

MEMORANDUM

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
1855 Placer Street, Redding, CA 96001

Environmental Health
Suite 201
225-5787

Administration
Suite 200
225-5789


Air Quality Management
Suite 101
225-5674

Planning Division
Suite 103
225-5532

Community Education Section
Suite 200
225-5789

Building Division
Suite 102
225-5761

TO: Richard L Franks, Chairman and Members of the Planning Commission

FROM: Richard Simon, AICP, Assistant Director of Resource Management 

DATE: October 13, 2011

SUBJECT: **R3 MEDICAL MARIJUANA DISPENSARIES AND CULTIVATION ORDINANCES**

Based on further input from County Departments and other agencies, and in light of recent legal developments, revisions have been made to the proposed ordinances for Medical Marijuana Dispensaries and Medical Marijuana Cultivation that were distributed in the Planning Commissioners' packets. The revisions further clarify and support the intent and of the ordinances. Two copies of each ordinance are attached—a "clean" copy including the changes, and a "track changes" copy showing where and how the original text was revised.

Also attached are additional letters of concern received by the Planning Division after the Planning Commission Packets were distributed.

RS/dd



Partners For A Drug-Free Community
SHASTA COUNTY CHEMICAL PEOPLE

PARTNERS FOR A DRUG-FREE COMMUNITY
SHASTA COUNTY CHEMICAL PEOPLE, INC
PO BOX 493777 ~ REDDING, CA 96049
(530) 241-5958 ~ FAX (530) 247-0915
www.chemicalpeople.org

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Sober Graduation

Youth Conferences

October 10, 2011

Shasta County Planning Commission
Lisa Lozier, Senior Planner
1855 Placer Street
Redding, CA 96001

RE: October 13, 2011 Planning Commission Meeting

Ms. Lozier,

Please find enclosed three (3) open time remarks for the upcoming Planning Commission Meeting. All three statements are related to R3: Zone Amendment 09-011 & Zone Amendment 09-011 (Shasta County) and we would like to address the Commission during that agenda item.

We also request that the Planning Commission members receive copies of the statements prior to the meeting.

Thank you for your attention to this matter, and if you have any questions, I can be reached through the contact information above.

Sincerely,

Betty Cunningham,
Executive Director



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Victim Awareness Program

Youth Education Classes

Youth Conferences

My name is Cindy Diezsi and I am program manager for the Shasta County Chemical People.

Proponents of medical marijuana use often argue it will do everything from fixing our economy to ending violent crime. Yet the science is clear: Marijuana is not a benign drug and it is harmful to public health and safety.

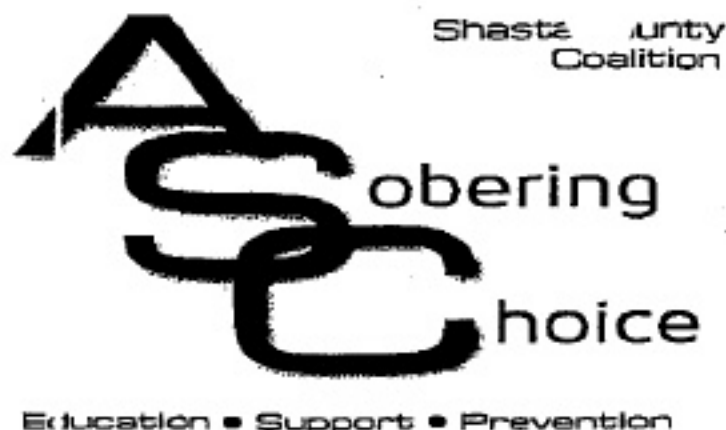
As an adult who works in an organization dedicated to working with youth, I am concerned that young people are buying the lie that if marijuana is medicine, it must be safe for recreational use. It is not. It is a powerful, dangerous drug. The THC is much more potent than it was even a generation ago and there are over 400 other chemicals in marijuana that haven't been closely studied.

