PLANNING COMMISSION AGENDA

REGULAR MEETING

Date: July 14, 2011

Time: 6:30 P.M.

COMMISSION MEMBERS

Chris Elvert, Chair

William A. Muller, Vice Chair

Bill Jensen, Commissioner

Julie Jensen, Commissioner

Paul Russ, Commissioner

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Dave Reno, Principal Planner

Jeff M. Malawy, Assistant City Attorney

CITY OF HESPERIA
9700 Seventh Avenue
Council Chambers
Hesperia, CA 92345
City Offices: (760) 947-1000

The Planning Commission, in its deliberation, may recommend actions other than those described in this agenda.

Any person affected by, or concerned regarding these proposals may submit written comments to the Planning Division before the Planning Commission hearing, or appear and be heard in support of, or in opposition to, these proposals at the time of the hearing. Any person interested in the proposal may contact the Planning Division at 9700 Seventh Avenue (City Hall), Hesperia, California, during normal business hours (7:30 a.m. to 5:30 p.m., Monday through Thursday, and 7:30 a.m. to 4:30 p.m. on Fridays) or call (760) 947-1200. The pertinent documents will be available for public inspection at the above address.

If you challenge these proposals, the related Negative Declaration and/or Resolution in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence delivered to the Planning Commission at, or prior to the public hearing.

compliance with the American with Disabilities Act, if you need special assistance to participate in this meeting, please contact Dave Reno, Principal Planner (760) 947-1200. Notification 48 hours prior to the meeting will enable the City to make reasonable arrangements to ensure accessibility to this meeting. [28 CFR 35.10235.104 ADA Title 11]

Documents produced by the City and distributed less than 72 hours prior to the meeting regarding any item on the Agenda will be made available in the Planning Division, located at 9700 Seventh Avenue during normal business hours or on the City's website.

JULY 14, 2011

AGENDA
HESPERIA PLANNING COMMISSION

Prior to action of the Planning Commission, any member of the audience will have the opportunity to address the legislative body on any item listed on the agenda, including those on the Consent Calendar. PLEASE SUBMIT A COMMENT CARD TO THE COMMISSION SECRETARY WITH THE AGENDA ITEM NUMBER NOTED.

CALL TO ORDER 6:30 p.m.

A. Pledge of Allegiance to the Flag
B. Invocation
C. Roll Call:

Chair Chris Elvert
Vice Chair William Muller
Commissioner Bill Jensen
Commissioner Julie Jensen
Commissioner Paul Russ

JOINT PUBLIC COMMENTS

Please complete a "Comment Card" and give it to the Commission Secretary. Comments are limited to three (3) minutes per individual. State your name and address for the record before making your presentation. This request is optional, but very helpful for the follow-up process.

Under the provisions of the Brown Act, the Commission is prohibited from taking action on oral requests. However, Members may respond briefly or refer the communication to staff. The Commission may also request the Commission Secretary to calendar an item related to your communication at a future meeting.

CONSENT CALENDAR

D. Approval of Minutes: June 9, 2011 Planning Commission Meeting Draft Minutes. -1-

PUBLIC HEARINGS

1. Consideration of Development Code Amendment DCA11-10103 regarding medical marijuana dispensaries (Applicant: West Coast Patients Group; Area affected: Citywide) (Staff Person: Lisette Sanchez-Mendoza) 1-1

2. Consideration of Development Code Amendment DCA11-10191, to amend the Residential Land Use District regulations. (Applicant: City of Hesperia; Affected area: Citywide) (Staff Person: Daniel Alcayaga) 2-1

3. Consideration of Development Code Amendment DCA11-10167, to reorganize and amend the animal regulations. (Applicant: City of Hesperia; Affected area: Citywide) (Staff Person: Stan Liudahl) 3-1

PRINCIPAL PLANNER'S REPORT

The Principal Planner or staff may make announcements or reports concerning items of interest to the Commission and the public.

E. DRC Comments 4-1

F. Major Project Update

PLANNING COMMISSION BUSINESS OR REPORTS

The Commission Members may make comments of general interest or report on their activities as a representative of the Planning Commission.

ADJOURNMENT

The Chair will close the meeting after all business is conducted.

I, Kathy Stine, Planning Commission Secretary for City of Hesperia, California do hereby certify that I caused to be posted the foregoing agenda on Thursday, July 7, 2011 at 5:30 p.m. pursuant to California Government Code §54954.2.

Kathy Stine
Planning Commission Secretary

DRAFT

HESPERIA PLANNING COMMISSION MEETING
REGULAR MEETING
JUNE 9, 2011
MINUTES

The Regular Meeting of the Planning Commission was called to order at 6:33 p.m. by Vice Chair William Muller in the Council Chambers, 9700 Seventh Avenue, Hesperia, California.

CALL TO ORDER 6:33 p.m.

A. Pledge of Allegiance to the Flag

B. Invocation

C. Roll Call:
Chair Chris Elvert
Vice Chair William Muller
Commissioner Bill Jensen
Commissioner Julie Jensen
Commissioner Paul Russ

Present: William Muller
Bill Jensen
Paul Russ
Absent: Chris Elvert
Julie Jensen

Motion by Paul Russ to excuse the absence of Chris Elvert and Julie Jensen from tonight's Planning Commission Meeting. Seconded by Bill Jensen and passed with the following roll call vote:

AYES: William Muller, Bill Jensen and Paul Russ
NOES: None
absent: Chris Elvert and Julie Jensen.

JOINT PUBLIC COMMENTS

Vice Chair Muller opened Public Comments at 6:35 p.m.

No comments to consider.

Vice Chair Muller closed Public Comments at 6:36 p.m.

CONSENT CALENDAR

D. Approval of Minutes: May 12, 2011 Planning Commission Meeting Draft Minutes.

Motion by Paul Russ to approve the May 12, 2011 Planning Commission Meeting Draft Minutes. Seconded by William Muller and passed with the following roll call vote:

AYES:	**William Muller, Bill Jensen, and Paul Russ**
NOES:	**None**
absent:	**Chris Elvert and Julie Jensen.**

PUBLIC HEARING

1. Consideration of Conditional Use Permit CUP11-10117, to construct a 71-foot high wireless communications facility within Live Oak Park at 17427 Live Oak Park. (Applicant: T-Mobile West Corp.; APN: 0410-122-15) (Staff Person: Daniel Alcayaga)

Senior Planner Stan Liudahl gave a PowerPoint presentation.

Vice Chair Muller opened Public Comments at 6:43 p.m.

No comments to consider.

Vice Chair Muller closed Public Comments at 6:43 p.m.

Motion by Paul Russ to adopt Resolution No. PC-2011-25, as presented approving Conditional Use Permit CUP11-10117. Seconded by William Muller and passed with the following roll call vote:

AYES:	**William Muller, Bill Jensen, and Paul Russ**
NOES:	**None**
absent:	**Chris Elvert and Julie Jensen.**

2. Consideration of Development Code Amendment DCA11-10159, revising the Alternative Energy Technology Ordinance to allow roof-mounted windmills in residential areas as well as other ordinances to implement adjustments to the height and setback regulations for windmills and to eliminate the site plan review requirement for solar energy systems. (Applicant: City of Hesperia; Affected area: Citywide) (Staff Person: Stan Liudahl)

Stan Liudahl gave a PowerPoint presentation and introduced green sheet item. (Attachment 1)

The Commission asked questions regarding the revision to the regulations for solar and wind power and discussion ensued.

Vice Chair Muller opened the Public Comments at 7:14 p.m.

Edward Hewitt of Apple Valley with Gridnot spoke regarding the noise issue and gave statistics on the efficiency of his windmills.

Hunter Gasca of Phelan with SGEI Company spoke and gave stats on measurements and was in favor of adopting the same height requirements as the County of San Bernardino.

Joe Guasti of Oak Hills with Guasti Construction gave a handout to the Commission (Attachment 2) and suggested the City use different measurement requirements. He stated that the point he wanted to make was that lower wind tower heights don't produce significant energy and he didn't recommend roof mounted windmills. Discussion ensued.

Vice Chair Muller closed the Public Comments at 7:26 p.m.

Commission discussion ensued.

Paul Russ and Bill Jensen stated that they supported taller windmills based on greater energy efficiency and that aesthetics were less of a concern on larger lots.

William Muller suggested that they stay with Staff recommendations.

Vice Chair Muller reopened Public Comments at 8:19 p.m.

Mary Pritchard of Phelan with My Wind Power Company spoke on behalf of Mrs. Falas who would like roof mounted windmills and wanted a variance issued on a case by case basis for lots smaller than the required 15,000 SF.

Hunter Gasca of Phelan suggested that homeowners can use solar mounted panels on the smaller lots and noise would not be an issue.

Vice Chair Muller closed the Public Comments at 8:25 p.m.

Motion by Paul Russ to adopt Resolution No. PC-2011-21 amending the height of the windmill equal to the distance from the property line for lots above 15,000 SF, up to 80 feet for lots over 90,000 SF and up to 120 feet for lots over 5 acres, and rooftop windmills for single-family homes on lots over 15,000 SF, subject to noise limitations, approving Development Code Amendment DCA11-10159. Seconded by Bill Jensen and passed with the following roll call vote:

AYES: **William Muller, Bill Jensen, and Paul Russ**
NOES: **None**
absent: **Chris Elvert and Julie Jensen.**

3. Consideration of Development Code Amendment DCA11-10165, to revise Hesperia Municipal Code Section 16.20.095 regarding parking of commercial vehicles in nonresidential zones. (Applicant: City of Hesperia; Affected area: Citywide) (Staff Person: Stan Liudahl)

Stan Liudahl gave a PowerPoint presentation.

Vice Chair Muller opened the Public Comments at 8:36 p.m.

Karen Maxwell of Hesperia has a son who is a truck driver and would like to know where he should park during his visits and what the fines would be.

