana that included provisions allowing local, municipal governments to regulate the retail sale of medical marijuana. As it stands, medical marijuana is easy to access in some California cities, but in others it remains generally illegal. If you are in a city where the sale of marijuana has been authorized by local government, you may still face criminal charges depending on the mood of the federal government. Since the passage of Proposition 215, it has been the case that when the federal government decides to enforce *its* laws in California, marijuana, even for medical use, becomes *functionally* illegal. When the federal government decides to focus its enforcement energies elsewhere, medical marijuana becomes *functionally* legal in most areas. In late 2011, after several shifts in the vigor of federal enforcement practices, the Obama administration, which had initially declined to enforce federal law, announced they would be resuming a more aggressive stance against the sale and distribution of marijuana in California.

Retailers of medical marijuana in the City of Los Angeles have had to navigate a patchwork of federal, state, and local laws and a schizophrenic attitude toward enforcement from all levels of gov-

ernment. After a period of staggering expansion beginning around 2004, perhaps as many as a thousand medical marijuana dispensaries (MMDs) were operating citywide, though many observers suggest the number was closer to five hundred (Hoeffel 2010a). The rapid expansion of MMDs caught the attention of the public and late-night TV comics alike. The Tonight Show with Jay Leno spoofed the situation in Los Angeles by producing a short, mock news clip showing Los Angelenos leaving a big-box retailer called “PotCo” (painted to look like CostCo) with shopping carts filled with bails of marijuana. City officials, maintaining they had issued only between 180 and 190 licenses, seemed for several years unaware of the phenomenal growth of unlicensed pot shops. The Los Angeles City Council finally responded to the unregulated growth of MMDs by passing a moratorium in 2007. After several years, the same city council finally crafted a more comprehensive set of regulations that restricted further expansion of the industry through strict zoning and permitting provisions. In June 2010, the City of Los Angeles began cracking down on dispensaries without a proper licensing permit. The Los Angeles Times reported that 439 dispensaries had been notified that they must close. According to reports, only the 187 (or 182) MMDs with licenses obtained before the moratorium were allowed to operate legally (Hoeffel 2010a). A year later, that crackdown appears to have been accomplished with mixed success. It would appear many of the MMDs ordered to close, remain open. Indeed some MMDs that were slated for closure counted among those with legitimate permits. Some that were temporarily shuttered appear to have reopened.

Landscape Studies

Medical marijuana invites a variety of studies, and more than a few have been done from a spatial perspective (Jansen 1990). Many of the better-known studies have analyzed the cultivation and distribution of the crop (see, for example, Raphael 1985). Other studies have looked at the retail end of the pipeline. For example, Vilalta examined drug-bust patterns in Mexico City (2010); Bouchard and Tremblay (2005) looked at drug arrests as well. Most of those studies were conducted during a time when selling marijuana was strictly a black-market activity. However, Jarmusch (2010) wrote a short piece on California dispensaries and the legal challenges facing cities seeking to regulate them.

Geography figures prominently into a number of discussions regarding the distribution, site location, and zoning questions (see, for Graves: Cannabis City: Medical Marijuana Landscapes in Los Angeles 3

example, Friesthler, *et. al* 2011), but ultimately the legal destiny of marijuana for medicinal, or even for purely recreational purposes, lies in the evolving attitude of politicians and the voting public (Katel 2009). In order to better understand how public opinion on medical marijuana is shaped, it seems logical to examine a common source of information about it: the landscape. Virtually every major thoroughfare in Los Angeles has multiple MMDs. Some are hard to spot and therefore may slip the public eye. Others are impossible to miss and certainly figure into how the public perceives this industry. Using the tools of the landscape geographer, we may gain valuable insight into the way in which marijuana retailing crafts public opinion about the drug, its use, and its users.