Many myths abound. **Some people say that marijuana has never killed anyone.** There have been numerous cases of fatal car crashes and accidents caused by someone under the influence of marijuana. **Another myth is that marijuana is harmless.** In fact, marijuana contributes to dependence, mental illness, lung obstruction, memory loss, motor skill disruption and other harms. ER admissions for marijuana-related illness (psychotic episodes, etc.) exceed those of heroin. Smoking marijuana is at least as harmful as smoking cigarettes, and we already know how dangerous tobacco is to health. Have you heard people say, **"It's just a plant; it's natural"**? Many harmful, even lethal, substances are derived from plants – cocaine, heroin, and tobacco, to name a few. How about, **"It's not addictive"**? More youth enter drug treatment for marijuana than for all other illicit drugs combined. A very popular myth is, **"Marijuana makes you mellow."** This isn't always true. Marijuana use is associated with violent behavior. Youth who use marijuana weekly are four times more likely to engage in violent behavior than those who don't. With our current economic situation, **we are told that taxing marijuana will provide much-needed revenue.** In light of recent federal information, cities and counties that benefit from permit fees and tax revenues are in violation of federal law. And, unfortunately, even if there were tax revenue, it would not account for the additional public health concerns and costs, such as cancer risks due to smoke inhalation or increased mental illness due to prolonged use. Another commonly heard myth is, **"There are no long-term ill effects from using marijuana."** In fact, inhaling the smoke into the lungs deposits about four times more tar than one filtered tobacco cigarette. Second-hand smoke is also harmful. Ingesting marijuana in food may take longer for the effects to be felt, but the results are more intense. Marijuana use can lead to increased anxiety, panic attacks, depression, social withdrawal, and other mental health problems, particularly for teens. Research shows that youth aged 12-17 who smoke marijuana weekly are three times more likely than nonusers to have suicidal thoughts. Marijuana use also can cause cognitive impairment, to include such short-term effects as distorted perception, memory loss, and trouble with thinking and problem solving. For young people whose brains are still developing, these effects are particularly problematic and jeopardize their ability to achieve their full potential.

I must ask myself, would dispensaries/collectives make Shasta County healthier or safer? My answer is a resounding, "No." I believe additional dispensaries/collectives would be disastrous to public health policy, because they would increase availability and increase the use of a substance that we know to be harmful. High school youth in our county already report marijuana use above the state level. They are telling us that marijuana is easier to obtain than alcohol or tobacco. We who work in the area of drug use prevention and youth have our work cut out for us. Please do not decide to make marijuana even easier to obtain. Thank you.

Sincerely,

Cindy Diezsi
Cindy Diezsi



A Sobering Choice is a community-based youth and adult led coalition dedicated to reducing the incidents of driving under the influence of alcohol and other drugs among the youth and adults of Shasta County.

Shasta County Planning Commission Meeting
October 13, 2011 @ 2:00pm

Commissioners, Ladies, and Gentlemen, my name is Cathy Grindstaff, I am the Project Director for A Sobering Choice Coalition and I am here representing our coalition and members of the community in regards to consideration of the zone amendments 09-010, Medical Marijuana Dispensaries and/or Collectives. We believe these establishments should continued to be banned and not allowed within our un-incorporated areas of Shasta County.

Very recent events only provided us with the information that these types of establishments have in fact increased violence in their areas including but not limited to: robberies, some involving weapons, crime, increased calls to law enforcement which in turn increases our costs for police protection. It is a known fact that if we allow an increase in the availability of Marijuana this will lead to an increase in consumption which in turn will lead to an increase in Marijuana related problems.

Dispensaries/Collectives create risks. Public safety, public nuisances (including loitering, illegal drug sales nearby and vandalism), the need for increased Police resources and the unregulated availability of marijuana should give credence to the need that we need to ban these outlets.

Recently a Superior Court sides with Anaheim in lawsuit over medical marijuana ban. In a case that has been in the courts for four years, a Superior Court judge in Orange County decided that Anaheim's ban on dispensaries does not violate state law. We think this is going to encourage cities and counties that have been sitting on the sidelines to join with the majority of California cities and counties in banning dispensaries/collectives.

In a more recent case, a State Court of Appeal has ruled that Long Beach's ordinance regulating dispensaries violates federal law. They were basically put in the position of authorizing the distribution of marijuana in direct conflict with the federal Controlled Substances Act. Marijuana use remains illegal under California law except for medical purposes. Robert E. Shannon, the Long Beach city attorney stated, "The most logical thing to do is to ban that which we cannot regulate and permit."

P.O. Box 493777, Redding, CA 96049
Phone (530) 241-5958 • www.asoberingchoice.org



Shasta County
Coalition

A Sobering Choice is a community-based youth and adult led coalition dedicated to reducing the incidents of driving under the influence of alcohol and other drugs among the youth and adults of Shasta County.