Stan Liudahl responded by stating there are trucking facilities in the City such as Pilot and Newton's Outpost for just that purpose.

Vice Chair Muller closed the Public Comments at 8:38 p.m.

Bill Jensen expressed concerns regarding the impact on commuter parking and wanted the Council to recognize these concerns. He was also concerned regarding the enforcement of the ordinance and wanted a warning period put in place.

Motion by Paul Russ to adopt Resolution No. PC-2011-23, as presented approving Development Code Amendment DCA11-10165 with the recommendation to the Council that there be an implementation period as well as rules and regulations for implementation. Seconded by William Muller and passed with the following roll call vote:

AYES:	**William Muller, Bill Jensen, and Paul Russ**
NOES:	**None**
absent:	**Chris Elvert and Julie Jensen.**

PRINCIPAL PLANNER'S REPORT

E. DRC Comments

F. Major Project Update

Principal Planner Dave Reno, AICP gave an update on the Wal-Mart project and the Ranchero Road underpass.

PLANNING COMMISSION BUSINESS OR REPORTS

No comments to consider.

ADJOURNMENT

Vice Chair Muller closed the meeting at 8:55 p.m. until Thursday, July 14, 2011 at 6:30.

Chris Elvert,
Commission Chair

_____

By: Kathy Stine,
Commission Secretary

_____

RESOLUTION NO. PC-2011-21

A RESOLUTION OF THE PLANNING COMMISSION OF THE CITY OF HESPERIA, CALIFORNIA, RECOMMENDING THAT THE CITY COUNCIL ADOPT A DEVELOPMENT CODE AMENDMENT REVISING THE ALTERNATIVE ENERGY TECHNOLOGY ORDINANCE TO ALLOW ROOF-MOUNTED WINDMILLS IN RESIDENTIAL AREAS AS WELL AS OTHER ORDINANCES TO IMPLEMENT ADJUSTMENTS TO THE HEIGHT AND SETBACK REGULATIONS FOR WINDMILLS AND TO ELIMINATE THE SITE PLAN REVIEW REQUIREMENT FOR SOLAR ENERGY SYSTEMS (DCA11-10159)

WHEREAS, On January 5, 1998, the City Council of the City of Hesperia adopted its Ordinance No. 250, thereby adopting the Hesperia Municipal Code; and

WHEREAS, the City Council adopted Ordinance No. 2009-12 on February 16, 2010, establishing an Alternative Energy Technology Ordinance to provide for wind and solar energy generation systems in the City; and

WHEREAS, The regulations adopted under Ordinance No. 2009-12 regarding alternative energy technology requires modification, which also necessitates revision of the regulations regarding variances and minor exceptions and the special height limits to implement adjustments to the height and setback regulations for windmills; and

WHEREAS, The City of Hesperia Development Code shall be amended as per the attached Exhibit A; and

WHEREAS, It is the City's intent to promote sustainable energy practices, by encouraging use of technologies harnessing wind and solar energy; and

WHEREAS, The proposed Development Code amendment is exempt from the requirements of the California Environmental Quality Act by Section 15303, New Construction or Conversion of Small Structures and Section 15061(b)(3) of the CEQA Guidelines, as there is no possibility that the proposed Development Code revision regarding structures harnessing wind and solar power can have a significant adverse effect on the environment with the provisions in the Ordinance; and

WHEREAS, On June 9, 2011, the Planning Commission of the City of Hesperia conducted a duly noticed public hearing pertaining to the proposed Development Code Amendment and concluded said hearing on that date; and

WHEREAS, all legal prerequisites to the adoption of this Resolution have occurred.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF HESPERIA PLANNING COMMISSION AS FOLLOWS:

Section 1. The Planning Commission hereby specifically finds that all of the facts set forth in this Resolution are true and correct.

Section 2. Based upon substantial evidence presented to the Commission, including written and oral staff reports, the Commission specifically finds that the proposed Ordinance is consistent with the goals and objectives of the adopted General Plan.

Section 3. Based on the findings and conclusions set forth in this Resolution, this Commission hereby recommends adoption of Development Code Amendment DCA11-10159, amending the current Alternative Energy Technology Ordinance as well Article VI of Chapter 16.12 and Section 16.20.060 as shown on Exhibit "A."

Section 4. That the Secretary shall certify to the adoption of this Resolution.

ADOPTED AND APPROVED on this 9th day of June 2011.

_____
Chris Elvert, Chair, Planning Commission

ATTEST:

_____
Kathy Stine, Secretary, Planning Commission

Guasti Construction, Inc.

10328 El Centro
Oak Hills, CA 92344
Phone (760) 949-0480
Fax (760) 948-0063
GuastiConst@aol.com
License # 53439

Dear City Council Members,

Thank you for having this meeting. We want to encourage the city to measure the tower height, not the tip of the blade height for how tall the system can be, and then just use the tip of the blade height for the setback from the property line.

Southwest Wind Power, the company that makes the Skystream is discontinuing their short 33' towers. So the shortest tower we will have available for the Skystreams is 45'tall. They have also lengthened the blades some for the new Skystream 600's, so we will not be able to fit under the 52' height to the tip of blade limit.

The second item we would like to see changed is for the city to just use 1 times the height to the tip of the blade for the set back rather than 1.1 times the height which is currently used.

We would also like to see taller towers on parcels that are an acre or more, or simply say that the height is determined by the setback. This makes it very simple. If you can lay it over on paper in every direction and have even the tip of the blade stay on your own property, then that is how tall it can be. This makes it very simple and very streamlined. Taller towers enable systems to make more power and help to offset more of a homeowner's electric bill.

Thank you,

Joe Guasti

Joe Guasti

City of Hesperia
STAFF REPORT

DATE: July 14, 2011

TO: Planning Commission

FROM: Dave Reno, AICP, Principal Planner

BY: Lisette Sánchez-Mendoza, Assistant Planner

SUBJECT: Consideration of Development Code Amendment DCA11-10103 regarding Medical Marijuana Dispensaries; Applicant: West Coast Patients Group; Area affected: Citywide

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RECOMMENDED ACTION

It is recommended that the Planning Commission adopt Resolution No. PC-2011-15, recommending that the City Council deny DCA10-10103, regarding Medical Marijuana Dispensaries.

BACKGROUND

In 1996, California voters approved Proposition 215 (Attachment 1), which added the "Compassionate Use Act of 1996" to the California Health and Safety Code. Proposition 215 enables persons in need of marijuana for medical purposes, the ability to obtain and use the drug without fear of criminal prosecution under limited, specific circumstances. In 2004, the California legislature enacted SB420 to clarify the scope of the Act and provide additional guidance to people who qualify under the 1996 Act. The amendment added Health and Safety Section 11362.83 (Attachment 2) which provides, *"nothing in this article shall prevent a city or other local governing body from adopting and enforcing laws consistent with this article."* Under this provision local governments have discretion to adopt and enforce regulations, including prohibiting medical marijuana dispensaries. The courts have held that a complete local ban on dispensaries is a valid exercise of a city's police power and is not preempted by the Compassionate Use Act or SB420. (*City of Claremont v. Kruse* (2009) 177 Cal. App. 4th 1153, 1172-1176.)

In 2005, the City of Hesperia adopted a Development Code Amendment which defined "medical marijuana dispensaries," and prohibited them in the City. The City's current ordinance does not differentiate between dispensaries, collectives, operators, establishments or providers, and defines medical marijuana dispensaries as *"any facility or location where medical marijuana is made available to and/or distributed to three or more persons within the following classifications: primary caregivers, qualified patients, or a person with an identification card"*.

In 2008, the Attorney General developed, "Guidelines for the security and non-diversion of marijuana grown for medical use" which defines cooperatives as "democratically controlled and are not organized to make a profit for themselves, as such, or for their members, as such, but primarily for the members as patrons" and collectives as *"as a business farm, etc., jointly owned and operated by the members of a group"*. Dispensaries on the other hand are not recognized under state law and it is the opinion of the Attorney General's office that a *"properly organized and operated collective or cooperative that dispenses medical marijuana through a storefront*

may be lawful under California law, but that dispensaries that do not substantially comply with the.....Attorney General Guidelines, are likely operating outside the protections of Proposition 215 and the MMP, and that the individuals operating such entities may be subject to arrest and criminal prosecution under California law".

ISSUES/ANALYSIS

West Coast Patients Group (WCPG) has applied for a Development Code Amendment to change the City's current ordinance to allow the establishment of medical marijuana dispensaries. As part of their submittal, a sample ordinance, as well as copies of the Compassionate Use Act of 1996 (Attachment 1) and SB420 (Attachment 2) were submitted for staff to review. WCPG believes that the City is required by these laws and guidelines to allow dispensaries. While these laws discuss the use and access to medical marijuana without fear of criminal prosecution, the laws do not prohibit a jurisdiction from regulating or restricting the establishment of these facilities. Specifically, Health and Safety Code Section 11362.768(f) states in part: *"Nothing in this section shall prohibit a city, county, or city and county from adopting ordinances or policies that further restrict the location or establishment of a medical marijuana cooperative, collective, dispensary, operator, establishment, or provider"* (Attachment 2).

Part of the applicants submittal was an ordinance which defines collectives, proposes a 1000 foot separation from sensitive areas and uses, such as residents, schools and day care facilities, and limits the number of valid permits within the City (Attachment 4). Although the ordinance proposes to create separations between dispensaries as well as limit the number of dispensaries that could be established within the City, the proposed ordinance does not provide regulations on how to address facilities that have been established illegally and whether existing facilities will be allowed to remain in business or if these will be subject to the regulations set forth in the proposed ordinance. The ordinance does not operate well with the City's Municipal Code in that it includes construction problems such as inconsistencies with review periods, appeals, and approval bodies.