Pierce Lewis (1979, 12) called the landscape our “unwitting autobiography,” and though others have leveled challenges at the characterization, many geographers still value Lewis’ metaphor. If we can accept that the landscape has text-like qualities, then landscapes invite analysis of the discourses they generate. It is, however, hoped that, unlike the discourses that play out in media that were consciously crafted, where proponents and critics of medical marijuana are clearly aware of the audiences for their words, the landscape-as-text may be less prone to disingenuous manipulation. In other words, when people talk about the virtues of medical marijuana to news reporters, you can be sure they’ve selected their words careful in order to spin their message. They might even lie. However, those same people may be less aware of how text-like are the qualities of the landscapes they construct. Therefore marijuana vendors may be less intentional in the discourse they create for the public on the landscape. Evidence of the incongruity between message conveyed in print and by the landscape was made apparent in a recent interview appearing in the *Los Angeles Times*. In the article, the owner of the Kush Clubhouse, an MMD located on Venice Beach’s well-known boardwalk, asserted both the clinically proven curative power of cannabis and the strictly nonprofit status of his operation (Hoeffel 2010b). However, the site location and the built landscape of the Kush Clubhouse strongly contradict its owner’s characterization in the newspaper of a business model. First, the prime location undermines the credibility of any contention that this establishment is strictly nonprofit. Rare indeed is the nonprofit organization that can afford to locate its operation inside a beautiful building on Venice Beach. According to the *Times*, this MMD featured a “\$13,000 laminated wood hash bar” where clients could interact and sample the product. Mainstream pharmaceutical retailers would also find the

location both expensive and inaccessible to pharmacy clients. More obvious to the casual observer, however, is the discrepancy between the message expressed in the built landscape and that expressed by its owner in the media. The open-air Victorian building and the purple sign emblazoned with the word “Kush,” a slang term used by recreational users of marijuana, clearly contradict proclamations of the clinical administration of medical care. Instead, this building (see Figure 1 below) proclaims loudly that the product sold inside is for recreational use. This landscape is far more reminiscent of the numerous boardwalk night clubs and boisterous tourist attractions than the typical pharmacy or doctor’s office in Venice. The highlighting of these discrepancies is not intended as an indictment of a dishonest businessman; instead it is a call to consider the landscape as a reasonably reliable source of information about the medical marijuana industry.



Figure 1.—A medical marijuana dispensary in Venice, California.

Geographers have studied a variety of vice landscapes in hopes of building greater understanding of controversial or covert topics. For example, Symanski (1974) studied the landscapes of legalized prostitution in Nevada, analyzing the manner in which the brothels marketed their services on the landscape. Similarly, Hathaway (1986) chronicled the history of pubs, bars, and taverns in the United States, and in the process created a useful descriptive typology of drinking establishments through time and space. Indeed, at least one type of MMD appears to have taken its landscape cues from “bunker” bars mentioned in Hathaway’s essay (1986, 6).

An important component of the built landscape is the signs used by retailers of medical marijuana to alert customers to their presence. Drucker (1984) demonstrated quite vividly the value of interpreting the landscape through its linguistic features. Drucker's methodological piece provides a valuable guide to interpreting signs, encouraging landscape geographers to deconstruct both the words as well as the sign media (type of sign, fonts, materials, color, etc.), while checking for harmony between text and media.

Data and Methods

If indeed the built landscape, and its linguistic aspects, can be used effectively to decode cultural discourses, then the buildings, signage, and storefront motifs of the medical marijuana industry in Los Angeles is ripe for decoding. In addition to the large dataset that this landscape represents, the vivid variety of expression within it offers a challenging and rich environment for analysis. The goal of the study is to distill the large datasets into a manageable typology—one that illuminates broad trends in marketing of medical marijuana and, by doing so, also illuminates the underlying intentionality of its many retailers.

Address Database

Data was gathered in two separate efforts. One dataset was built by downloading a spreadsheet of 182 MMD business names and addresses from the Los Angeles' City Clerk's website (City Clerk, City of Los Angeles 2010) and an additional spreadsheet of 469 MMDs, many of which were under order by the City Attorney's Office to close, via the *Los Angeles Times* website (*Los Angeles Times* 2011). The two spreadsheets were combined into a single master database so that duplicates could be identified and removed and remaining addresses could be geocoded. A total of 465 MMDs were included in the study.

It should be noted that this data may be incomplete partly because there is no specific licensing agency for such clinics, and also because it appears that some MMDs are happy to operate without the modest licensing requirements that do exist. It is clear that a few MMDs photographed by the author do not appear on the list of either licensed or unlicensed MMDs identified by the city. Nevertheless, for the purposes of this study, the data from the City of Los Angeles/*Los Angeles Times* appears to be the best available, and though it may not be complete, it certainly constitutes a robust sample of MMDs

during the 2007–2010 period. If indeed there is a large number of rogue MMDs operating in the city, and the naming, landscape, and marketing principles differ greatly from the known MMDs, then a bias would enter this dataset.