Education • Support • Prevention

Governor Brown recently signed Assembly Bill 1300, which specifically reinforces the right of local jurisdictions to adopt ordinances that regulate:

- Location, operation, or establishment of a medical marijuana dispensary/collective.
- Civil and criminal enforcement of local ordinances described in subdivision.
- Other laws in support.

With the growing confusion and uncertainty, the additional costs for enforcement and all other stated concerns, it seems that the only answer to all of these issues would be to ban all dispensaries in Shasta County.

It is within our rights in Shasta County to ban these dispensaries/collectives and we ask that you continue your ban on these establishments.

I leave you with this question; Do we really need additional Dispensaries/Collectives in our county when we already have 17+/- serving over 40,000 recommendation holders?

Respectfully,

Cathy Grindstaff
Project Director
A Sobering Choice



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October 13, 2011

Shasta County Planning Commission

Commissioners: Dick Franks District 2, David Rutledge District 1, John Cornelius District 3, Roy Ramsey District 4, Darren Simmons District 5

Re: Medical Marijuana

My name is Betty Cunningham, and I am the Executive Director of Shasta County Chemical People, and a Volunteer for A Sobering Choice. I would like to address the Commission regarding the issue of medical marijuana cultivation.

As well as the ban on dispensaries, my fervent desire would be for you to ban the cultivation of marijuana in the unincorporated areas of Shasta County. Because the federal government has now decided to weigh in, it seems safer to ban what we cannot effectively regulate. Case in point, we only have to look at the City of Redding for the wrong approach.

Take the case of James Benno: August 2011 -- James Benno had a healthy crop of marijuana plants growing in his south Redding backyard. He had 36 plants ranging from 9-14 feet tall and covering 960 square feet of his yard. Mr. Benno was violating three city ordinances -- the area he was cultivating was too large, his plants were too tall, and his plants were too close to his neighbor.

Multiply Mr. Benno's situation by 100s and you have a safety and nuisance factor and a code enforcement nightmare. The foul odor produced by cultivation in neighborhoods is so appalling it impregnates cars, homes and even clothing. More importantly is the increase in DUI due to marijuana use, robberies, assaults, and violence. Regulations and unenforceable ordinances only adds fuel to the fire. Our law enforcement resources are already stretched too thin. For example:

In the month of August Shasta County sheriff's deputies investigate a second medical marijuana grow-related shooting in as many days and a City of Redding resident suffered a wound to his back during a gunfight with a robber who tried to steal his medical marijuana crop. Also in August a Burney man reported that he was felon and was going to protect his grow with a bow and arrow and was disappointed that law enforcement could not protect his crop.

Unregulated marijuana cultivation leads to over production which leads to increased availability and access and increased marijuana consumption, especially by the youth of our county. The big question is -- What happens to the excess marijuana grown by patients and/or care givers?



Without strict regulations, medical marijuana can be cultivated unchecked by patients or care givers producing about 30 pounds of marijuana per patient per year.

Do the math:

- 30 lbs. of processed marijuana per patient annually
- 05 lbs. maximum used by the patient for personal use per year
- 10 lbs. deposited (share, transferred) to a co-op per year
- 15 lbs. left per year to hit the streets

The excess 15 pounds of marijuana is sold out the back door or has become part of the new bartering system that has "cropped" up, trading for other products or services. In exchange for marijuana all sorts of things are being traded – goods and services (well digging, straw/hay, farmers' market produce, even independent pizza places – known as Pizza for Pot. This glut on the market creates a dangerous degree of availability that just makes it that much easier, more accessible, and more normalized for our young people. High school students are telling us it is easier to get marijuana than alcohol or tobacco.

If you do not ban cultivation, I request that you consider the following recommendations to be included in a marijuana cultivation ordinance:

- 1) Prohibit cultivation inside any single family dwelling (home or apartment). All marijuana cultivation and processing should be in a separate outside building, be limited to no more than 50 square feet, follow all county permit and code requirements and have adequate lighting and security measures. No marijuana grows should be within 1000 feet of any location where children congregate or play.
- 2) Only patients, who are residents of the parcel or their designated caregiver, should be allowed to cultivate. For the purposes of this recommendation primary caregiver means the individual designated by the qualified patient who has **consistently assumed responsibility for the housing, health, or safety of that person**. Not just their medical marijuana grower. Primary caregivers should be limited to two patients.
- 3) Follow the former Attorney General Jerry Brown's recommendation that qualified patients and caregivers may possess 8 ounces of medical marijuana, six mature plants, and 12 immature plants.
- 4) Medical marijuana should only be consumed by the qualified patient not allowed to be sold, given away or transferred.

