

Marijuana in Ventura County

A Gateway for Discussion



WHAT IS MARIJUANA?

WHAT ARE THE POSSIBLE EFFECTS?

WHO IS USING MARIJUANA?

WHAT IS THE LEGAL CONTEXT FOR MARIJUANA USE?

WHAT CAN CITIES DO?

WHAT LIES AHEAD FOR VENTURA COUNTY?



VENTURA COUNTY
BEHAVIORAL HEALTH
ALCOHOL & DRUG PROGRAMS

DISCUSSION POINTS

- The purpose of this report**2

- What is marijuana?**3
 - How is marijuana grown?4
 - How much can marijuana cost?.....5
 - Is marijuana more potent than it used to be?.....6

- What are the possible effects of marijuana use?**.....7
 - Can marijuana be addictive?.....8
 - Could marijuana be a gateway drug?.....8
 - What about the use of marijuana for medical purposes?9

- Who is using marijuana?**10
 - How many adolescents use marijuana?.....11
 - What are the indicators of youth marijuana use in Ventura County?12
 - What are the specific risks to youth?12
 - Is marijuana use linked to adolescent problem behavior?13

- What is the legal context for marijuana use in California?**14
 - What are the local marijuana arrest data?.....15

- What are the environmental impacts of outdoor cultivation?**.....16

- What can cities do?**17
 - What are possible local government responses?18
 - How are Ventura County cities responding?19

- Conclusion: What lies ahead for Ventura County?**21

- Endnotes**.....23

THE PURPOSE OF THIS REPORT

Marijuana is a widely used substance of abuse in California, second only to alcohol among young people. It has become a subject of increased nationwide debate as cities, counties and other states respond to interest in legalization while directly challenging established federal law. Confusing information about the consequences of marijuana use competes with messages from proponents, while supporters of the Compassionate Use Act (Prop 215, 1996) demand fair and reasonable access to marijuana when recommended for medicinal purposes. Local government agencies are left in the middle, trying to balance state against federal laws while meeting the health, welfare and safety needs of the public regarding an intoxicating, psychotropic drug with possible adverse consequences, especially for youth.

A Gateway for Discussion attempts to address frequently asked but not easily answered questions that surround the issues of marijuana in Ventura County. Efforts were made to utilize as much available local data and current policy as possible and to ensure that unbiased, apolitical research was consulted. In the end, the marijuana debate may continue for a long time before this region will have the advantage of consistent and coordinated marijuana policies to address fluctuating availability and changing attitudes about a currently illegal and potentially harmful drug.

WHAT IS MARIJUANA?

Marijuana is the most commonly used illicit drug in the United States. In 2012, there were 18.9 million past month users, up from 14.5 million in 2007ⁱ. The main psychoactive ingredient in marijuana is THC (delta-9-tetrahydrocannabinol) which, when smoked or ingested, causes an intoxicating “high” with a multitude of effects. Marijuana is widely available, easily grown and inexpensive to buy.



Also known as cannabis, pot, grass, weed, herb, mary jane, bud, ganja and other nicknames, marijuana derives from *Cannabis indica* or *Cannabis sativa* plants. It is typically smoked in a cigarette joint or pipe, or in a bong with water. Other forms of cannabis include the resinous extract hashish and butane hash oil (BHO). All forms of cannabis contain THC and are mind-alteringⁱⁱ. Marijuana smoke has a distinctive, pungent odor, sometimes described as sweet-and-sour or skunk-like.



Butane hash or “honey” oil (BHO) is a cannabis concentrate extracted from marijuana plant material in a dangerous, volatile process using butane. Common forms are called Shatter (shown, left), Budder, Wax and Crumble. The nickname for smoking BHO is “dabbing” and potency tests claim 60-90% THC content compared with 10-22% for marijuana plants. E-cigarette devices can be used to smoke BHO.

Marijuana is the most commonly used illicit drug in the United States.

HOW IS MARIJUANA GROWN?

As the street name weed implies, marijuana is easily grown and is prolific indoors or out. Marijuana plants complete a growth cycle in an average of 45-90 days, depending on the strain of plant and the growing conditions. Therefore, a typical indoor cultivation can yield 3-4 harvest cycles per year. Conservatively, if there are 10 plants (there are generally more) in a modest indoor garden, yielding a minimal quarter pound of marijuana per plant per grow cycle, then at least 10 pounds of marijuana can be produced in one year. That is:

10 plants x 4 grow cycles x ¼ pound per plant = 10+ pounds of marijuana per year

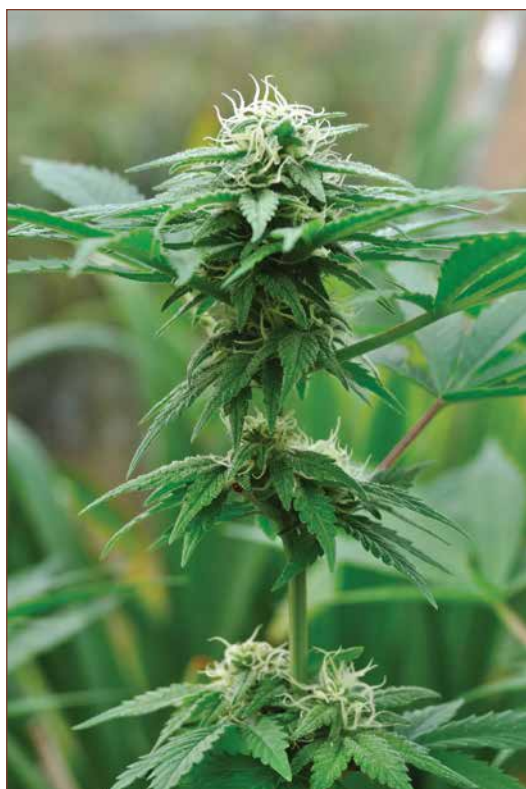
These are conservative harvest estimates considering many variables. Some reliable sources report yields up to 30 pounds a year from 10 plants.

In smokable marijuana, using a minimal .5 grams per joint, 10 pounds is approximately equivalent to:

900 joints per pound x 10 pounds = 9,000 joints per year =

Comparable to about 25 joints a day

**...30 pounds
[of marijuana] a year
from 10 plants.**



A female adult marijuana plant can generate multiple buds, the most valuable part of the plant.