According to the San Bernardino County staff report on medical marijuana dispensaries, of the 24 incorporated cities and towns within the county, four have moratoria currently in place (Barstow, Big Bear, Loma Linda, and Needles) and 20 have permanently prohibited dispensaries. The cities of Victorville and Adelanto, as well as the Town of Apple Valley all have ordinances prohibiting medical marijuana dispensaries. Furthermore, there is evidence indicating that separating and limiting the number of dispensaries has not worked, as it is likely that the proliferation of illegal dispensaries/collectives will still occur. This is the case in the City of Los Angeles and as a result, Los Angeles has now passed an ordinance banning any new medical marijuana dispensaries.

The City has experienced a large number of requests to establish these facilities within the past year. Some do not fully disclose the nature of the business. These businesses have been described as alternative health medicine establishments, vitamin shops, medical offices, hydroponic equipment sales, herbal treatment establishments, and alternative pain management facilities. As part of this research, staff visited a website that includes a map of any city in which medical marijuana dispensaries occur. The dispensaries are shown by name and location, and contact information is also provided. The business address of dispensaries that only make deliveries is not provided. Therefore, it is suspected that many more operate from residential properties.

As of March 24, 2011, 27 dispensaries were listed within the High Desert, all of which are illegal, and 26 are identified on the map for the cities of Hesperia, Apple Valley, and Victorville, (Attachment 7). Of the 26, 11 are located in Hesperia, 9 in Victorville, and 6 in Apple Valley. Hesperia has seen an increase of 3 dispensaries/collectives since March 15, 2011.

On April 14, 2011, a public hearing was held where sixty people attended the public hearing of which 16 spoke for an ordinance to allow medical marijuana dispensaries. The Planning Commission continued the Development Code Amendment in order to allow staff to do further research, specifically on crime data, issues with medical and science facts and directed staff to draft an ordinance that would permit medical marijuana dispensaries within the City limits.

Data/Research

In an effort to gather statistical crime data as it relates to dispensaries, staff contacted the City of San Diego, Santa Clara, Sacramento, Whittier and Rancho Mirage. The City of San Diego provided information on their current ordinance; however no crime statistics were available in the report. The County of Santa Clara has allowed dispensaries since 1998 and is currently working on updating their ordinance to include all of the most recent guidelines set forth in the Attorney General Guidelines adopted in 2008. Staff contacted the County in an effort to attain statistical crime date, but was unsuccessful. Although the County has allowed dispensaries since 1998, they do not have any legal dispensaries established. They did however have 2 dispensaries establish illegally which the County shut down. As a result, no crime statistics were collected that shows an increase or decrease in crime surrounding medical marijuana dispensaries.

The County's ordinance was based on San Bernardino's current findings that the proliferation of medical marijuana dispensaries creates negative secondary effects on the public health, safety, and welfare. This information was cited as part of the 2009 California Police Chiefs Association's "White Paper on Marijuana Dispensaries" (Attachment 5).

Staff has also researched available statistical data and has found marijuana related crime data in a report called Arrestee Drug Abuse Monitoring Program II (ADAM II), sponsored by the Office of National Drug Control Policy (ONDCP). This report is based on drugs used by arrestees and not on the location of dispensaries. According to ADAM II, Marijuana continues to be the most commonly used illegal substance among booked arrestees in 2009. Denver and Portland are cities where medical marijuana has been legalized. ADAM II did a survey of these two cities between 2000 and 2009. In Denver, the percent of arrestees testing positive for marijuana increased from approximately 42% to 45%. In Portland, arrest increased approximately from 35% to 40%. The report also stated that "failed buys" had dropped significantly from 35% to 19% in Chicago and from 37% to 25% in Sacramento, suggesting easier access and greater availability in those areas. Also in Sacramento, 77% of the marijuana obtainers who reported a non-cash transaction, 12% reported growing it themselves. No other cities in the report had detectable levels of self-reported marijuana cultivation and the report suggests that it could be due to the legal statutes governing marijuana in California (Attachment 6).

Ordinance

The ordinance drafted by staff follows the requirements set forth in the 2008 Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use. The ordinance includes the following:

- Defines Collective/Cooperatives.
- Defines Sensitive uses.
- Defines Dispensaries as not being recognized or permitted.
- Requires of a Conditional Use Permit for all collective/cooperatives.
- Prohibits cooperatives/collectives within 500 feet of sensitive uses including residents and residential zones, 600 feet from K-12 schools, and 1,000 feet from Main Street, Interstate 15 and Bear Valley Road.
- Provides Medical Marijuana allowances for collectives/cooperatives- 8 oz of dried marijuana per qualified patient of caregiver and no more than 6 mature and 12 immature plants per qualified patient.
- Establishes that a Medical Marijuana Collective/Cooperative Conditional Use Permit is non-transferable.
- Prohibits collectives/cooperatives from cultivating medical marijuana in the City.

This ordinance addresses the establishment of a cooperative/collective for the purposes of providing access to medical marijuana to its members not for the cultivation of medical marijuana. This does not apply to the cultivation of marijuana by a qualified patient at that patient's home, so long as the patient is only growing for his or her own personal medical needs in a manner consistent with state law.

Conclusion. Staff believes it has prepared an operable ordinance. However any development code amendment must address the public health, safety and welfare. In this case, maintaining the current prohibition of medical marijuana dispensaries will not subject the City to the negative secondary impacts that these dispensaries have had on other communities. The City's current ordinance does not infringe upon the provisions of state law and is consistent with the prohibition of marijuana under federal law. Based on the above, staff recommends denial of the proposed development code amendment.

FISCAL IMPACT

The City is currently expending code enforcement costs, as several medical marijuana dispensaries have been established illegally within the City. Establishing regulations to allow dispensaries may result in additional administrative and enforcement costs to regulate collectives within the City.

ALTERNATIVES

1. The Planning Commission may recommend approval of the ordinance drafted by staff. Due to the secondary impacts documented by other jurisdictions that have allowed dispensaries, this alternative is not recommended.
2. Provide alternative direction to staff.

ATTACHMENTS

1. Compassionate Use Act of 1996
2. Health and Safety Section 11362.768 and 11362.83
3. 2008 Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use
4. WCPG's Proposed Ordinance
5. 2009 California Police Chiefs Association White Paper on Marijuana Dispensaries
6. Arrestee Drug Abuse Monitoring Program II (ADAM II)
7. Dispensary Map
8. Resolution No. 2011-15,
9. Resolution No. 2011-27, Exhibit "A"

ATTACHMENT 8

RESOLUTION NO. PC-2011-15

A RESOLUTION OF THE PLANNING COMMISSION OF THE CITY OF HESPERIA, CALIFORNIA, RECOMMENDING THAT THE CITY COUNCIL DENY THE PROPOSED DEVELOPMENT CODE AMENDMENT REGARDING MEDICAL MARIJUANA DISPENSARIES (DCA11-10103)

WHEREAS, on November 2, 2005, the City Council of Hesperia adopted Ordinance No. 2005-12, prohibiting medical marijuana dispensaries; and

WHEREAS, on November 5, 1996, California voters passed Proposition 215, which decriminalized the cultivation and use of marijuana by seriously ill individuals upon a physician's recommendation; and

WHEREAS, Proposition 215, was enacted to "ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana," and "ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction"; and

WHEREAS, on January 1, 2004 Senate Bill No. 420, the Medial Marijuana Program Act became law and was codified in sections 11362.7 to 11362.83 of the California Health and Safety Code; and

WHEREAS, the Department of Justice of the State of California in the August 2008 Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use, has opined that neither Proposition 215, nor the Medical Marijuana Program Act conflicts with Federal Controlled Substance Act, since "California did not 'legalize' medical marijuana, but instead exercised the state's reserved powers to not punish certain marijuana offenses under state law when a physician has recommended its use to treat a serious medical condition; and

WHEREAS, West Coast Patients Group has filed an application requesting adoption of Development Code Amendment DCA11-10103 described herein (hereinafter referred to as "Application"); and

WHEREAS, the application, as contemplated, proposes to allow for the establishment of medical marijuana dispensaries; and

WHEREAS, it is the City's intent to comply with State and Federal laws as they pertain to medical marijuana dispensaries; and

WHEREAS, the project is categorically exempt from the requirements of the California Environmental Quality Act by Section 15061(b)(3); and

WHEREAS, on April 14, 2011 and again on July 14, 2011, the Planning Commission of the City of Hesperia conducted a hearing on this Application and concluded said hearing on that date; and

WHEREAS, all legal prerequisites to the adoption of this Resolution have occurred.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF HESPERIA PLANNING COMMISSION AS FOLLOWS:

Section 1. The Planning Commission hereby specifically finds that all of the facts set forth in this Resolution are true and correct.

Section 2. Based upon substantial evidence presented to the Commission, including written and oral staff reports, the Commission specifically finds that the proposed development code amendment is inconsistent with the goals and objectives of the adopted General Plan based in part on the following:

(a) Granting of this development code amendment will likely result in the proliferation of medical marijuana dispensaries within the City.

(b) Based on evidence from other jurisdictions, secondary negative effects are likely to occur resulting in adverse impacts upon the public health, safety, and welfare. Crimes such as loitering, theft, burglary, robbery, homicide and the sale of illegal drugs have been documented in the immediate vicinity of these facilities.

(c) The proposed development code amendment does not present compelling evidence that the current ordinance violates the provisions of Proposition 215, the Compassionate Use Act of 1996, or other state laws regarding the distribution of medical cannabis and is consistent with the prohibition of marijuana under federal law.

Section 3. Based on the findings and conclusions set forth in this Resolution, this Commission hereby recommends that the City Council deny Development Code Amendment DCA11-10103.

Section 4. That the Secretary shall certify to the adoption of this Resolution.

ADOPTED AND APPROVED this 14th day of July 2011.