The bottom line is that we have a medical marijuana law that was ill conceived, poorly implemented and supervised. We have medical marijuana users who want all the rights to cultivate, transport, use, and distribute marijuana as a medicine without the guidelines and safety nets for the patient or the community. This is the only "medicine" in the US that is not FDA approved and has undergone absolutely no testing. Our county leaders and policy makers have the right -- no the responsibility and the obligation -- to take a stand and ban medical marijuana cultivation or establish tight regulations to protect the health and safety of their citizens. The most logical and legal course of action is to ban marijuana cultivation altogether, because not doing so may put the county in the position of being in direct conflict with the federal Controlled Substances Act?

Sincerely,



Betty Cunningham, Executive Director

10/05/2011

RE: Approving Ordinance 17.88.320 regarding Medical Marijuana Cultivation

Dear Planning Commission:

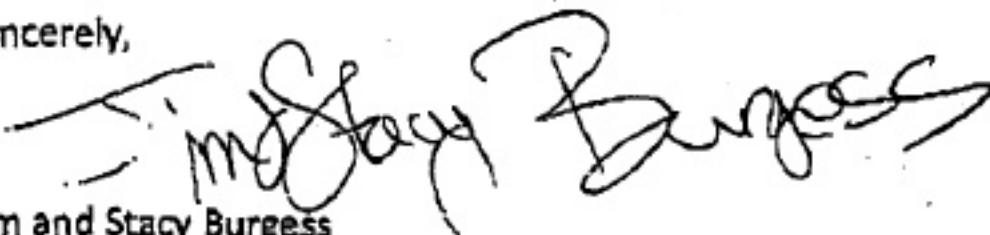
We would like to express our support for adding Section 17.88.320 to Zone Amendment 09-011. This amendment would set standards for medical marijuana cultivation in Shasta County.

It is of great concern to us the number of individuals growing medical marijuana within a small radius of our home and the number of plants that these individuals say they have a "recommendation" for. We by no means are directing our concern at the patients who are within the guidelines of this ordinance. We believe in the right to privacy when it comes to what people do on their own property. We also believe that if someone is genuinely ill that they should have the right to try whatever medical treatment they choose within the confines of what is legal and safe.

But, what we do have an issue with is the staggering amount of plants that many of these individuals have around our home and the inherent dangers and inconveniences that coincide with large backyard grows. We live off Boyle Road and our children attend North Cow Creek School. I have observed at least 3 homes where people are growing and have at a minimum of 30 and up to @90 plants within a 1 mile radius, one of them being directly across the street from our home and another being within approximately 500 feet of our children's school, North Cow Creek. This greatly concerns us. Our county does not have the "man power" to regulate and investigate these large backyard grows on a consistent basis. The danger associated with possible intruders stealing from these grows near our home and school is very concerning to us. The length to which these backyard growers go to (i.e. arming themselves and standing watch) to protect these grows also concerns us. Our home is in the direct line of fire if the neighbors across the street happened to protect their property from individuals trying to steal their marijuana crop. We believe in the right to bear arms and protect a person's life and home but unfortunately, these large backyard grows come with an inherent danger that COULD BE AVOIDED thus putting our children, ourselves and our neighbors at risk. In regards to the large crop across the street from North Cow Creek School it is frightening that our children could be in danger due to the completely visible, approximately 35, large marijuana plants growing within viewing distance of the playground.

From what I understand there are no County regulations that address medical marijuana cultivation in our county. We urge you to put in place this ordinance so that this crop and these grows can be more regulated thus keeping us and our children safer in our own community and still allowing for the reasonable use and cultivation the laws were originally put in place for.

Sincerely,



Jim and Stacy Burgess

Palo Cedro Residents and Parents of students at North Cow Creek School

To the Shasta County Planning Commission:

I am writing to voice my strong support for the proposed ordinance adding Section 17.88.320 to the Shasta County Code to establish development standards for "medical" marijuana cultivation. The ordinance appears to protect the rights of Shasta County citizens and property owners by placing reasonable restrictions on the cultivation of marijuana.