Photo Database

The second dataset, the photographic record, was compiled by the author and a team of students in the period both before and after the first wave of MMD closures in the spring of 2010. Each photo was electronically geotagged as well as given a variety of descriptive tags described in this paper. The entire photo collection is available at the website “The American Landscape Project” at <http://www.csun.edu/~alproject/>

Content Analysis

The primary methodology used in this study was a two-stage content analysis of the signage displayed by the MMDs in the database. The goal was to produce a typology of MMDs that could be used to better understand this new industry. Content analysis provides a means to convert nominal data on the landscape into scalar data, permitting a wider array of quantitative analysis strategies (Moodie 1971, Cope 2010). The process described below was fairly complex and may seem an unreasonably convoluted method of generating a predictably bland typology of MMD landscapes. However, because debates regarding the legitimacy of medical marijuana have been highly charged and public, it would be all too easy to permit unknown biases to enter an inquiry into the nature of these landscapes. Content analysis offers some protection against bias.

Business Names

In this study, the business names provided to the City of Los Angeles were treated as the primary source of meaning on the landscape. Each word in each business name was analyzed as a discrete unit of analysis. This method permitted the construction of a typology of MMDs based on their business names. The typology, in turn, could be mapped so that spatial variations in the data (marketing, landscape, political discourse) provided by this industry might be compared to neighborhood demographics and/or politics.

Analyzing the data was a multistep process. After the MMDs were mapped and duplicates removed, each word in each MMD’s business name was assigned a numeric identifier corresponding to the MMD

business name, address, neighborhood, ZIP code, and several other pieces of data. Individual words were then sorted alphabetically and placed into one of several dozen categories generated from common themes emerging from terms in the list. This process was repeated several times and after several iterations of the process, the number of categories was winnowed down to a total of eight broad, thematic categories. Six of the eight categories were then used as opposing points on a three-dimensional scatterplot that in turn served as the primary tool for building the final typology of MMDs in Los Angeles. The three axes are described below.

Recreational Drug vs. Clinical Medicine: The X Axis

A critical element in the public debate about medical marijuana is the legitimacy of the plant as a treatment or cure for various ailments. Proponents of the clinical efficacy of the drug insist that marijuana has curative powers hardly different from pills purchased at a corner pharmacy. Skeptics, on the other hand, are quick to argue that many consumers of medical marijuana are mostly recreational users who have obtained their prescription cards from quack doctors who profit by issuing a “license to get high” to anyone who feigns the slightest medical condition. Indeed, several exposés of this practice have appeared in the media. The landscape of medical marijuana certainly provides ammunition for both skeptics and proponents of clinical efficacy/use of the drug, and therefore these two categories were placed on opposite ends of the X axis in the typological scatterplot. Many of MMDs made use of words such as “clinic,” “doctor,” or “patient” that evoke legitimate, mainstream medical practice. Words of this nature were given a value of -5 on an axis opposite those in the recreational category. Words that evoked recreational use among the consumers of medical marijuana were lumped together in the recreation category. Included among these were fantasy terms, such as “dragon,” “euphoric,” “Cloud 9,” and slang terms such as “420,” “Budz,” and “Kush.” Other words that used alternative spellings, e.g., “Farmacy,” unusual compound constructions, and any other term that one would not likely see used by a mainstream medical clinic, pharmacy, or doctor’s office were included in this category. Words in the recreation category were assigned a +5 on the X axis opposite those in the clinical medicine side.

Compassion vs. Crime: The Y Axis

The second, Y, axis was constructed on a continuum featuring marijuana use as an illicit drug on one end, and marijuana as a therapeutic agent in the compassionate management of pain on

the other. Terminology from these two categories was placed on opposite ends of this spectrum because they represented the least- and most-sympathetic images of marijuana users, the back-alley pusher and the recovering cancer patient. Words, especially acronyms, which function to divert attention from, or obfuscate the nature of business conducted at MMDs were given a score of -5 on the Y axis. Common among the items included in the opaque category were acronyms, “TMHR,” “VHC,” etc. Occupying the other end of the spectrum (+5) from the opaque terms were those that chose to call attention to the outcome of the medical therapies. Many of the words used to describe and market MMD invoked “caring,” “healing,” “pain,” and “compassion.”