_____
Chris Elvert, Chair, Planning Commission

ATTEST:

_____
Kathy Stine
Secretary, Planning Commission

ATTACHMENT 9

RESOLUTION NO. PC-2011-27

A RESOLUTION OF THE PLANNING COMMISSION OF THE CITY OF HESPERIA, CALIFORNIA, RECOMMENDING THAT THE CITY COUNCIL APPROVE THE PROPOSED DEVELOPMENT CODE AMENDMENT REGARDING MEDICAL MARIJUANA DISPENSARIES (DCA11-10103)

WHEREAS, on November 2, 2005, the City Council of Hesperia adopted Ordinance No. 2005-12, prohibiting medical marijuana dispensaries; and

WHEREAS, on November 5, 1996, California voters passed Proposition 215, which decriminalized the cultivation and use of marijuana by seriously ill individuals upon a physician's recommendation; and

WHEREAS, Proposition 215, was enacted to "ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana," and "ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction"; and

WHEREAS, on January 1, 2004 Senate Bill No. 420, the Medial Marijuana Program Act became law and was codified in sections 11362.7 to 11362.83 of the California Health and Safety Code; and

WHEREAS, the Department of Justice of the State of California in the August 2008 Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use, has opined that neither Proposition 215, nor the Medical Marijuana Program Act conflicts with Federal Controlled Substance Act, since "California did not 'legalize' medical marijuana, but instead exercised the state's reserved powers to not punish certain marijuana offenses under state law when a physician has recommended its use to treat a serious medical condition; and

WHEREAS, West Coast Patients Group has filed an application requesting adoption of Development Code Amendment DCA11-10103 described herein (hereinafter referred to as "Application"); and

WHEREAS, the application, as contemplated, proposes to allow the establishment of medical marijuana cooperatives/collectives; and

WHEREAS, it is the City's intent to comply with State and Federal laws as they pertain to medical marijuana dispensaries; and

WHEREAS, the project is categorically exempt from the requirements of the California Environmental Quality Act by Section 15061(b)(3); and

WHEREAS, on April 14, 2011 and again on July 14, 2011, the Planning Commission of the City of Hesperia conducted a hearing on this Application and concluded said hearing on that date; and

WHEREAS, all legal prerequisites to the adoption of this Resolution have occurred.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF HESPERIA PLANNING COMMISSION AS FOLLOWS:

Section 1. The Planning Commission hereby specifically finds that all of the facts set forth in this Resolution are true and correct.

Section 2. Based upon substantial evidence presented to the Commission, including written and oral staff reports, the Commission specifically finds that the proposed development code amendment is consistent with the goals and objectives of the adopted General Plan based in part on the following:

(a) Granting of this development code amendment will allow the regulation medical marijuana dispensaries within the City.

(b) The proposed development code amendment is needed for the protection of the public health, safety, and welfare, as this proposed ordinance will provide a framework or regulations that will define locations, separation of sensitive uses, permit requirements, and operational regulations.

(c) The proposed development code amendment is consistent with Proposition 215, the Compassionate Use Act of 1996, Attorney General Guidelines, or other state laws regarding the distribution of medical cannabis.

Section 3. Based on the findings and conclusions set forth in this Resolution, this Commission hereby recommends that the City Council approve Development Code Amendment DCA11-10103.

Section 4. That the Secretary shall certify to the adoption of this Resolution.

ADOPTED AND APPROVED this 14th day of July 2011.

_____
Chris Elvert, Chair, Planning Commission

ATTEST:

_____
Kathy Stine
Secretary, Planning Commission

Remaining text is shown underlined, eliminated text is shown with a ~~strikeout~~, and additions are shown in black.

Section 16.08.513 **Medical marijuana dispensary**

"Medical marijuana dispensary" means any facility or location, other than collective or cooperative, where medical marijuana is made available to and/or distributed to three or more persons within the following classifications: primary caregivers, qualified patients, or a person with an identification card.

Section 16.16.073 Medical marijuana ~~dispensary~~ collective/cooperative

~~A medical marijuana dispensary, as defined in Section 16.08.513, is prohibited within the city of Hesperia.~~

Purpose and Intent

A. It is the purpose and intent of this Chapter to regulate medical marijuana Collectives/Cooperatives in order to ensure the health, safety and welfare of the residents of the City of Hesperia. The regulations in this Chapter, in compliance with the Compassionate Use Act, the Medical Marijuana Program Act, the California Health and Safety Code (collectively referred to as "State Law"), and the 2008 Attorney General Guidelines for the Security and Non-Diversion Marijuana grown for Medical Use, do not interfere with a patient's right to use medical marijuana as authorized under State Law, nor do they criminalize the possession or cultivation of medical marijuana by specifically defined classifications of persons, as authorized under State Law. Under State Law, only qualified patients, persons with identification cards, and primary caregivers may cultivate medical marijuana collectively. Medical marijuana Collectives shall comply with all provisions of the Hesperia Municipal Code ("Code"), State Law, and all other applicable local and state laws. Nothing in this article purports to permit activities that are otherwise illegal under state or local law.

B. **Definitions**

For the purpose of this chapter, the following words and phrases shall have the following meanings:

"Collectives and Cooperatives" As defined in the 2008 Attorney General Guidelines for the Security and Non-Diversion Marijuana grown for Medical Use in sections IV, A, 1-2.

"Dispensaries" means any facility or location, other than a collective or cooperative, where medical marijuana is made available to and/or distributed to three or more persons within the following classifications: primary caregivers, qualified patients, or a person with an identification card.

"Drug Paraphernalia". means all equipment, products, and materials of any kind which are intended for use or designed for uses in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance

"Edible Medical Marijuana" as used in this Chapter is defined to mean any article of food, drink, confectionery, condiment or chewing gum by human beings whether such article is simple, mixed or compound, which contains quantities of Medical Marijuana.
"Medical Marijuana" means Marijuana used for medical purposes in accordance with California Health and Safety Code Sections 11362.5, et seq.
"Physician" A licensed medical doctor including a doctor of osteopathic medicine as defined in the California Business and Professions Code.
"Primary Caregiver" As defined by the 2008 Attorney General guideline for the security and non-diversion of marijuana grown for medical use.
"Qualified Patient" As defined in California Health and Safety Code Section 11362.5 et seq., and as it may be amended from time to time.
"Sensitive Uses" Means and includes residence, residential zone, church, chapel or similar place of worship, any funeral parlor, mortuary or similar facility, any school, licensed day care center, hospital, clinic or medical facility, park, playground or any other recreational facility where large numbers of minors travel or congregate.

C. **Conditional Use Permit Required-**No Medical Marijuana Collective, Management Member, or member shall carry on, maintain or conduct any Medical Marijuana Collective related operations in the City without first obtaining a Medical Marijuana Collective/Cooperative Conditional Use Permit and a business license to operate such facility.

D. **Conditional Use Permit Application Process**-Any Medical Marijuana Collective/Cooperative desiring a Permit required by this Chapter shall, prior to initiating operations, complete and file an application on a form supplied by the Planning Division, and shall submit with the completed application payment of a nonrefundable processing and notification fee, as established by the City Council by resolution.

1. Filing. The Medical Marijuana Collective shall provide the following information:

i. The address of the Property or Properties where the proposed Medical Marijuana Collective will operate.

ii. A site plan describing the property with fully dimensioned interior and exterior floor plans including electrical, mechanical, plumbing, and disabled access compliance pursuant to Title 24 of the State of California Code of Regulations and the federally mandated Americans with Disabilities Act.

iii. If the Property is being rented or leased or is being purchased under contract, a copy of such lease or contract. Also required is written proof that the Property owner, or landlord if applicable, were given notice that the Property will be used as a Medical Marijuana Collective, and that the Property owner, and landlord if applicable, agree(s) to said operations.

iv. The name, address, telephone number, title and function(s) of each Management Member.

v. For each Management Member, a fully legible copy of one (1) valid government issued form of photo identification.

vi. Written confirmation as to whether the Medical Marijuana Collective/Cooperative previously operated in this or any other county, city or state under a similar license/permit, and whether the Collective/Cooperative applicant ever had such a license/permit revoked or suspended and the reason(s) therefore.

vii. If incorporated, a certified copy of the Collective's Secretary of State Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information and a copy of the Collective's By Laws.

viii. The name and address of the applicant's current Agent for Service of Process.

ix. A copy of the Medical Marijuana Collective Operating Conditions, listed in section 16.16.073 (E) containing a statement dated and signed by each Management Member, under penalty of perjury, that they read, understand and shall ensure compliance with the aforementioned operating conditions.

x. A statement dated and signed by each Management Member, under penalty of perjury, the Management Member has personal knowledge of the information contained in the application, that the information contained therein is true and correct, and that the application has been completed under the supervision of the Management Members.

xi. The Property address where any and all collectively cultivated Medical Marijuana will be distributed to the Collective members and Management Members.

E. **Medical Marijuana Permit approval and operating conditions-**

1. The Medical Marijuana Collective/Cooperative is not located within five hundred foot (500') radius of any sensitive uses including residents or residential zones, six hundred foot (600') radius from K-12 schools, and one thousand foot (1000') radius from Main Street, Interstate 15, and Bear Valley Road. The distances specified in this subdivision shall be determined by the horizontal distance measured in a straight line from the property line of the school to the closest property line of the lot on which the Medical Marijuana Collective/Cooperative is located, without regard to intervening structures.

2. The Property provides a sufficient odor absorbing ventilation and exhaust system so that odor generated inside the Property is not detected outside the Property, anywhere on adjacent property or public rights-of-way, or within any other unit located within the same building as the Medical Marijuana Collective/Cooperative.

3. Collective and cooperatives should provide adequate security to ensure that patients are safe and that the surrounding businesses are not negatively impacted by nuisance activity such as loitering or crime. Further, to maintain security, prevent fraud, and deter robberies, collectives and cooperatives should keep accurate records and follow accepted cash handling practices, including regular bank runs and cash drops, and maintain a general ledger of cash transaction. The recordings shall be maintained at the Property for a period of not less than thirty (30) days.