My only suggestion would be to clarify the term "public view" in Section D, Item 9: Cultivation Restrictions, which states: "All Marijuana cultivated Outdoors must be fully enclosed by a solid, sight obscuring Fence of a height sufficient to conceal the Marijuana from *public view* at all stages of growth. Should the Marijuana plant(s) grow higher than the Fence, either the plants shall be cut so as to not extend higher than such Fence, or the responsible party shall install a Fence in compliance with Section 17.84.030 of the Shasta County Code, sufficient to conceal the Marijuana plants from *public view*." In my opinion, the term "public view" is ambiguous, and should be clarified to include the view from neighboring residences and back yards. It should not be limited to "the public right-of-way or publicly traveled private roads", since many Shasta County residences are situated in such a way that the back yard growing area is not visible from a public road, but is completely visible from neighboring residences and back yards.

Many law-abiding citizens of Shasta County are fed up with the changes we've seen since the passage of Proposition 215 in 1996. It seems as though marijuana growing is the only business (and yes, it is a business) that can operate with no restrictions and no regard for adjoining property owners. It's time we take back our neighborhoods. To the marijuana growers among us who cry foul when restrictions are proposed, I say "what about my rights?" Now is the time to reverse the direction in which we're headed. This ordinance will benefit the vast majority of the citizens of Shasta County. Thank you for your consideration of my comments.

Cynthia Dunbar
15850 Texas Springs Road
Redding, CA 96001

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NOV 07 2011

COUNTY OF SHASTA
PERMIT COUNTER

Medical Marijuana Cultivation Response

I hope that this is seen as a fair and honest report on the reality of growing medical marijuana. I tried to be fair to all sides of this debate and these are the compromises I hope you will consider.

1. People who move into Shasta County must be a California resident for one year before they can cultivate their medical marijuana. This should stop the amount of people moving into the county just to cultivate medical marijuana.
2. Outdoor marijuana plants produce approximately 10 times the amount as indoor plants therefore; outdoor medical marijuana cultivation should stick to current Shasta county standards. The standard is 12 immature plants and 6 mature per recommendation. This would eliminate 99 plant recommendations being grown outdoors and used for profit.
3. Indoor medical marijuana cultivation should be 49 immature and 49 mature plants per recommendation. This would make it possible to grow enough medication to make through until the next harvest. Indoor plants grow to a much smaller size than outdoor plants, and the T.H.C. content is lower in indoor plants, which increases patient usage.
4. Proper permits must be obtained to set up indoor cultivation systems, (i.e.: electrical, plumbing, buildings). This would not only bring in needed revenue, but also eliminate dangerous situations and hazards that could be caused by improperly installed equipment.
5. Proper permits should also be obtained to use recreational vehicles as living quarters around gardens or Code enforcement should be used.
6. In sensitive areas,(i.e. churches, bus stops, daycares...) eight foot tall fencing with barbed wire top and locking mechanisms on the gates, along with being completely hidden from public view should suffice. If complaints arise, you could even add security systems. Instead of 1000ft. setback requirements.
7. If a garden exists in an area where a sensitive area is later created then the garden owner should then be made to install said fencing with said security measures.
8. If the plants outgrow the fencing they should be trimmed or the fencing should be raised so that no part of the plant is visible or noticeable. However, if a large fence is placed directly next to and all around a plant it will starve for sunlight and grow even taller and thinner, essentially ruining the plant. Therefore fencing should be allowed to be larger than the garden size by a ten foot perimeter.
9. Since one outdoor plant averages 33sqft, the growing standards should be increased to 200sqft per recommendation and amount of recommendations allowed per parcel should be regulated as follows:
Less than an acre – one recommendation

Medical Marijuana Cultivation Response

At least one acre but less than two acres – two recommendations
Two acres but less than twenty – four recommendations
Twenty or more acres– eight recommendations

10. To protect landlords there should be no penalties for having more than one garden on more than one property if separate taxes are paid for each parcel and separate recommendations for each garden are present. Example: One person owns five parcels and rents them to five different medical marijuana patients who all have a garden on their parcel. The landlord should not be held accountable in any way for those gardens, nor should those patients be prohibited from growing their medication.
11. Set backs from property lines should be the same as building code standards already are as long as the garden is completely hidden from public view, however if neighbors are all patients with gardens, and are in agreement, they should be allowed to group their gardens (back to back on the property lines) for security purposes.
12. There are ways to mask the smell of marijuana during the 2 month long flowering season, like growing pleasant smelling flowering plants, such as garden phlox, sage, lavender, rose and many others that all bloom during the same season as marijuana. If a complaint arises the patient should have to take measures to mask or eliminate the smell.