Birkenstocks vs. Power Ties: The Z Axis

The third, or Z, axis was constructed using terminology that evoked either the natural environment or corporate legitimacy on the other. In some ways, this spectrum mimics the other two in that there is a legitimate vs. anti-legitimate nexus at play. Many of the terms used to build a business name for MMDs in Los Angeles seem to have been adapted from the environmental movement. The fact that marijuana is a plant no doubt invites business owners to use words like “natural,” “green,” or “herbal” in their business names, but the motivation seems to be more deeply rooted. A number of businesses featured terms like “alternative,” “organic,” and “holistic” in what seemed an attempt to link their product to what one might find at a health-food store or organic grocer. Words in this first category were given a +5 on the Z axis. On the other hand, many MMDs seem eager to display their legitimate-business credentials by including common corporate lingo in the name of their operation. Words like “incorporated” and “company,” and abbreviations like “LLC” and “Inc.,” were commonplace, earning a -5 on the Z axis.

Neutral vs. Marketing: The Modifiers

After each of the words that fell on one of the three axes were assigned a value of either + 5 or -5, they were reunited with their corresponding business names. Words not placed on one of the three continuums were used to either enhance or temper the strength of the terms coded and placed on the three continuums. For example, marketing terms such as “premier,” “quality,” or “discount” were assigned a value of 1.5 and were multiplied by the values assigned to terms on the X,Y, and Z axes. So, a business name that used the words “quality” and “kush” got a value of 7.5, further to the right on the X axis toward the “recreational” side of the scatterplot.

Functional terms, including location terms, personal names, and other value-neutral words, were given a value of one (1) and were averaged into the overall score assigned to all words on any of the three axes, thus reducing the value assigned to other words. So for example, if an MMD had a name like “Westside Organic Dispensary,” its score on the Z-axis (associated with the word “organic”) would be reduced to 2.3 from 5 to reflect the ratio of functional terms to the eco-holistic term “organic.”

After each word had been assigned a final value, the entire business name was reassembled in the database. Each business name was then assigned X, Y, and Z values based on the words used in the name and plotted on a 3D scatterplot diagram using the software GeoDa. The structure of the scatterplot created eight potential “quadrants” into which each point in the diagram could fall. The scatterplot also permitted the identification of several clusters of points in the “scatterplot cloud” that formed a basis upon which the final typology was constructed.

Photo Analysis

A secondary analysis of a large photographic database was conducted in order to both validate and ground-truth the content analysis. The photo collection was built by the author and a team of students over a two-semester period in 2007, prior to the initial round of MMD closures. More than one hundred MMDs were photographed by the author and a team of students in 2007–2008. Each photo was put into a database and mapped, permitting it to be matched and compared with the corresponding point in the scatterplot. The prime value of the photographic database was to ensure the assumptions used in, and the findings generated by, the more linguistic content analysis corresponded logically to the landscape experience of those who observe these businesses.

Findings—A Typology of MMDs in Los Angeles

Analysis of the scatterplot diagram revealed that not all of the eight potential quadrants were equally well populated. However, several clusters of business names were readily identifiable around the extremities of the three axes and at the center of the graph. Those at the center of the graph had to be further analyzed to distinguish those business names that trended toward the middle, because they incorporated a large ratio of functional to scored terms, from those which included pairs of terms on the opposite end of one or more

axes. Presented below are the categories produced by the largest clusters within the scatterplots, and a brief discussion of the characteristics defining each category. Figure 2 below displays the frequency and percentage of each type and subtype of MMD in Los Angeles.

Type	SubType	Count	Percent
Bunker	—	69	14.84
Medical Care	Compassionate Care	80	17.20
	Corporate Clinic	57	12.26
	Eco Care	30	6.45
Granola	Eco Clinic	48	10.32
Recreational Use	Eco-Holistic	65	13.98
	Stoner Care	27	5.81
	Stoner Fantasy	84	18.06
No Category	—	5	1.08
Grand Total		465	100

Figure 2.—Counts and percentages of the several varieties of medical marijuana clinics in Los Angeles

Medical Care

Together, the compassionate-care and corporate clinics constitute about thirty percent of all MMDs in Los Angeles, but they are more popular in some neighborhoods than others. For example, in Northridge’s 91324 ZIP code, six of eight MMDs are “corporate clinics,” perhaps reflecting the values of this largely white, middle-class neighborhood. A similar pattern is evident in Woodland Hills, the Playa Vista/Westchester districts near LAX, and parts of North Hollywood.