HOW MUCH CAN MARIJUANA COST?

Prices of marijuana fluctuate and are influenced by grade and market factors such as availability. Prices also depend on volume and are lower in larger, bulk quantities. As of July 2013, reported approximate price ranges per pound have been from \$300 for low-grade quality to an estimated \$5,000 for highest quality marijuanaⁱⁱⁱ (see below):

QUALITY	PRICE PER OUNCE	BULK PRICE PER POUND
Mexican low grade	\$75-100	\$300-500
Domestic mid grade	\$150-200	\$750-1000
High grade	\$300-500	\$3000-4000

This translates into a street value of about \$5-10 for a standard size, .5 gram, medium quality cigarette (“joint”), which generally requires a cash payment of about \$20 for a one-gram minimum purchase.

In the previous crop yield example of a minimal 10 pounds of marijuana per year for 10 plants, the street value of the marijuana cultivated in a residential scenario could be approximately \$7,500 in bulk or much more if broken down and sold in smallest sale quantities at current prices per year:

$$10 \text{ pounds} = 4540 \text{ grams} \times \$20/\text{gram} = \$90,800$$

Marijuana prices in dispensaries are estimated at \$60 per 1/8th ounce quantity^{iv}, which multiplies to \$480 per ounce or \$7,680 per pound. Comparing street costs with dispensary prices, it is clear that these businesses, which are supposed to be non-profit, are potentially highly profitable.

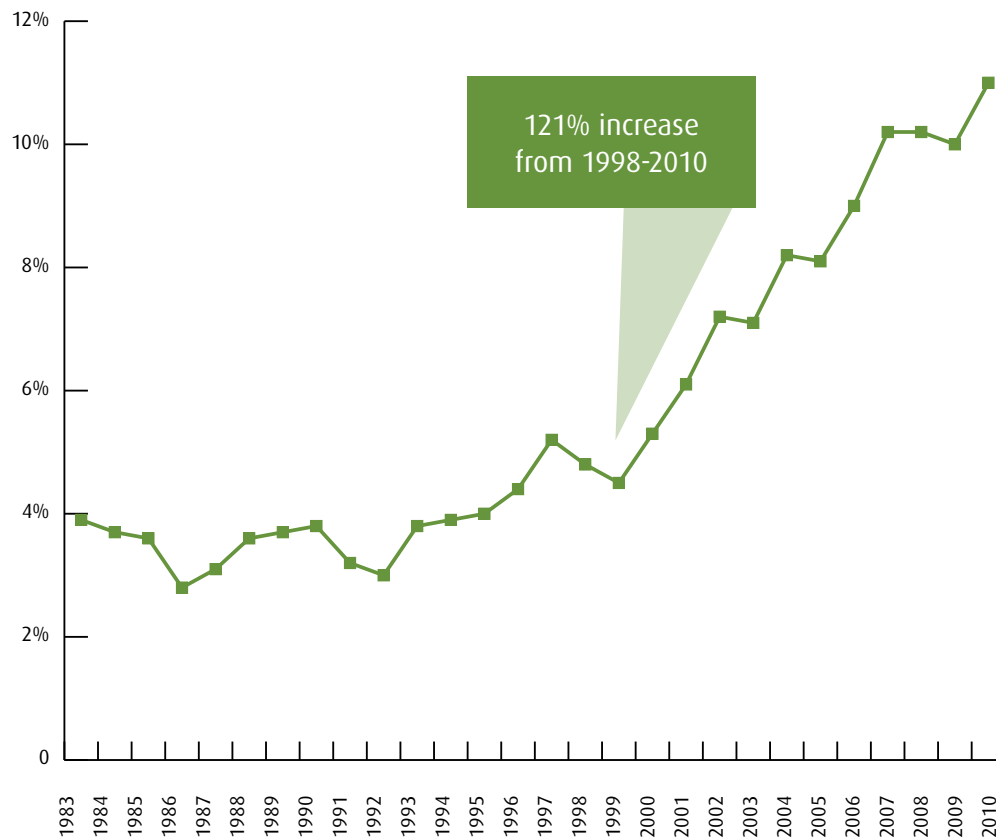


...about \$5-10
for a standard size,
.5 gram, medium
quality cigarette
("joint").

IS MARIJUANA MORE POTENT THAN IT USED TO BE?

Although THC (delta-9-tetrahydrocannabinol) levels are variable, marijuana is now often more than twice as potent as it was decades ago. According to the Office of National Drug Control Policy, analysis by the University of Mississippi's Marijuana Potency Monitoring Project revealed that the average potency of tested marijuana from Federal seizures more than doubled from 1998 to 2010^v, as shown below.

AVERAGE MARIJUANA SEIZURE POTENCY EXCEEDS 10% IN 2008



Source: University of Mississippi Marijuana Potency Monitoring Project, Report 115, December 2011

The latest data from 2010 show the average amount of THC in seized marijuana samples to be at a high of 12%, compared to an average of less than 4% in 1983. This represents a near tripling of marijuana potency since that time. Consistent with these increases, law enforcement information shows local marijuana THC levels ranging from 10% to 22%, with some claims higher^{vi}. Exposure to higher concentrations of THC may increase the chance of adverse reactions and might also increase the chance of addiction, particularly among new users or youth^{vii}. However, the overall consequences of higher concentrations of THC are still unknown.

...Local marijuana THC levels range from 10% to over 20%.

WHAT ARE THE POSSIBLE EFFECTS OF MARIJUANA USE?

The main psychoactive ingredient in marijuana is delta-9-tetra-hydrocannabinol, or THC for short. When marijuana is smoked, THC passes to the bloodstream and is carried to the brain, nervous system and other organs in the body. The THC binds to cannabinoid (CB) receptors in the brain, causing a series of cellular reactions that create the “high” that marijuana smokers experience^{viii}. The CB receptors in the brain are densely clustered in the areas that influence pleasure, thought, memory, concentration, appetite, pain and coordination. After the acute effects wear off, adverse impacts on learning and memory can last for days or weeks, leaving daily users who may be functioning below normal much of the time^{ix}.