In conclusion, this is a medication that is needed by some and abused by others and it is your job to come to a conclusion that is satisfactory for all. I hope I was able to shed some light on the actual needs of the patient and give you some ideas on fair compromises for all. I am also hopeful that if these ideas are not up to your standards or if you need any more information, you will feel free to contact me.

Sincerely,

Matthew Arnerich

Hello and good afternoon,

My name is Matthew Arnerich and I've been a medical marijuana patient since 1998. I am here to oppose your medical marijuana cultivation ordinance. My wife and I currently own 5 separate parcels of land, all with residences on them, and according to this ordinance we cannot cultivate our medication on any of these parcels without being in violation. This new ordinance has slick wording and thorough land coverage. With an area of a ½ mile around each "sensitive" area makes it virtually impossible to grow anywhere close to civilization. If you add up the square miles of restrictions this ordinance has set, then realize that 80% of the population lives within this restricted area, you've left nowhere for the patient's to cultivate there medication.

There are no facts supplied to determine what an average medical marijuana patient even requires to alleviate their specific ailment, so how can there be a determination of what the patient's should grow. I am more than willing to help supply honest and fair information on the reality of growing marijuana, however, to my knowledge, no one has asked the patient what it takes to grow these plants, the size of the average plant, or even how much they need to last until next harvest. We should try to find a compromise, rather than deny those who can really benefit from medical marijuana.

These ordinances have suggested very inadequate garden sizes for patient's to try to cultivate their medication. Indoor plants grow much smaller and produce less T.H.C. in the product so they should be allowed to have more plants in a smaller area. However, outdoor plants grow very large (approximately an average of 33sqft. per plant) and grow even larger when strained for light. That is why outdoor gardens should be at least 200sqft. per recommendation, and the fencing to these gardens to be set off the garden by 10 ft. all the way around to keep the fencing from blocking the sunlight. If you want to keep the garden size down then limit the amount of recommendations allowed depending on parcel size, and keep the 6 mature and 12 immature plants that are currently allowed for outdoor cultivation.

As far as patient usage of medical marijuana, there are different way's to administer your medication, each of which has different dosage requirements. For instance I grow outdoors and smoke my medication daily, I consume around a ½ ounce per day, times 30 days in a month, which comes out to 15 ounces per month, times 12 month's in a year, this figure reaches nearly 12 pounds for my yearly harvest of my 6 plants. This means I need to average 2 lbs. per plant. You cannot achieve this unless your garden size is adequate enough. Now some patient's vaporize their medication which takes a different dosage then to someone who decides to take their medication orally which is the safest way, but usage is considerably more than any other way to medicate. There are also many variables when you grow medical marijuana including weather, pest, male plants, improper soil PH, watering issue's, buying stunted clones, and a host of other problems. I have cultivated every year since 1998 and have never grown more than I could use.

The cost of trying to pay for this medication through a local collective would be extremely costly to the patient, in my case it would be over 100 dollars a day in cash. Most patients live on a fixed income already, usually disability, and this large of an expense would keep them from using the medication they need. Then they turn to medications that are covered by their health insurance like narcotics, which could be

more dangerous. If medical marijuana was treated as a normal prescription it would be given out by pharmacies, which would turn it into health insurance companies, who would make sure they had the proper documentation of the patient's illness before they would pay the claim. This would solve a lot of issues, if not all of them. Since medical marijuana is a recommendation and not considered a prescription it is not a covered medication by any insurance. This is the main reason why medical marijuana patients need to be able to grow their medication. By growing their medication themselves they are able to afford to take the proper dosage of their medication.