Compassionate Care

The most common motifs among MMDs are those evoking notions of compassion, healing, and pain management. Numerous MMDs use business names like “Valley Compassionate Care” and “California Pain Management Clinic.” Interestingly, nearly a quarter of the 182 MMDs originally licensed by the City of Los Angeles were found in this category, perhaps reflecting the public sentiment leveraged by proponents of Proposition 215. Interestingly, only about 11 percent of the non-licensed MMDs ordered to cease operations in 2010 were categorized as “compassionate care” dispensaries. This

indicates that later entrants into the industry have been less likely to invoke compassion than their pioneering counterparts.

Corporate Clinics

Another group of MMDs chose to position themselves more squarely in line with mainstream medical clinics, doctor's offices, and hospitals. These dispensaries have names like "Valley Health Center" and "Medical Wellness Center" or "Infinity Medical Alliance." Many of the exteriors of these MMDs are painted in subdued colors and feature rather ordinary signs helping reinforce the notion that marijuana is a legitimate, therapeutic drug (see Figure 3 below).



Figure 2.—This MMD could pass for a traditional neighborhood pharmacy. The numbers “420,” a code for marijuana, are barely noticeable on the sign and would go unnoticed by all but recreational users of the drug.

Granola Dispensaries

Over thirty percent of MMDs were classified as “Granola Dispensaries” because they relied primarily on an appeal to the natural environment, holistic therapy, and/or alternative medicine. Granola dispensaries were most commonly found in some of LA’s tonier neighborhoods such as Sherman Oaks, the West Side, San Pedro, and Venice. Because there were so many MMDs using this motif, this category was split into three subcategories. The “Eco-Care” category

included MMDs that combined environmental and compassionate-care motifs to convey “natural, holistic, compassionate care.” MMDs in this category were named things like “Organic Caregivers” and “Nature’s Way Compassion Group.” Another subcategory, dubbed “Eco-Clinics,” combined the eco-holistic-alternative themes with words conjuring images of mainstream medicine to produce MMD names such as “Green Medicine” and “Holistic Patient Treatment Center” (see Figure 4). The largest subgroup in the Granola Dispensaries category were those that wholly marketed themselves as green, natural, holistic, herbal, and/or alternative. With names like “Organica,” “Supplemental Organic Solutions,” and “Holistic Alternatives, Inc.,” the “Eco-Holistic” MMDs can hardly be distinguished from organic grocers such as Pacific Greens or Nature Mart. Similar to the bunker store strategy, the eco-holistic stores blend easily into the background and figure to arouse little opposition from opponents of medical marijuana.



Figure 4.—This sign reserves parking space for clients of this Eco-Care Clinic near Eagle Rock, California.

Illicit Use Dispensaries

Several types of MMDs had landscapes that suggested they were involved in the illicit, rather than medicinal or holistic, use of marijuana. The bunker dispensaries appear to be hiding from authorities and the stoner dispensaries openly marketing the recreational aspects of marijuana. Mapped as one, it is possible to discern several neighborhoods where these strategies are favored. Near the campus of USC, there is a cluster of shops in the stoner fantasy and bunker dispensary category, perhaps not surprising given the demographics. Interestingly, the ZIP codes near UCLA, though also clearly attractive to MMDs, have more-even distribution of MMD types. Other neighborhoods that appear more attractive to the illicit-use type of MMD include the Fairfax-Hollywood corridor districts and the Eastern San Fernando Valley.

Bunker Dispensaries

About fifteen percent of the MMDs in Los Angeles appear committed to obscuring the nature of their business to the general public. Marijuana's long-standing status as an illegal substance, along with the continuing uncertainty surrounding its standing, seems to have produced a strong impulse among MMDs to hide. Many MMDs use names so obtuse or opaque that all but the most observant passers-by would both notice and deduce the business conducted therein. Frequently, the only indication that a business is an MMD is the use of an acronym and green lettering on the sign. It should be noted that after several months of photographing MMDs, students reported not only beginning to notice MMDs they had overlooked before, but also an evolving suspicion that *every* business having a sign with an acronym using green letters was an MMD. Controversial businesses have long used similar strategies to avoid public scrutiny or violence (see, for example, Hathaway 1986). Taverns, sex shops, gay nightclubs, and abortion clinics count among the other bunker places on the American landscape. Indeed, several bunker MMDs found in Los Angeles' San Fernando Valley seemed to have taken design cues from nearby nondescript studios that make pornographic movies (see Figure 5 below).