4. The Property has a centrally-monitored fire and burglar alarm system.

5. A sign is posted in a conspicuous location inside the Property advising:

   i. "The diversion of marijuana for non-medical purposes is a violation of State law.

   ii. The use of marijuana may impair a person's ability to drive a motor vehicle or operate heavy machinery.

   iii. Loitering at the location of a Medical Marijuana Collective for an illegal purpose is prohibited by California Penal Code Section 647(h).

   iv. This Medical Marijuana Collective is permitted in accordance with the laws of the City of Hesperia.

   v. The sale of marijuana and the diversion of marijuana for non-medical purposes are violations of State Law."

6. The Medical Marijuana Collective/Cooperative meets all applicable state and local laws to ensure that the operations of the Collective are consistent with the protection of the health, safety and welfare of the community, Qualified Patients and their Primary Caregivers, and will not adversely affect surrounding use.

7. No Collective shall operate for profit. Cash and in-kind contributions, reimbursements, and reasonable compensation provided by Management Members and members towards the Collective's actual expenses of the growth, cultivation, and provision of Medical Marijuana shall be allowed provide that they are in strict compliance with State Law.

8. Medical Marijuana Collectives my possess no more than 8 ounces of dried marijuana per qualified patient of caregiver, and maintain no more than 6 mature or 12 immature marijuana plants per qualified patient, except if a qualified patient or primary caregiver has a doctor's recommendation that this quantity does not meet the qualified patient's needs.

9. A collective/cooperative shall not have a physician on the collective/cooperative property to evaluate patients or provide a recommendation for medical marijuana.

10. A collective/cooperative shall acquire its supply of medical marijuana only from its members.

11. A collective/cooperative shall not purchase or otherwise supply itself with medical marijuana form non-members.

12. Medical Marijuana Collectives shall provide state-licensed and uniformed security guard patrol for the location during all hours of operation. Security guards shall not possess firearms or tasers.

13. A collective/cooperative shall not provide any form of a deliver service. All distribution of medical marijuana must be conducted within the closed building areas of the collective/cooperative property.

14. Medical Marijuana- Packaging and Labeling- Medical Marijuana collectives/cooperatives shall ensure that medical marijuana, edible products containing medical marijuana, and concentrates are labeled, packaged, and sold in accordance with equivalent local and state regulations for similar products.

F. **Medical Marijuana Conditional Use Permit – Non-Transferable**-A Medical Marijuana Collective Conditional Use Permit issued pursuant to this Chapter shall become null and void upon the cessation of the Collective and/or relocation of the Collective to a different Property. The holder of a Medical Marijuana Collective shall not allow others to use or rent the permitted Property.

G. **Maintenance of Records**-All Maintenance of Records shall be in accordance with State law.

H. **Inspection Authority**-City representatives may enter and inspect the Property of every Medical Marijuana Collective between the hours of ten o'clock (10:00) A.M. and eight o'clock (8:00) P.M., to ensure compliance and enforcement of the provisions of this Chapter, except that the inspection and copying of private medical records shall be made available to the Police Department only pursuant to a properly executed search warrant, subpoena, or court order. It is unlawful for any Property owner, landlord, lessee, Medical Marijuana Collective member or Management Member or any other person having any responsibility over the operation of the Medical Marijuana Collective to refuse to allow, impede, obstruct or interfere with an inspection.

I. **Existing Medical Marijuana Operations**-Any existing Medical Marijuana Collective, dispensary, operator, establishment, or provider business that does not comply with the requirements of this Chapter must immediately cease operation until such time, if any, when it complies fully with the requirements of this Chapter. No Medical Marijuana Collective,

dispensary, operator, establishment, or provider that existed prior to the enactment of this Chapter shall be deemed to be a legally established use or a legal non-conforming use under the provisions of this Chapter or the Code.

J. **Prohibited Activity**

1. The cultivation of Marijuana is not permitted as part of this ordinance. This does not apply to the cultivation of marijuana by a qualified patient at that patient's home, so long as the patient is only growing for his or her own personal medical needs in a manner consistent with state law.

2. No manufacture of Concentrated Cannabis in violation of California Health and Safety Code Section 11379.6 is allowed.

3. No Medical Marijuana Collective shall be open to or provide Medical Marijuana to its members or Management Members between the hours of eight o'clock (8:00) P.M. and ten o'clock (10:00) A.M.

4. No person under the age of eighteen (18) shall be allowed at the Property, unless that minor is a Qualified Patient and is accompanied by his or her licensed Attending Physician, parent(s) or documented legal guardian.

5. No Medical Marijuana Collective, Management Member or member shall cause or permit the sale, dispensing, or consumption of alcoholic beverages on the Property or in the parking area of the Property.

6. No Medical Marijuana Collective shall hold or maintain a license from the State Department of Alcoholic Beverage Control to sell alcoholic beverages.

7. No dried Medical Marijuana shall be stored at the Property in structures that are not completely enclosed, in an unlocked vault or safe, in any other unsecured storage structure, or in a safe or vault that is not bolted to the floor of the Property.

8. Medical Marijuana may not be inhaled, smoked, eaten, ingested, or otherwise consumed on the Property, in the parking areas of the Property.

9. No person who is currently charged with or has been convicted within the previous ten (10) years of crimes of moral turpitude (such as theft, fraud, or assault), or who is currently on parole or probation for the sale or distribution of a controlled substance, shall be engaged directly or indirectly in the management of the Medical Marijuana Collective nor, further, shall manage or handle the receipts and expenses of the Collective.

K. **Collectives Should Acquire, Possess, and Distribute Only Lawfully Cultivated Marijuana-**Collectives and cooperatives should acquire marijuana only from their constituent members, because only marijuana grown by a qualified patient or his or her primary caregiver may lawfully be transported by, or, distributed to, other members of a collective or cooperative (Health and Safety Code 11362.765, 11362.775). The collective or cooperative may then allocated it to other members of the group. Nothing allows marijuana to be purchased from outside the collective or cooperative for distribution to its members. Collectives and cooperatives should document each member's contribution of labor, resources or money to the enterprise and track and record the source of their marijuana.

L. **Distribution and Sales to Non-Member are Prohibited-**State law allows primary caregivers to be reimbursed for certain services (including marijuana cultivation), but nothing allows individuals or groups to sell or distribute marijuana to non-members. A collective or cooperative may not distribute medical marijuana to any person who is not a member in good standing of the organization. A dispensing collective or cooperative may credit its members for marijuana they provide to the collective, which it may then allocate to other members

(Health and Safety Code 11362.765 (C)). Members also may reimburse the collective or cooperative for marijuana that has been allocated to them. Any monetary reimbursement that members provide to the collective or cooperative should only be an amount necessary to cover overhead costs and operating expenses.

M. **Violation and Enforcement**-Any violation of the terms and conditions of the Medical Marijuana Collective permit, of this Chapter, or of applicable local or state regulations and laws shall be grounds for permit suspension or revocation.

ATTACHMENT 1

The Compassionate Use Act of 1996

SECTION 1. Section 11362.5 is added to the Health and Safety Code, to read:

11362.5. (a) This section shall be known and may be cited as the Compassionate Use Act of 1996.
(b)(1) The people of the State of California hereby find and declare that the purposes of the Compassionate Use Act of 1996 are as follows:

(A) To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief.

(B) To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.

(C) To encourage the federal and state governments to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana.

(2) Nothing in this section shall be construed to supersede legislation prohibiting persons from engaging in conduct that endangers others, nor to condone the diversion of marijuana for nonmedical purposes.
(c) Notwithstanding any other provision of law, no physician in this state shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.
(d) Section 11357, relating to the possession of marijuana, and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to a patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.
(e) For the purposes of this section, "primary caregiver" means the individual designated by the person exempted under this section who has consistently assumed responsibility for the housing, health, or safety of that person.

SECTION 2. If any provision of this measure or the application thereof to any person or circumstance is held invalid, that invalidity shall not affect other provisions or applications of the measure that can be given effect without the invalid provision or application, and to this end the provisions of this measure are severable.

ATTACHMENT 2

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 11362.768 and 11362.83

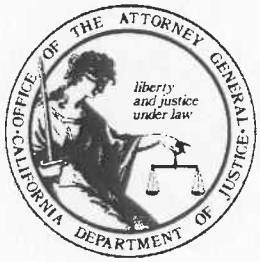
11362.768. (a) This section shall apply to individuals specified in subdivision (b) of Section 11362.765.
(b) No medical marijuana cooperative, collective, dispensary, operator, establishment, or provider who possesses, cultivates, or distributes medical marijuana pursuant to this article shall be located within a 600-foot radius of a school.
(c) The distance specified in this section shall be the horizontal distance measured in a straight line from the property line of the school to the closest property line of the lot on which the medical marijuana cooperative, collective, dispensary, operator, establishment, or provider is to be located without regard to intervening structures.
(d) This section shall not apply to a medical marijuana cooperative, collective, dispensary, operator, establishment, or provider that is also a licensed residential medical or elder care facility.
(e) This section shall apply only to a medical marijuana cooperative, collective, dispensary, operator, establishment, or provider that is authorized by law to possess, cultivate, or distribute medical marijuana and that has a storefront or mobile retail outlet which ordinarily requires a local business license.
(f) Nothing in this section shall prohibit a city, county, or city and county from adopting ordinances or policies that further restrict the location or establishment of a medical marijuana cooperative, collective, dispensary, operator, establishment, or provider.
(g) Nothing in this section shall preempt local ordinances, adopted prior to January 1, 2011, that regulate the location or establishment of a medical marijuana cooperative, collective, dispensary, operator, establishment, or provider.
(h) For the purposes of this section, "school" means any public or private school providing instruction in kindergarten or grades 1 to 12, inclusive, but does not include any private school in which education is primarily conducted in private homes.

11362.83. Nothing in this article shall prevent a city or other local governing body from adopting and enforcing laws consistent with this article.