Although Prop 215 is not recognized by the federal government, the state of California and Shasta County should put into place an ordinance that can be fair to the majority of the medical marijuana patients. The current proposal did not take enough input from patients and patients that grow alike. I do believe that some form of regulations need to be put into place, to reduce any nuisances and crime, but not to the detriment of the patient. I believe that the council is fair and will take my suggestions into serious consideration. Thank you for taking the time to allow me to address the panel and I hope that I have been able to demonstrate the current needs of patients in order for the county to move forward in a more reasonable manner. Again thank you for your time.

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NOV 03 2011
COUNTY CLERK
SHASTA COUNTY

Matt Arnerich
530-262-8176

I have worked in the medical field for nearly 10 years now and have worked closely with chronic pain patients. I have seen many different patients try many different things to alleviate their pain, usually with the same outcome, either still in debilitating pain, or overusing their medication. The overuse of these types of medications can be very dangerous. I know of a patient who drove to my clinic, then passed out in the waiting room from being too high on prescription narcotics. Imagine if you or your children were out there driving at the same time as he is. Patients have a hard time functioning normally when taking prescription pain medications and they are easily abused.

In my opinion, medicinal marijuana is the solution to most patient's pain relief. I have seen patients go from taking so many prescription medications that they cannot even communicate with others on a regular basis, to only taking a few. In some cases they stop taking them all together and use only the medicinal marijuana. This is such a positive outcome I am surprised that medicinal marijuana isn't treated much differently. I believe if the medical community could agree on what this medication is truly indicated for, then collected the proper documentation from the patient proving the patient has the illness before they give a medicinal marijuana recommendation, it will cut down on all the abuse of this medication, and also most of the complaints this ordinance is attempting to address.

One of the few complaints that wouldn't be solved by stricter recommendations is the odor of the plants for the two months that they flower. There are numerous plants that will have a masking effect at the same time of year as the medicinal marijuana blooms, such as, lavender, sage, garden phlox, and many others. Patients should be required to plant other strong smelling plants around their garden. Also if the gardens are restricted to one recommendation per parcel there will be fewer plants, which will mean less smell.

Another point I would like to touch on is the security of these gardens. The efforts a patient has to go through currently to protect their medication is borderline ridiculous and dangerous. With that said, the ordinance should account for cost in enforcing the correct security measures. Large fencing, locking mechanisms, and additional bushes or flowers should be sufficient enough to reduce crime and smell. The added security measures should be enforced in order to keep tempted and vulnerable eyes from looking.

I understand this is a difficult situation for all but with a little more effort put forward on all sides we should be able to come to an acceptable compromise. Research should be done before any ordinance is put on the table. All options should be expired before the patients rights are taken away. Thank you for your time and the opportunity to address this issue.

Sincerely,
Concerned Voter

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NOV 03 2011

COUNTY OF MASSA
REC'D COUNCIL

Today I am here to stand up for my rights as a patient of Prop 215. I have used prescription medications to try to elevate my chronic medical issues and found it caused me to have side effects of a seriously negative nature. I became lethargic and unable to cope with life on a day to day basis. I was also seriously addicted to them in a short amount of time. I did not like what it made me become and when I quit taking them I became very ill, physically and mentally. I was told I had a choice of being in a crippling medical condition that hindered my life, or being on medications that hindered my life.

Then I was introduced to medicinal marijuana. I am able to cope with my medical illness without being drugged out of my mind. I can sleep at night without being troubled by my issues. I no longer need the prescription medications. I use approximately 12 pounds a year and grow it myself in Shasta County. I am a registered voter and voted for prop 215, as did the majority of Shasta county voters. I would hope that patients, like me, are being considered when these ordinances are being made. However, I believe that not enough information has been collected in regards to the reality of growing and using medical marijuana.

I do not believe that the county has taken into consideration the increased cost per patient with the current proposed ordinance. As a patient, if I was not able to grow medical marijuana, I could not afford to visit the dispensary to satisfy my current intake. I would then be forced to return to the prescription medication that my insurance will pay for, therefore, leaving me in a depressed mental and physical state and a constant strain on the already over strained Medical system.

I believe the system is fair and the appropriate compromise will be met. I don't believe this ordinance is that compromise and I believe there is a long way to go to get to a place where we will be satisfied. I do not want to see patients like me denied the use of medical marijuana based on increased cost or unreasonable constraints. However we must push ahead and try to reach an appropriate solution. Thank you for listening to me and taking my concerns under review.

Sincerely,
Medical Marijuana Patient

RECEIVED

NOV 03 2011