Figure 5.—A classic, “Bunker”-style MMD in Chatsworth, California.

Stoner-Recreation

The final two categories of MMDs are those that make a primary appeal to recreational use of marijuana. Combined, MMDs using recreational motifs constitute nearly one-fourth of all dispensaries. Perhaps more importantly, these MMDs tend to be most noticeable on the landscape and stand to affect public opinion most profoundly. Some of the MMDs in the recreation category (twenty-seven) try to mitigate the implications of an outright appeal to partying by also making an appeal to compassionate care, but those are a minority. Those MMDs were categorized as “Stoner Care.” Names like “Green Dragon Caregivers” and “Grateful Meds” counted among the twenty-seven MMDs in this category. The remaining MMDs in the recreational-use category were placed in the “Stoner Fantasy” subcategory because they most boldly evoked the recreational effects of marijuana without combining it with a strong appeal to other common motifs. Almost twenty percent of MMDs in Los Angeles use business names such as “Always 420,” “Chronic Creations,” “Kush Corner,” and “Hot Spot” in an attempt to market their product in an increasingly competitive environment and to patients who more recently obtained a marijuana prescription card. Slang terms and signs featuring psychedelic paint jobs are common. Purple buildings, perhaps a reference to the drug anthem by Jimi Hendrix, “Purple Haze,” are also common (see Figure 6). Several businesses also incorporate dragon imagery, perhaps a reference to the children’s song “Puff the Magic Dragon,” long rumored to be a secretive ode in praise of marijuana.

Conclusion

Though a common discourse regarding medical marijuana has yet to be established in Los Angeles, there are some common elements to the cacophony of messages apparent in the landscape built by MMDs in the past five years. The most common element evident in this landscape is a general air of amateurishness that pervades the place-marketing efforts of marijuana retailers. Many MMDs are reminiscent of small mom-and-pop stores that dot run-down commercial strips in immigrant neighborhoods. This is hardly surprising, given the short history of the industry, their legal mandate to operate as nonprofit collectives, and the lack of mainstream capital involvement. It does appear that several themes within the overall discourse have begun to emerge and that these themes appear to be more popular in some neighborhoods than others. Competing visions of this industry are vividly displayed on the landscape, in-



Figure 6.—Green Joy in Woodland Hills, California, was classified as a “Stoner Fantasy” MMD.

viting scrutiny from a public that understandably remains skeptical about the intentions of the operators of MMDs and of the clients, patients, customers, or stoners who frequent these establishments.

If one were to add the MMDs utilizing granola-care and clinic themes with the MMDs using the clinical medicine and compassionate-care categories, a category would emerge containing nearly half of all MMDs. Add the “stoner care” category, and it becomes clear that this new category is the most popular motif used to market medical cannabis in Los Angeles. Perhaps this should come as no surprise, given that the original impetus for legalizing marijuana came from proponents who effectively leveraged images of cancer patients and elderly glaucoma victims to help decriminalize the plant.

However, if medical marijuana is to gain legitimacy in the eyes of the public, it must be established more firmly as a serious remedy, cure, or treatment for the many ailments that proponents claim it serves. Challenging this discourse are the recreational motifs that, though fewer in number than the compassionate medicine motifs, are far more visible on the built landscape. A recent television news story regarding the Obama Administration’s renewed enforcement

efforts featured images of MMDs from the “Stoner Fantasy” category exclusively to sensationalize the story.

It will be difficult for the public, politicians, and law enforcement to accept medical marijuana as long as the landscape continues to send mixed messages regarding the medicinal value of cannabis. Advocates of medical marijuana are disadvantaged by the very characteristics of the landscapes they (or some of them) have created. Frequently as prominent as a local dentist office, the medical-themed MMDs stand mute as their noisy recreational pot shops scream for attention from potential clients, perhaps inadvertently attracting negative attention from skeptics of the entire enterprise. As long as the recreational uses of cannabis figure prominently in the marketing strategies splashed across the landscape, those who hope to configure the discourse on cannabis around its medical value will find their efforts frustrated.

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