POSSIBLE WIDE-RANGING EFFECTS FROM MARIJUANA USE MAY INCLUDE:

- Slowed reaction time and reduced attention
- Impaired balance and coordination, impacting driving skills
- Increased heart rate and arrhythmias
- Altered judgment and cognition, increasing high risk-behaviors
- Problems with memory and learning skills
- Mood cycling from calm and euphoric to anxious, depressed or paranoid
- Impairment beyond time of intoxication

LONG-TERM MARIJUANA ABUSE RISKS:

- Possibility of addiction, especially among young initiates
- THC exposure during adolescence can impair normal brain development with long-term structural impacts
- Heavy marijuana-smoking teens have lost as many as 8 IQ points
- Poor educational, career and achievement outcomes
- Increased risk of chronic cough and severe lung infections
- May increase risk of anxiety, depression and suicidal thoughts

POTENTIAL MENTAL HEALTH EFFECTS:

- Threat of increased psychotic symptoms in vulnerable users
- Studies show an association between early marijuana use and schizophrenia
- Marijuana is associated with depression, suicidal thoughts and suicide attempts
- Research suggests THC use may increase the risk of mental illness by 40%

Sources: National Institute on Drug Abuse (NIDA) Research Report Series: Marijuana Abuse (2012); Office of National Drug Control Policy (ONDCP) Teen Marijuana Use Worsens Depression (May 2008).

...adverse impacts on learning and memory can last for days or weeks.

THC use may increase the risk of mental illness by 40%.

CAN MARIJUANA BE ADDICTIVE?

Although smoking marijuana has not led to fatal overdose, and risks posed by alcohol and other illicit or misused licit drugs are far greater, there is evidence that marijuana carries the possible consequence of dependency. Long-term use of marijuana can lead to compulsive drug seeking and abuse that interfere with normal life activities, and research shows that approximately 9% of people who use marijuana became dependent. In 2011, 4.2 million Americans met clinical criteria for dependence or abuse of marijuana in the past year—more than twice the number for dependence/abuse of prescription pain relievers (1.8 million) and four times the number for dependence/abuse of cocaine (821,000)^x.

Many public health officials worry that the increased levels of THC in marijuana may have increased addiction potential, especially since the risk of addiction to marijuana is about 1 in 6 among those who start using as adolescents^{xi}. A 2004 study in the *Journal of American Medical Association* suggested that the stronger cannabis of recent years is contributing to higher addiction rates. The study, conducted by the National Institute on Drug Abuse, compared marijuana use in 2001 and 2002, with use a decade earlier^{xii}.

Irritability, sleeping problems and anxiety, when compounded by craving, make it difficult for dependent users to quit. Research into medications for marijuana addiction, including use of THC compounds, is ongoing; meanwhile, motivational and cognitive therapies can be successful in treatment and medications are available to ease symptoms associated with withdrawal^{xiii}.

COULD MARIJUANA BE A GATEWAY DRUG?

Even more controversial than the discussion surrounding possible addictive qualities of marijuana is the theory of its possible role in encouraging other substance abuse or as a “gateway” to more dangerous drugs. Many studies have examined this possible result and while there is a lack of scientific consensus about the extent of the effect, studies show that more than half of new illicit drug users begin with marijuana^{xiv}. RAND’s *Altered State?* points out the appraisal, “Cannabis use is more strongly associated with other illicit drug use than alcohol or tobacco use, and the earliest and most frequent cannabis users are the most likely to use other drugs^{xv}.” For example, the risk of using cocaine has been estimated to be over 104 times greater for those who have tried marijuana than for those who have never used it^{xvi}. If a gateway effect does exist, it is possible that the correlation may be in part a function of availability (i.e., marijuana is easier to obtain than other illegal drugs). The correlation may also be social: the acquisition and use of marijuana may involve peers with a wider range of negative behaviors who encourage the abuse of harder drugs.

...approximately
9% of people who
use marijuana
became dependent.

...the risk of
addiction to
marijuana is
about 1 in 6
among those
who start using
as adolescents.

...the earliest
and most
frequent
cannabis users
are the most
likely to use
other drugs.

WHAT ABOUT THE USE OF MARIJUANA FOR MEDICAL PURPOSES?

The possible therapeutic properties of cannabis have been the topic of substantial research and passionate debate from both sides of the case for the use of marijuana for medicinal purposes. The Institute of Medicine (IOM) states that the cannabis plant contains active ingredients with the potential for relieving pain, controlling nausea, stimulating appetite, reducing inflammation and decreasing anxiety^{xvii}. However, marijuana is not an approved medicine under any provision of Food and Drug Administration (FDA) guidelines. Many medical marijuana cardholders use cannabis for other health reasons and the possible risks are still considered greater than the documented benefits. Further research on medical marijuana, its delivery systems and possible effects are underway and clearly needed.

A small study of one of the first randomly controlled clinical trials testing the pain-relieving qualities of THC was conducted in 2010 at McGill University^{xviii}. The finding was that patients with chronic pain could receive mild pain relief with just a puff of marijuana three times per day. Three different formulations were compared with various THC concentrations with some reported success. It is important to recognize the work being done in this field while more comprehensive evidence is being gathered.

With or without supporting medical studies, seriously ill Californians and their primary caregivers currently have the right under state law to possess and cultivate cannabis for medical purposes. In Ventura County, there are no legal medical marijuana dispensaries at this time although some local communities are engaged in policy discussions about a common-sense approach to eventually meeting the needs of eligible patients.

As of September 2013, there were no legal medical marijuana dispensaries in Ventura County.