ATTACHMENT 3

EDMUND G. BROWN JR.
Attorney General

DEPARTMENT OF JUSTICE
State of California



GUIDELINES FOR THE SECURITY AND NON-DIVERSION OF MARIJUANA GROWN FOR MEDICAL USE

August 2008

In 1996, California voters approved an initiative that exempted certain patients and their primary caregivers from criminal liability under state law for the possession and cultivation of marijuana. In 2003, the Legislature enacted additional legislation relating to medical marijuana. One of those statutes requires the Attorney General to adopt "guidelines to ensure the security and nondiversion of marijuana grown for medical use." (Health & Saf. Code, § 11362.81(d).[1]) To fulfill this mandate, this Office is issuing the following guidelines to (1) ensure that marijuana grown for medical purposes remains secure and does not find its way to non-patients or illicit markets, (2) help law enforcement agencies perform their duties effectively and in accordance with California law, and (3) help patients and primary caregivers understand how they may cultivate, transport, possess, and use medical marijuana under California law.

I. SUMMARY OF APPLICABLE LAW

A. California Penal Provisions Relating to Marijuana.

The possession, sale, cultivation, or transportation of marijuàna is ordinarily a crime under California law. (See, e.g., § 11357 [possession of marijuana is a misdemeanor]; § 11358 [cultivation of marijuana is a felony]; Veh. Code, § 23222 [possession of less than 1 oz. of marijuana while driving is a misdemeanor]; § 11359 [possession with intent to sell any amount of marijuana is a felony]; § 11360 [transporting, selling, or giving away marijuana in California is a felony; under 28.5 grams is a misdemeanor]; § 11361 [selling or distributing marijuana to minors, or using a minor to transport, sell, or give away marijuana, is a felony].)

B. Proposition 215 - The Compassionate Use Act of 1996.

On November 5, 1996, California voters passed Proposition 215, which decriminalized the cultivation and use of marijuana by seriously ill individuals upon a physician's recommendation. (§ 11362.5.) Proposition 215 was enacted to "ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana," and to "ensure that patients and their primary caregivers who obtain and use marijuana for

[1] Unless otherwise noted, all statutory references are to the Health & Safety Code.

medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction." (§ 11362.5(b)(1)(A)-(B).)

The Act further states that "Section 11357, relating to the possession of marijuana, and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to a patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or verbal recommendation or approval of a physician." (§ 11362.5(d).) Courts have found an implied defense to the transportation of medical marijuana when the "quantity transported and the method, timing and distance of the transportation are reasonably related to the patient's current medical needs." (*People v. Trippet* (1997) 56 Cal.App.4th 1532, 1551.)

C. Senate Bill 420 - The Medical Marijuana Program Act.

On January 1, 2004, Senate Bill 420, the Medical Marijuana Program Act (MMP), became law. (§§ 11362.7-11362.83.) The MMP, among other things, requires the California Department of Public Health (DPH) to establish and maintain a program for the voluntary registration of qualified medical marijuana patients and their primary caregivers through a statewide identification card system. Medical marijuana identification cards are intended to help law enforcement officers identify and verify that cardholders are able to cultivate, possess, and transport certain amounts of marijuana without being subject to arrest under specific conditions. (§§ 11362.71(e), 11362.78.)

It is mandatory that all counties participate in the identification card program by (a) providing applications upon request to individuals seeking to join the identification card program; (b) processing completed applications; (c) maintaining certain records; (d) following state implementation protocols; and (e) issuing DPH identification cards to approved applicants and designated primary caregivers. (§ 11362.71(b).)

Participation by patients and primary caregivers in the identification card program is voluntary. However, because identification cards offer the holder protection from arrest, are issued only after verification of the cardholder's status as a qualified patient or primary caregiver, and are immediately verifiable online or via telephone, they represent one of the best ways to ensure the security and non-diversion of marijuana grown for medical use.

In addition to establishing the identification card program, the MMP also defines certain terms, sets possession guidelines for cardholders, and recognizes a qualified right to collective and cooperative cultivation of medical marijuana. (§§ 11362.7, 11362.77, 11362.775.)

D. Taxability of Medical Marijuana Transactions.

In February 2007, the California State Board of Equalization (BOE) issued a Special Notice confirming its policy of taxing medical marijuana transactions, as well as its requirement that businesses engaging in such transactions hold a Seller's Permit. (http://www.boe.ca.gov/news/pdf/medseller2007.pdf.) According to the Notice, having a Seller's Permit does not allow individuals to make unlawful sales, but instead merely provides a way to remit any sales and use taxes due. BOE further clarified its policy in a

June 2007 Special Notice that addressed several frequently asked questions concerning taxation of medical marijuana transactions. (http://www.boe.ca.gov/news/pdf/173.pdf.)

E. Medical Board of California.

The Medical Board of California licenses, investigates, and disciplines California physicians. (Bus. & Prof. Code, § 2000, et seq.) Although state law prohibits punishing a physician simply for recommending marijuana for treatment of a serious medical condition (§ 11362.5(c)), the Medical Board can and does take disciplinary action against physicians who fail to comply with accepted medical standards when recommending marijuana. In a May 13, 2004 press release, the Medical Board clarified that these accepted standards are the same ones that a reasonable and prudent physician would follow when recommending or approving any medication. They include the following:

1. Taking a history and conducting a good faith examination of the patient;
2. Developing a treatment plan with objectives;
3. Providing informed consent, including discussion of side effects;
4. Periodically reviewing the treatment's efficacy;
5. Consultations, as necessary; and
6. Keeping proper records supporting the decision to recommend the use of medical marijuana.

(http://www.mbc.ca.gov/board/media/releases_2004_05-13_marijuana.html.)

Complaints about physicians should be addressed to the Medical Board (1-800-633-2322 or www.mbc.ca.gov), which investigates and prosecutes alleged licensing violations in conjunction with the Attorney General's Office.

F. The Federal Controlled Substances Act.

Adopted in 1970, the Controlled Substances Act (CSA) established a federal regulatory system designed to combat recreational drug abuse by making it unlawful to manufacture, distribute, dispense, or possess any controlled substance. (21 U.S.C. § 801, et seq.; *Gonzales v. Oregon* (2006) 546 U.S. 243, 271-273.) The CSA reflects the federal government's view that marijuana is a drug with "no currently accepted medical use." (21 U.S.C. § 812(b)(1).) Accordingly, the manufacture, distribution, or possession of marijuana is a federal criminal offense. (*Id.* at §§ 841(a)(1), 844(a).)

The incongruity between federal and state law has given rise to understandable confusion, but no legal conflict exists merely because state law and federal law treat marijuana differently. Indeed, California's medical marijuana laws have been challenged unsuccessfully in court on the ground that they are preempted by the CSA. (*County of San Diego v. San Diego NORML* (July 31, 2008) --- Cal.Rptr.3d ---, 2008 WL 2930117.) Congress has provided that states are free to regulate in the area of controlled substances, including marijuana, provided that state law does not positively conflict with the CSA. (21 U.S.C. § 903.) Neither Proposition 215, nor the MMP, conflict with the CSA because, in adopting these laws, California did not "legalize" medical marijuana, but instead exercised the state's reserved powers to not punish certain marijuana offenses under state law when a physician has recommended its use to treat a serious medical condition. (See *City of Garden Grove v. Superior Court* (*Kha*) (2007) 157 Cal.App.4th 355, 371-373, 381-382.)

In light of California's decision to remove the use and cultivation of physician-recommended marijuana from the scope of the state's drug laws, this Office recommends that state and local law enforcement officers not arrest individuals or seize marijuana under federal law when the officer determines from the facts available that the cultivation, possession, or transportation is permitted under California's medical marijuana laws.

II. DEFINITIONS

A. **Physician's Recommendation:** Physicians may not prescribe marijuana because the federal Food and Drug Administration regulates prescription drugs and, under the CSA, marijuana is a Schedule I drug, meaning that it has no recognized medical use. Physicians may, however, lawfully issue a verbal or written recommendation under California law indicating that marijuana would be a beneficial treatment for a serious medical condition. (§ 11362.5(d); *Conant v. Walters* (9th Cir. 2002) 309 F.3d 629, 632.)

B. **Primary Caregiver:** A primary caregiver is a person who is designated by a qualified patient and "has consistently assumed responsibility for the housing, health, or safety" of the patient. (§ 11362.5(e).) California courts have emphasized the consistency element of the patient-caregiver relationship. Although a "primary caregiver who consistently grows and supplies . . . medicinal marijuana for a section 11362.5 patient is serving a health need of the patient," someone who merely maintains a source of marijuana does not automatically become the party "who has consistently assumed responsibility for the housing, health, or safety" of that purchaser. (*People ex rel. Lungren v. Peron* (1997) 59 Cal.App.4th 1383, 1390, 1400.) A person may serve as primary caregiver to "more than one" patient, provided that the patients and caregiver all reside in the same city or county. (§ 11362.7(d)(2).) Primary caregivers also may receive certain compensation for their services. (§ 11362.765(c) ["A primary caregiver who receives compensation for actual expenses, including reasonable compensation incurred for services provided . . . to enable [a patient] to use marijuana under this article, or for payment for out-of-pocket expenses incurred in providing those services, or both, . . . shall not, on the sole basis of that fact, be subject to prosecution" for possessing or transporting marijuana].)

C. **Qualified Patient:** A qualified patient is a person whose physician has recommended the use of marijuana to treat a serious illness, including cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief. (§ 11362.5(b)(1)(A).)

D. **Recommending Physician:** A recommending physician is a person who (1) possesses a license in good standing to practice medicine in California; (2) has taken responsibility for some aspect of the medical care, treatment, diagnosis, counseling, or referral of a patient; and (3) has complied with accepted medical standards (as described by the Medical Board of California in its May 13, 2004 press release) that a reasonable and prudent physician would follow when recommending or approving medical marijuana for the treatment of his or her patient.

III. GUIDELINES REGARDING INDIVIDUAL QUALIFIED PATIENTS AND PRIMARY CAREGIVERS

A. State Law Compliance Guidelines.

1. **Physician Recommendation**: Patients must have a written or verbal recommendation for medical marijuana from a licensed physician. (§ 11362.5(d).)

2. **State of California Medical Marijuana Identification Card**: Under the MMP, qualified patients and their primary caregivers may voluntarily apply for a card issued by DPH identifying them as a person who is authorized to use, possess, or transport marijuana grown for medical purposes. To help law enforcement officers verify the cardholder's identity, each card bears a unique identification number, and a verification database is available online (www.calmmp.ca.gov). In addition, the cards contain the name of the county health department that approved the application, a 24-hour verification telephone number, and an expiration date. (§§ 11362.71(a); 11362.735(a)(3)-(4); 11362.745.)

3. **Proof of Qualified Patient Status**: Although verbal recommendations are technically permitted under Proposition 215, patients should obtain and carry written proof of their physician recommendations to help them avoid arrest. A state identification card is the best form of proof, because it is easily verifiable and provides immunity from arrest if certain conditions are met (see section III.B.4, below). The next best forms of proof are a city- or county-issued patient identification card, or a written recommendation from a physician.

4. **Possession Guidelines**:

a) **MMP**:[2] Qualified patients and primary caregivers who possess a state-issued identification card may possess 8 oz. of dried marijuana, and may maintain no more than 6 mature or 12 immature plants per qualified patient. (§ 11362.77(a).) But, if "a qualified patient or primary caregiver has a doctor's recommendation that this quantity does not meet the qualified patient's medical needs, the qualified patient or primary caregiver may possess an amount of marijuana consistent with the patient's needs." (§ 11362.77(b).) Only the dried mature processed flowers or buds of the female cannabis plant should be considered when determining allowable quantities of medical marijuana for purposes of the MMP. (§ 11362.77(d).)

b) **Local Possession Guidelines:** Counties and cities may adopt regulations that allow qualified patients or primary caregivers to possess

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[2] On May 22, 2008, California's Second District Court of Appeal severed Health & Safety Code § 11362.77 from the MMP on the ground that the statute's possession guidelines were an unconstitutional amendment of Proposition 215, which does not quantify the marijuana a patient may possess. (See *People v. Kelly* (2008) 163 Cal.App.4th 124, 77 Cal.Rptr.3d 390.) The Third District Court of Appeal recently reached a similar conclusion in *People v. Phomphakdy* (July 31, 2008) --- Cal.Rptr.3d ---, 2008 WL 2931369. The California Supreme Court has granted review in *Kelly* and the Attorney General intends to seek review in *Phomphakdy*.

medical marijuana in amounts that exceed the MMP's possession guidelines. (§ 11362.77(c).)

c) **Proposition 215**: Qualified patients claiming protection under Proposition 215 may possess an amount of marijuana that is "reasonably related to [their] current medical needs." (*People v. Trippet* (1997) 56 Cal.App.4th 1532, 1549.)

B. **Enforcement Guidelines**.

1. **Location of Use**: Medical marijuana may not be smoked (a) where smoking is prohibited by law, (b) at or within 1000 feet of a school, recreation center, or youth center (unless the medical use occurs within a residence), (c) on a school bus, or (d) in a moving motor vehicle or boat. (§ 11362.79.)

2. **Use of Medical Marijuana in the Workplace or at Correctional Facilities:** The medical use of marijuana need not be accommodated in the workplace, during work hours, or at any jail, correctional facility, or other penal institution. (§ 11362.785(a); *Ross v. RagingWire Telecomms., Inc.* (2008) 42 Cal.4th 920, 933 [under the Fair Employment and Housing Act, an employer may terminate an employee who tests positive for marijuana use].)

3. **Criminal Defendants, Probationers, and Parolees:** Criminal defendants and probationers may request court approval to use medical marijuana while they are released on bail or probation. The court's decision and reasoning must be stated on the record and in the minutes of the court. Likewise, parolees who are eligible to use medical marijuana may request that they be allowed to continue such use during the period of parole. The written conditions of parole must reflect whether the request was granted or denied. (§ 11362.795.)

4. **State of California Medical Marijuana Identification Cardholders**: When a person invokes the protections of Proposition 215 or the MMP and he or she possesses a state medical marijuana identification card, officers should:

a) Review the identification card and verify its validity either by calling the telephone number printed on the card, or by accessing DPH's card verification website (http://www.calmmp.ca.gov); and

b) If the card is valid and not being used fraudulently, there are no other indicia of illegal activity (weapons, illicit drugs, or excessive amounts of cash), and the person is within the state or local possession guidelines, the individual should be released and the marijuana should not be seized. Under the MMP, "no person or designated primary caregiver in possession of a valid state medical marijuana identification card shall be subject to arrest for possession, transportation, delivery, or cultivation of medical marijuana." (§ 11362.71(e).) Further, a "state or local law enforcement agency or officer shall not refuse to accept an identification card issued by the department unless the state or local law enforcement agency or officer

has reasonable cause to believe that the information contained in the card is false or fraudulent, or the card is being used fraudulently." (§ 11362.78.)

5. **Non-Cardholders:** When a person claims protection under Proposition 215 or the MMP and only has a locally-issued (i.e., non-state) patient identification card, or a written (or verbal) recommendation from a licensed physician, officers should use their sound professional judgment to assess the validity of the person's medical-use claim:

a) Officers need not abandon their search or investigation. The standard search and seizure rules apply to the enforcement of marijuana-related violations. Reasonable suspicion is required for detention, while probable cause is required for search, seizure, and arrest.

b) Officers should review any written documentation for validity. It may contain the physician's name, telephone number, address, and license number.

c) If the officer reasonably believes that the medical-use claim is valid based upon the totality of the circumstances (including the quantity of marijuana, packaging for sale, the presence of weapons, illicit drugs, or large amounts of cash), and the person is within the state or local possession guidelines or has an amount consistent with their current medical needs, the person should be released and the marijuana should not be seized.

d) Alternatively, if the officer has probable cause to doubt the validity of a person's medical marijuana claim based upon the facts and circumstances, the person may be arrested and the marijuana may be seized. It will then be up to the person to establish his or her medical marijuana defense in court.

e) Officers are not obligated to accept a person's claim of having a verbal physician's recommendation that cannot be readily verified with the physician at the time of detention.

6. **Exceeding Possession Guidelines**: If a person has what appears to be valid medical marijuana documentation, but exceeds the applicable possession guidelines identified above, all marijuana may be seized.

7. **Return of Seized Medical Marijuana:** If a person whose marijuana is seized by law enforcement successfully establishes a medical marijuana defense in court, or the case is not prosecuted, he or she may file a motion for return of the marijuana. If a court grants the motion and orders the return of marijuana seized incident to an arrest, the individual or entity subject to the order must return the property. State law enforcement officers who handle controlled substances in the course of their official duties are immune from liability under the CSA. (21 U.S.C. § 885(d).) Once the marijuana is returned, federal authorities are free to exercise jurisdiction over it. (21 U.S.C. §§ 812(c)(10), 844(a); *City of Garden Grove v. Superior Court* (*Kha*) (2007) 157 Cal.App.4th 355, 369, 386, 391.)

IV. GUIDELINES REGARDING COLLECTIVES AND COOPERATIVES

Under California law, medical marijuana patients and primary caregivers may "associate within the State of California in order collectively or cooperatively to cultivate marijuana for medical purposes." (§ 11362.775.) The following guidelines are meant to apply to qualified patients and primary caregivers who come together to collectively or cooperatively cultivate physician-recommended marijuana.

A. Business Forms: Any group that is collectively or cooperatively cultivating and distributing marijuana for medical purposes should be organized and operated in a manner that ensures the security of the crop and safeguards against diversion for non-medical purposes. The following are guidelines to help cooperatives and collectives operate within the law, and to help law enforcement determine whether they are doing so.

1. **Statutory Cooperatives:** A cooperative must file articles of incorporation with the state and conduct its business for the mutual benefit of its members. (Corp. Code, § 12201, 12300.) No business may call itself a "cooperative" (or "co-op") unless it is properly organized and registered as such a corporation under the Corporations or Food and Agricultural Code. (*Id.* at § 12311(b).) Cooperative corporations are "democratically controlled and are not organized to make a profit for themselves, as such, or for their members, as such, but primarily for their members as patrons." (*Id.* at § 12201.) The earnings and savings of the business must be used for the general welfare of its members or equitably distributed to members in the form of cash, property, credits, or services. (*Ibid.*) Cooperatives must follow strict rules on organization, articles, elections, and distribution of earnings, and must report individual transactions from individual members each year. (See *id.* at § 12200, et seq.) Agricultural cooperatives are likewise nonprofit corporate entities "since they are not organized to make profit for themselves, as such, or for their members, as such, but only for their members as producers." (Food & Agric. Code, § 54033.) Agricultural cooperatives share many characteristics with consumer cooperatives. (See, e.g., *id.* at § 54002, et seq.) Cooperatives should not purchase marijuana from, or sell to, non-members; instead, they should only provide a means for facilitating or coordinating transactions between members.

2. **Collectives:** California law does not define collectives, but the dictionary defines them as "a business, farm, etc., jointly owned and operated by the members of a group." (*Random House Unabridged Dictionary*; Random House, Inc. © 2006.) Applying this definition, a collective should be an organization that merely facilitates the collaborative efforts of patient and caregiver members – including the allocation of costs and revenues. As such, a collective is not a statutory entity, but as a practical matter it might have to organize as some form of business to carry out its activities. The collective should not purchase marijuana from, or sell to, non-members; instead, it should only provide a means for facilitating or coordinating transactions between members.

B. **Guidelines for the Lawful Operation of a Cooperative or Collective:** Collectives and cooperatives should be organized with sufficient structure to ensure security, non-diversion of marijuana to illicit markets, and compliance with all state and local laws. The following are some suggested guidelines and practices for operating collective growing operations to help ensure lawful operation.