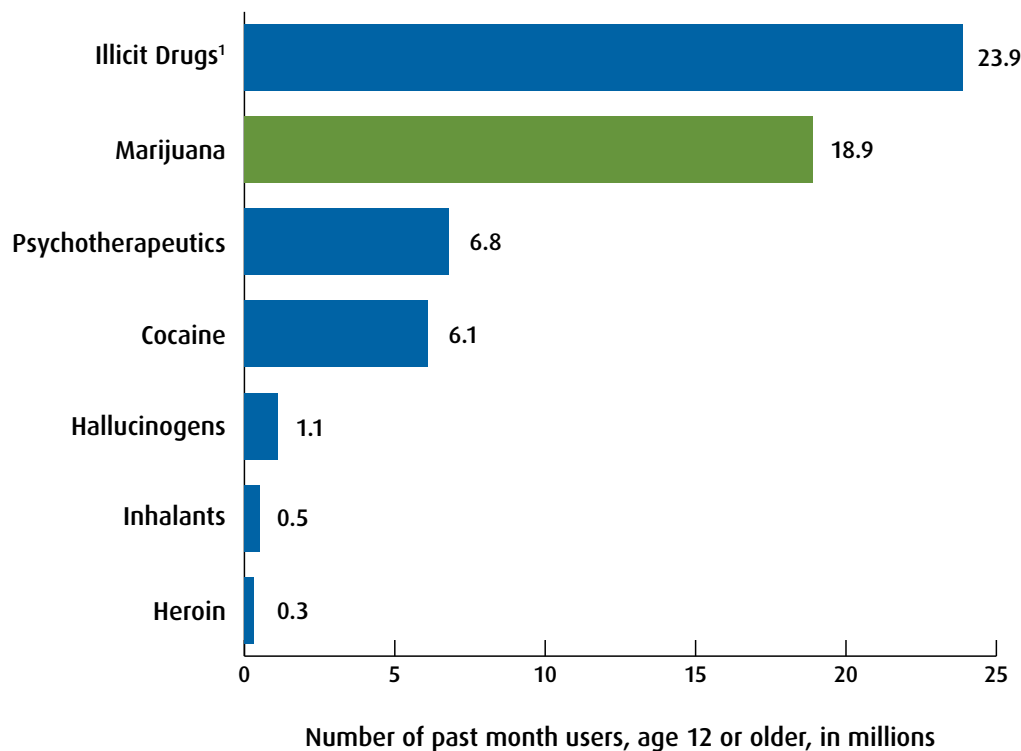


Medical marijuana dispensary

WHO IS USING MARIJUANA?

In 2012, marijuana was the most commonly used illicit drug with almost 19 million American users. There were 2.4 million persons aged 12 or older who had used marijuana for the first time, which averages about 6,600 new users each day. The average age at first use of new marijuana users among 12- to 49-year olds was 17.9 years^{xix}.

MARIJUANA MOST COMMONLY USED ILLICIT DRUG IN 2012



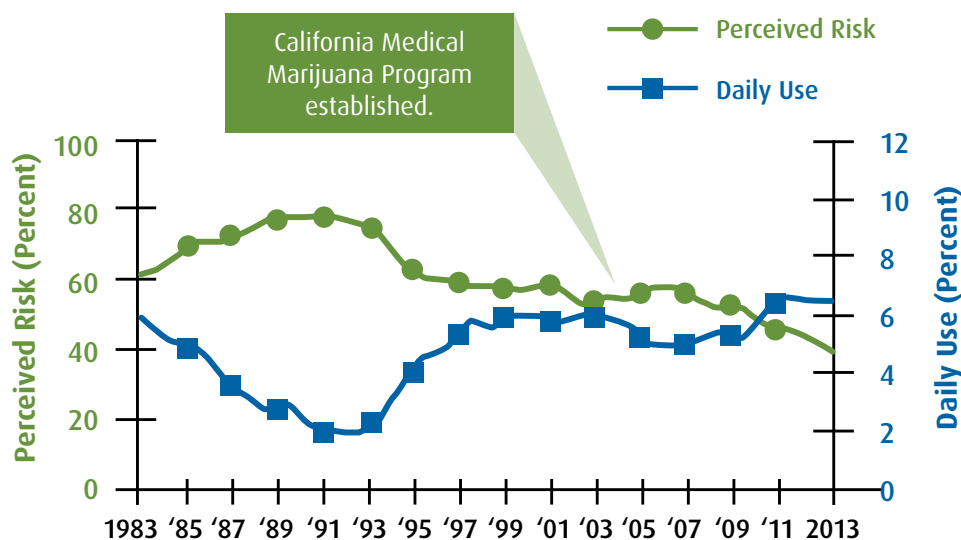
¹ *Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.*

Source: SAMHSA, 2012 National Survey on Drug Use and Health (2013).

HOW MANY ADOLESCENTS USE MARIJUANA?

Combined data from 2010 and 2011 indicate that on an average day in the past year, 4,000 adolescents ages 12-17 in the United States reported using marijuana for the first time^{xx}. However, teens who perceived a great risk from smoking marijuana were much less likely to have used it.

PERCENTAGE OF U.S. 12 GRADE STUDENTS REPORTING DAILY MARIJUANA USE VS. PERCEIVED RISK OF REGULAR MARIJUANA USE



As perception of risk decreased, youth marijuana use increased.

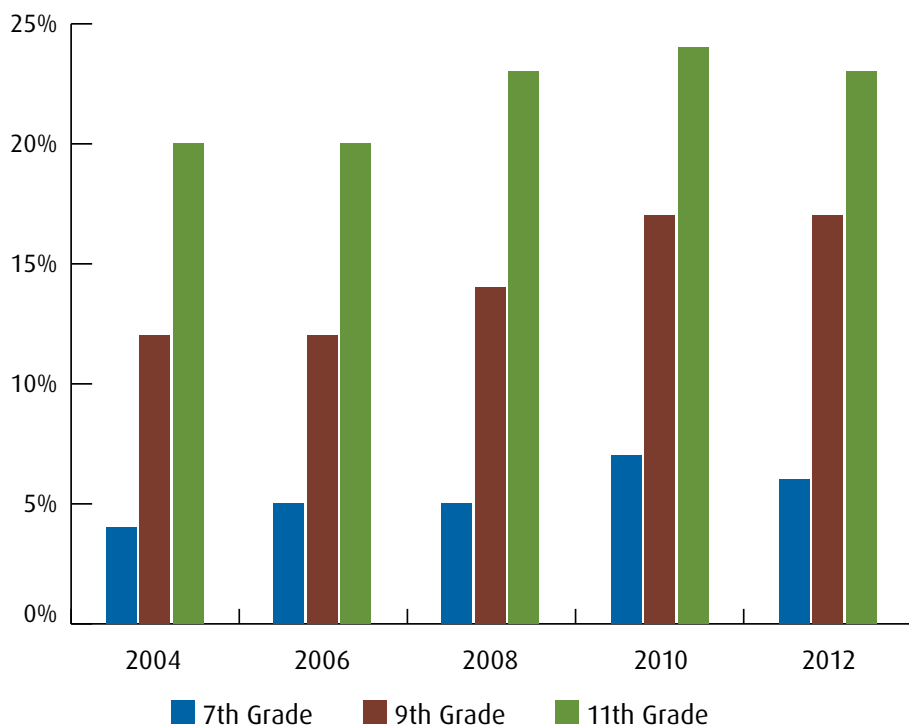
Source: National Institute on Drug Abuse (NIDA) (December, 2013)

Between 2006 and 2013, the percentage of youth ages 12 to 17 who perceived great risk from smoking marijuana once a month decreased from 34.6 to 26.5%, and the rate of past month marijuana use among youth increased before dipping slightly in 2012^{xxi}. Also worth noting, states that have medical marijuana programs have lower perceptions of harm among youth nationwide^{xxii}. Understanding the correlation between marijuana use and risk perception is key to developing effective prevention programs.

WHAT ARE THE INDICATORS OF YOUTH MARIJUANA USE IN VENTURA COUNTY?

Current local studies available at this time include the California Healthy Kids Survey (CHKS) for years 2003–04 through 2011–12. Students were asked, “In the past 30 days, have you used marijuana?” This is also known as *current* use and indicates present marijuana consumption^{xxiii}.

PAST 30-DAY USE OF MARIJUANA IN VENTURA COUNTY



Almost 25% of 11th graders in Ventura County report using marijuana in the last 30 days.

WHAT ARE THE SPECIFIC RISKS TO YOUTH?

The most recent scientific studies show that heavy use of marijuana by teens interferes with normal brain development and may lead to lasting decreases in IQ^{xxiv}.

- Decline in IQ is dose dependent: effects relative to levels of use
- Lower IQ accounted for by adolescent onset of marijuana use
- Cessation of use by age 38 did not change decline in IQ
- Decline in all four indicators of IQ: working memory, processing speed, perceptual reasoning, verbal comprehension
- Friends and family noticed significantly more memory and attention span problems

Marijuana dependence in youth has predicted a decrease in IQ.

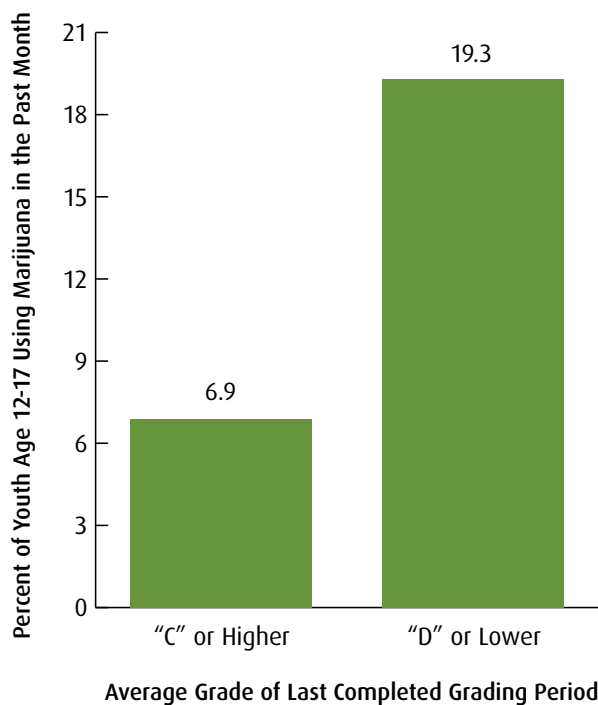
IS MARIJUANA USE LINKED TO ADOLESCENT PROBLEM BEHAVIOR?

Research may indicate that frequency of marijuana use is associated with problem behaviors among youths. In 2002 the National Survey of Drug Use and Health found that the percentages of 12-17 year olds engaging in problem behaviors was higher among past year marijuana users than non-users^{xxv}. Almost 21% had a serious fight at school or work, and 16% participated in a group-against-group fight. For all problem behaviors researched, the percent of youth associated with the behavior increased with frequency of past year marijuana use.

Recent studies also show a correlation between marijuana use and school performance.

STUDENTS WITH AN AVERAGE GRADE OF "D" OR LOWER REPORT SIGNIFICANTLY HIGHER RATES OF CURRENT MARIJUANA USE COMPARED TO THOSE WITH AN AVERAGE GRADE OF "C" OR HIGHER

...young adults age 18-23 who did not complete high school report significantly higher rates of current marijuana use.



Source: SAMHSA, 2009 National Survey on Drug Use and Health: Special data tabulation (September 2010)

Additionally, young adults ages 18-23 who did not complete high school report significantly higher rates of current marijuana use compared with those who finished high school^{xxvi}.

WHAT IS THE LEGAL CONTEXT FOR MARIJUANA USE IN CALIFORNIA?

Despite California state laws intended to decriminalize simple possession of an ounce or less of marijuana, and to allow it for specific medicinal uses, the federal Controlled Substances Act continues to regard marijuana as an illegal substance. However, the US Department of Justice recently announced that prosecution efforts have been reprioritized, and that states enacting laws authorizing marijuana (presently Colorado and Washington) will be allowed to establish their own “strong and state-based” regulations. The changing legal and political landscape makes a review of surrounding history worthwhile.

In 1996, the voters of California approved Proposition 215, an initiative also known as the Compassionate Use Act. It was intended to protect critically ill patients and their “primary caregivers” from prosecution for the cultivation and personal possession of marijuana and to ensure that “seriously ill Californians” have the right to obtain and use marijuana when deemed appropriate by a physician. It also encouraged federal and state governments to implement plans providing for safe and affordable cannabis to patients in need.

California Senate Bill 420 established the Medical Marijuana Program Act (MMPA) in 2004, requiring the California Department of Public Health to develop a voluntary registration program for qualified medical patients and their primary caregivers through statewide registration and identification cards. ID cards are meant to assist law enforcement in verifying allowable possession and cultivation, and all counties are expected to participate and recognize qualified patients and primary caregivers. Originally passed with restrictions on quantities, the limits were declared unconstitutional in January, 2010. Technically, a person may now have as much marijuana as their doctor recommends. Additionally, SB 420 allows for collective cultivation and says that counties and cities should adopt regulations to support the MMPA guidelines. The federal government announced in March 2009 that it would no longer prosecute state-compliant medical marijuana use, however non-medical use continues to be prohibited.

On October 1, 2010, Governor Schwarzenegger signed California Senate Bill 1449 to decriminalize simple possession of marijuana. Now in effect, the penalty for possession of an ounce or less has been reduced from a misdemeanor to an infraction, with a maximum punishment of a \$100 fine. This may be the most tolerant approach in the United States, considered comparable to a traffic ticket.

The November 2010 ballot gave California voters a chance to weigh in on Proposition 19, *The Regulate, Control and Tax Cannabis Act*. The initiative was intended to legalize marijuana and authorize local governments to independently regulate marijuana and impose associated fees and taxes. The California State Association of Counties agreed with a general opinion that the Act was “loosely drafted, leaving a great deal open for interpretation and legal review.” Proposition 19 failed 53.6% to 46.4% in the State, while Ventura County voters said “No” at a slightly higher rate of 55% to 45%. Disappointed proponents of legalized marijuana say the campaign helped educate the public, and strategists promise new marijuana ballot initiatives in November 2014 and 2016.

Since it is illegal under federal law, schools that allow marijuana on campus may be at risk of losing federal funds under the Drug Free Schools Act.

WHAT ARE THE LOCAL MARIJUANA ARREST DATA?

Ventura County Sheriff’s Office (VCSO) reports marijuana-related arrests for 2004-2012, as follows^{xxvii}.

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Cultivation	7	16	17	17	17	24	40	34	12
All Possession	379	463	648	643	650	646	649	335	298
Transportation	30	29	46	56	32	42	23	38	34

Adults commit most marijuana violations but juvenile arrestees (under 18) almost doubled from 139 in 2005 to 273 in 2010. On January 1, 2011, under Senate Bill 1449, California legislation reduced simple possession of up to one ounce of marijuana to an infraction punishable by a fine of not more than \$100. Marijuana possession on a school campus remains a misdemeanor.

Marijuana possession on a school campus is a misdemeanor.

VCSO ADULT AND JUVENILE MARIJUANA-RELATED ARRESTS



The eradication of outdoor marijuana plantations not associated with legal medical marijuana cultivation has been a priority for VCSO. In a two-week period in September 2013, the Sheriff’s Narcotic Unit and Mountain Marijuana Eradication Team eradicated two large marijuana cultivations in the Los Padres National Forest. The marijuana plants were up to 8 feet tall and heavily budded. Because of the size and quantity of the marijuana plants, a full-size stake bed was required to transport the confiscated drugs for destruction. The combined seizure of these two illegal marijuana cultivations was over 3 tons^{xxviii}. These remote gardens, and others like them, are located near popular hiking and recreation areas and create a danger for the public. Illegal operations are often booby-trapped and hired lookouts tending the crops are often armed with high-caliber rifles. Although a lot of progress has been made, eradication of illegal marijuana plantations remains part of an ongoing law enforcement effort.

WHAT ARE THE ENVIRONMENTAL IMPACTS OF OUTDOOR MARIJUANA CULTIVATION?

Large outdoor marijuana operations, often located in forested areas, are hazardous to the environment and create a danger to the public. In addition to large amounts of fertilizers and vitamins, large-scale growers use pesticides, herbicides and animal poisons, which are damaging to surrounding plants and animals. Many of these chemicals are illegal in the United States and have a prolonged effect on the water and soil. The Ventura County Sheriff's Office partners with the U.S. Forest Service, local law enforcement agencies and the state Department of Fish and Game to eradicate marijuana fields.



Natural water sources are frequently polluted and can be diverted for illegal marijuana farms.



Marijuana grower campsites are often littered with trash, spoiled food and human waste.



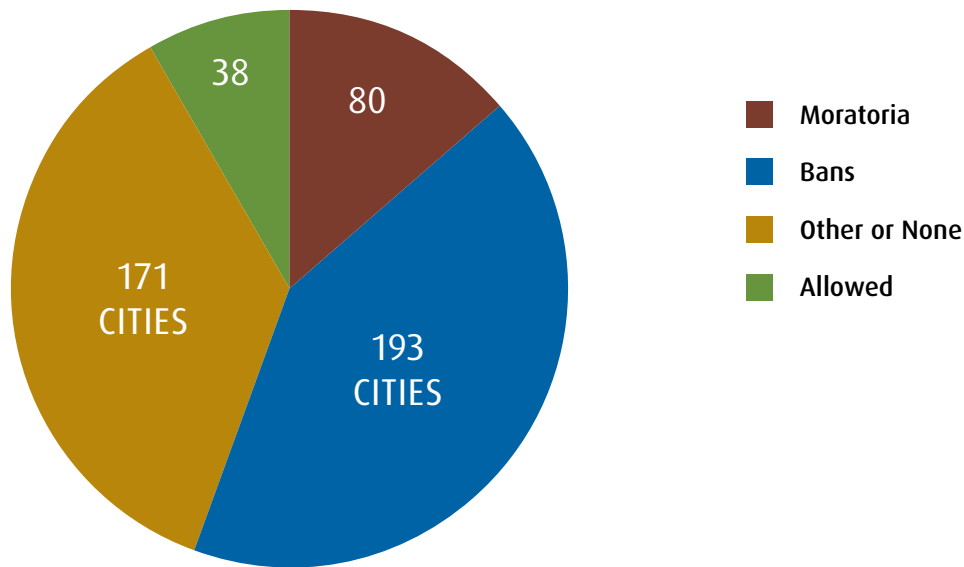
Clear-cutting of natural vegetation to make room for marijuana crops causes erosion damage that may take decades to restore.

Photos courtesy of Ventura County Sheriff's Office

WHAT CAN CITIES DO?

Marijuana policy in California thus far has primarily been focused on medical marijuana collectives and cooperatives, sometimes also known as dispensaries^{xxix}. As of 2011, local marijuana dispensaries across the state included approximately 80 cities with dispensary moratoria, 10 counties with moratoria, at least 193 cities with bans and 9 counties with bans^{xxx}.

MARIJUANA DISPENSARY POLICIES IN CALIFORNIA CITIES^{xxxi}



The issue of medical marijuana is gradually finding its way to city halls in the County of Ventura as potential activities of cultivation, transportation, increased recreational use and dispensaries may impact the quality of life for local communities.

The basic power for cities to regulate marijuana activities is their police power. This allows cities to make and enforce regulations and ordinances not in conflict with general laws. Additionally, a city may enact zoning and other ordinances that reflect their agency's individual characteristics and needs. In other words, local officials are in a position to solve local problems in response to their communities needs and within legal guidelines.

The California Supreme Court recently upheld the right of local jurisdictions to ban medical marijuana dispensaries. Justice Marvin R. Baxter wrote.

"While some counties and cities might consider themselves well suited to accommodating medical marijuana dispensaries, conditions in other communities might lead to the reasonable decision that such facilities within their borders, even if carefully sited, well managed, and closely monitored, would present unacceptable local risks and burdens."

The California Supreme Court recently upheld the right of local jurisdictions to ban medical marijuana dispensaries.

WHAT ARE POSSIBLE LOCAL GOVERNMENT RESPONSES?

Beyond bans and moratoria, included in a city's possible provisions to regulate medical marijuana dispensaries may be:

- Requiring a business license
- Allowing/disallowing permitted uses by zone
- Requiring distances from sensitive area such as schools
- Permits requiring staff background checks and security plans
- Limiting hours of operation
- Restricting amount of marijuana and food items on premises
- Banning paraphernalia in dispensary and other retail outlets
- Limiting sales to city residents only
- Take no action and acknowledge illegality under federal law

Regardless of how the state and federal governments handle the ongoing legal issues of medical and nonmedical marijuana, cities will be in the position of trying to balance land use issues with community values and the needs of their constituents.

DEFINITIONS OF LOCAL POLICY APPROACHES

BAN: An official or legal prohibition

BUSINESS LICENSE: A permit to allow and regulate the operation of local businesses

LAND USE: The way in which a parcel of land is used or occupied

MORATORIUM: A legal delay or suspension of an activity

ORDINANCE: A law or regulation adopted by a jurisdiction

PERMITTED USE: A land use allowed in a zone subject to the restrictions

POLICY: A specific rule or course of action to achieve a community's goals

PROHIBITED: Excluded or forbidden by law

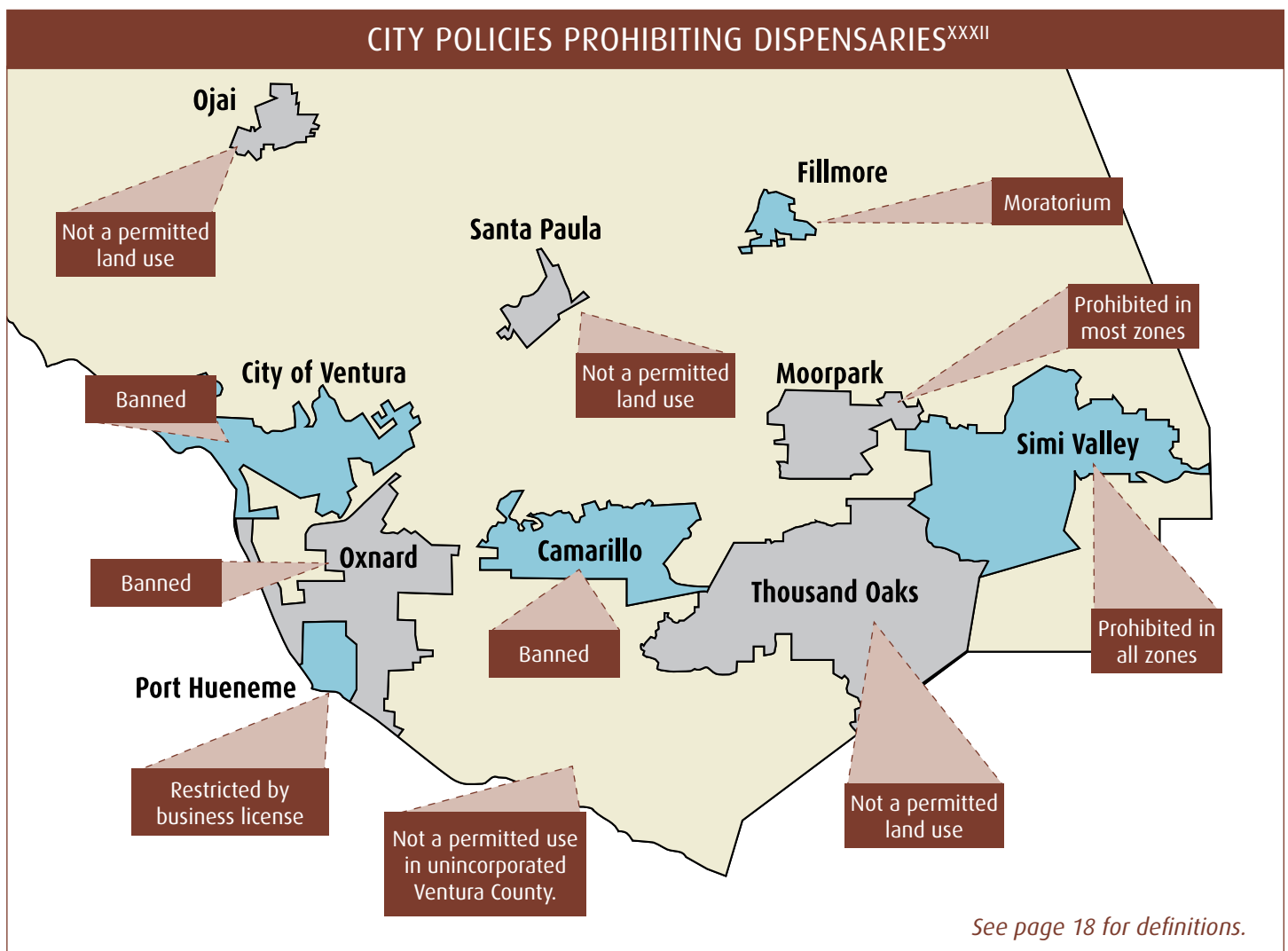
RESTRICTION: A limitation placed on the use and occupation of a property

ZONING: A regulation and restriction of land use within the jurisdiction

HOW ARE VENTURA COUNTY CITIES RESPONDING?

At the time of publication of this report, no medical marijuana dispensaries operate legally, with a business license, in Ventura County. Additionally, marijuana delivery services have been discouraged and sometimes prosecuted for failing to maintain non-profit status or adhering to “primary caregiver” requirements. The development of land use regulations to permit medical marijuana collectives and cooperatives would be time-consuming and expensive for local cities, while implementation and regulatory compliance would be an extraordinary challenge. Regardless of the outcome of citizen initiatives, Ventura County cities have thus far taken similar approaches to limit marijuana dispensaries.

...no medical marijuana dispensaries operate legally... in Ventura County.



CONCLUSION: WHAT LIES AHEAD FOR VENTURA COUNTY?

State and local government regulation of marijuana – medical and nonmedical – is an ongoing topic of debate in Ventura County; meanwhile, it remains an illicit substance, with criminal penalties related to its use. As the debate continues on legal and political fronts, it is important to focus on the fact that marijuana is a habit-forming, psychoactive intoxicant with quality of life consequences for citizens and communities. It is unlikely that estimated costs of health, education and public safety impacts will be adequately offset by possible regulatory and tax structures. The RAND Drug Policy Research Center concludes, *There is considerable uncertainty about the impact that legalizing marijuana in California will have on public budgets and consumption, with even minor changes in assumptions leading to major differences in outcomes^{xxxiii}*. There are likely to be complications and unintended consequences as access to cannabis and attitudes about its use shift, and local agencies try to maintain the balance with responsive policy and programs.

Regardless of future ballot initiatives and potential legalization, the impacts surrounding the cultivation, transportation, sale and use of marijuana present challenges that are complicated and far-reaching. Engaging local stakeholders and experts to strategically advance public health and safety measures should begin even as these issues play out.

ACKNOWLEDGMENTS

This collaborative report would not have been possible without the support of the Ventura County Health Care Agency and, especially, the leadership of Behavioral Health Director Meloney Roy. Sincere appreciation is also due to Alcohol & Drug Programs Division Manager, Patrick Zarate, for generous direction and advice to the project. Finally, thanks to the many County individuals and groups who energetically shared data and information on the local issues of marijuana in Ventura County.

ENDNOTES

- ⁱ Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA), 2013.
- ⁱⁱ National Institute on Drug Abuse (NIDA), *Marijuana Facts for Teens*, March 2011.
- ⁱⁱⁱ Ventura County Sheriff's Office (VCSO) estimates, 2013.
- ^{iv} Weedmaps.com (medical marijuana dispensary location website)
- ^v University of Mississippi, National Center for Natural Products Research, *Potency Monitoring Project Quarterly Report 115*, December 2011.
- ^{vi} Rae Hanstad Consulting (RHC) law enforcement and key stakeholder interviews, 2013.
- ^{vii} NIDA, *DrugFacts: Marijuana*, 2012.
- ^{viii} Office of National Drug Control Policy (ONDCP), *Marijuana: Know the Facts*, April 2012.
- ^{viix} NIDA, *Research Report Series: Marijuana Abuse*, July 2012.
- ^x NIDA *DrugFacts: Nationwide Trends*, December 2012.
- ^{xi} NIDA, *Research Report Series: Marijuana Abuse*, July 2012.
- ^{xii} New York Times, *Marijuana is Gateway for Two Debates*, July 19, 2009.
- ^{xiii} NIDA *DrugFacts: Nationwide Trends*, December 2012.
- ^{xiv} RAND Drug Policy Research Center, *Altered State? Assessing How Marijuana Legalization in California Could Influence Marijuana consumption and Public Budgets*, 2010.
- ^{xv} *Ibid.*
- ^{xvi} National Cancer Institute at National Institutes of Health, *Cannabis and Cannabinoids (PDQ)*, cancer.gov, 2013.
- ^{xvii} McGill University, *Research Demonstrates Benefits of Medical Marijuana as a Treatment for Chronic Pain*, MUHC.ca, September 2010.
- ^{xviii} SAMHSA, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, 2013.
- ^{xix} Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (August 29, 2013). *The CBHSQ Report: A Day in the Life of American Adolescents: Substance Use Facts Update*. Rockville, MD.
- ^{xx} SAMHSA, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, 2013.
- ^{xxi} The National Survey on Drug Use and Health (NSDUH) Report, *Trends in Adolescent Substance Use and Perception of Risk from Substance Use*, January 2013.

- ^{xxiii} California Healthy Kids Survey, California Department of Education (Safe and Healthy Kids Program Office) and WestEd (Health and Human Development Department), 2004-2012.
- ^{xxiii} Meier MH et al. *Persistent cannabis users show neuropsychological decline from childhood to midlife*. Proc. Natl. Acad. Sci. USA, 2012 Aug. 27; presented by Christian Thurstone, MD, September 2012.
- ^{xxiv} SAMHSA, NSDUH, *Marijuana Use and Delinquent Behaviors Among Youths*, 2004.
- ^{xxv} SAMHSA, NSDUH Survey, 2009
- ^{xxvi} VCSO, 2013
- ^{xxvii} VCSO Media Release, August 27 and September 10, 2013.
- ^{xxviii} League of California Cities, *City Advocate Weekly*, July 23 2010.
- ^{xxix} Office of National Drug Control Policy, 2009.
- ^{xxx} Coalition for a Drug Free California, *California City and County Listing of Illegal Storefront Ordinances*, May 2010.
- ^{xxxi} Based on telephone, email and online interviews by RHC, September 2010.
- ^{xxxii} RAND Fact Sheet, *How Might Marijuana Legalization in California Affect Public Budgets and Marijuana Consumption?*, 2010.

With appreciation to James F. Mosher, JD, Alcohol Policy Consultations, for technical, legal and content assistance.



VENTURA COUNTY
BEHAVIORAL HEALTH
ALCOHOL & DRUG PROGRAMS

For more information:
www.venturacountylimits.org
805-981-6831