1. **Non-Profit Operation**: Nothing in Proposition 215 or the MMP authorizes collectives, cooperatives, or individuals to profit from the sale or distribution of marijuana. (See, e.g., § 11362.765(a) ["nothing in this section shall authorize . . . any individual or group to cultivate or distribute marijuana for profit"].

2. **Business Licenses, Sales Tax, and Seller's Permits**: The State Board of Equalization has determined that medical marijuana transactions are subject to sales tax, regardless of whether the individual or group makes a profit, and those engaging in transactions involving medical marijuana must obtain a Seller's Permit. Some cities and counties also require dispensing collectives and cooperatives to obtain business licenses.

3. **Membership Application and Verification**: When a patient or primary caregiver wishes to join a collective or cooperative, the group can help prevent the diversion of marijuana for non-medical use by having potential members complete a written membership application. The following application guidelines should be followed to help ensure that marijuana grown for medical use is not diverted to illicit markets:

a) Verify the individual's status as a qualified patient or primary caregiver. Unless he or she has a valid state medical marijuana identification card, this should involve personal contact with the recommending physician (or his or her agent), verification of the physician's identity, as well as his or her state licensing status. Verification of primary caregiver status should include contact with the qualified patient, as well as validation of the patient's recommendation. Copies should be made of the physician's recommendation or identification card, if any;

b) Have the individual agree not to distribute marijuana to non-members;

c) Have the individual agree not to use the marijuana for other than medical purposes;

d) Maintain membership records on-site or have them reasonably available;

e) Track when members' medical marijuana recommendation and/or identification cards expire; and

f) Enforce conditions of membership by excluding members whose identification card or physician recommendation are invalid or have expired, or who are caught diverting marijuana for non-medical use.

4. **Collectives Should Acquire, Possess, and Distribute Only Lawfully Cultivated Marijuana**: Collectives and cooperatives should acquire marijuana only from their constituent members, because only marijuana grown by a qualified patient or his or her primary caregiver may lawfully be transported by, or distributed to, other members of a collective or cooperative. (§§ 11362.765, 11362.775.) The collective or cooperative may then allocate it to other members of the group. Nothing allows marijuana to be purchased from outside the collective or cooperative for distribution to its members. Instead, the cycle should be a closed-circuit of marijuana cultivation and consumption with no purchases or sales to or from non-members. To help prevent diversion of medical marijuana to non-medical markets, collectives and cooperatives should document each member's contribution of labor, resources, or money to the enterprise. They also should track and record the source of their marijuana.

5. **Distribution and Sales to Non-Members are Prohibited**: State law allows primary caregivers to be reimbursed for certain services (including marijuana cultivation), but nothing allows individuals or groups to sell or distribute marijuana to non-members. Accordingly, a collective or cooperative may not distribute medical marijuana to any person who is not a member in good standing of the organization. A dispensing collective or cooperative may credit its members for marijuana they provide to the collective, which it may then allocate to other members. (§ 11362.765(c).) Members also may reimburse the collective or cooperative for marijuana that has been allocated to them. Any monetary reimbursement that members provide to the collective or cooperative should only be an amount necessary to cover overhead costs and operating expenses.

6. **Permissible Reimbursements and Allocations:** Marijuana grown at a collective or cooperative for medical purposes may be:

a) Provided free to qualified patients and primary caregivers who are members of the collective or cooperative;
b) Provided in exchange for services rendered to the entity;
c) Allocated based on fees that are reasonably calculated to cover overhead costs and operating expenses; or
d) Any combination of the above.

7. **Possession and Cultivation Guidelines**: If a person is acting as primary caregiver to more than one patient under section 11362.7(d)(2), he or she may aggregate the possession and cultivation limits for each patient. For example, applying the MMP's basic possession guidelines, if a caregiver is responsible for three patients, he or she may possess up to 24 oz. of marijuana (8 oz. per patient) and may grow 18 mature or 36 immature plants. Similarly, collectives and cooperatives may cultivate and transport marijuana in aggregate amounts tied to its membership numbers. Any patient or primary caregiver exceeding individual possession guidelines should have supporting records readily available when:

a) Operating a location for cultivation;
b) Transporting the group's medical marijuana; and
c) Operating a location for distribution to members of the collective or cooperative.

8. **Security**: Collectives and cooperatives should provide adequate security to ensure that patients are safe and that the surrounding homes or businesses are not negatively impacted by nuisance activity such as loitering or crime. Further, to maintain security, prevent fraud, and deter robberies, collectives and cooperatives should keep accurate records and follow accepted cash handling practices, including regular bank runs and cash drops, and maintain a general ledger of cash transactions.

C. **Enforcement Guidelines**: Depending upon the facts and circumstances, deviations from the guidelines outlined above, or other indicia that marijuana is not for medical use, may give rise to probable cause for arrest and seizure. The following are additional guidelines to help identify medical marijuana collectives and cooperatives that are operating outside of state law.

1. **Storefront Dispensaries:** Although medical marijuana "dispensaries" have been operating in California for years, dispensaries, as such, are not recognized under the law. As noted above, the only recognized group entities are cooperatives and collectives. (§ 11362.775.) It is the opinion of this Office that a properly organized and operated collective or cooperative that dispenses medical marijuana through a storefront may be lawful under California law, but that dispensaries that do not substantially comply with the guidelines set forth in sections IV(A) and (B), above, are likely operating outside the protections of Proposition 215 and the MMP, and that the individuals operating such entities may be subject to arrest and criminal prosecution under California law. For example, dispensaries that merely require patients to complete a form summarily designating the business owner as their primary caregiver – and then offering marijuana in exchange for cash "donations" – are likely unlawful. (*Peron*, *supra*, 59 Cal.App.4th at p. 1400 [cannabis club owner was not the primary caregiver to thousands of patients where he did not consistently assume responsibility for their housing, health, or safety].)

2. **Indicia of Unlawful Operation:** When investigating collectives or cooperatives, law enforcement officers should be alert for signs of mass production or illegal sales, including (a) excessive amounts of marijuana, (b) excessive amounts of cash, (c) failure to follow local and state laws applicable to similar businesses, such as maintenance of any required licenses and payment of any required taxes, including sales taxes, (d) weapons, (e) illicit drugs, (f) purchases from, or sales or distribution to, non-members, or (g) distribution outside of California.

ATTACHMENT 4

Ordinance No. XX-XX-XXXX

An ordinance of the City Council of the City of Hesperia amending the Hesperia Municipal code by adding chapter XX to implement the State Compassionate Use Act and State Medical Marijuana Program Act.

WHEREAS, California voters approved the Compassionate Use Act ("CUA") in 1996 to exempt seriously ill patients and their primary caregivers from criminal liability and cultivation of marijuana for medical purposes; and

WHEREAS, the California State Legislature passed, and Governor signed into law, SB 420 to clarify the scope of the application of the Compassionate Use Act; and

WHEREAS, SB 420 allows cities and other governing bodies to adopt and enforce laws consistent with SB 420; and

WHEREAS, it is the desire of the City Council to establish a new section in the municipal code pertaining to the permitted distribution of medical cannabis in the City of Hesperia consistent with SB420; and

WHEREAS, the City of Hesperia has a compelling interest in protecting the public health, safety and welfare of its residents and businesses, in preserving the peace and quiet of the neighborhoods in which medical marijuana collectives operate, and in providing compassionate access to medical marijuana to its seriously ill residents; and

WHEREAS, the City Council desires to establish a permitting process in order to impose regulations that will protect the peace, health, safety, and welfare of patients, and the community as a whole;

NOW, THEREFORE, the City Council of the City of Hesperia ordains as follows:

Section 1. Chapter 5.10 is added to the Hesperia Municipal Code to read as follows:

Chapter 5.10

MEDICAL MARIJUANA COLLECTIVE

Section 5.10.010 Purpose and Intent

A. It is the purpose and intent of this Chapter to regulate medical marijuana Collectives in order to ensure the health, safety and welfare of the residents of the City of Hesperia. The regulations in this Chapter, in compliance with the Compassionate Use Act, the Medical Marijuana Program Act, and the California Health and Safety Code (collectively referred to as "State Law") do not interfere with a patient's right to use medical marijuana as authorized under State Law, nor do they criminalize the possession or cultivation of medical marijuana by specifically defined classifications of persons, as authorized under State Law. Under State Law, only qualified patients, persons with identification cards, and primary caregivers may cultivate medical marijuana collectively. Medical marijuana Collectives shall comply with all provisions of the Hesperia Municipal Code ("Code"), State Law, and all other applicable local and state laws. Nothing in this article purports to permit activities that are otherwise illegal under state or local law.

Section 5.10.020 Definitions

For the purpose of this chapter, the following words and phrases shall have the following meanings:

A. "Applicant". A person who is required to file an application for a permit under this chapter, including an individual owner, managing partner, officer of a corporation, or any other operator, manager, employee, or agent of a Collective.

B. "Drug Paraphernalia". As defined in California Health and Safety Code Section 11014.5, and as may be amended from time to time.

C. "Identification Card". As defined in California Health and Safety Code Section 11362.71, and as may be amended from time to time.

D. "Medical Marijuana Collective". Any association, cooperative, affiliation, or collective of persons where multiple qualified patients or primary caregivers are organized to provide education, referral, or network services, and facilitation or assistance in the lawful distribution of medical cannabis. "Collective" shall include any facility or location where the primary purpose is to dispense medical cannabis (i.e., marijuana) as a medication that has been recommended by an "attending physician" [as that term is defined in Health & Safety Code Section 11362.7(a)] and where medical cannabis is made available to or distributed by or to a primary caregiver or a qualified patient, in strict accordance with California Health and Safety Code Section 11362.5 et seq.

E. "Permittee". The person to whom either a Collective permit is issued by the City and who is identified as a primary caregiver in California Health and Safety Code Section 11362.7, subdivision (d) or (e).

F. "Person". An individual, partnership, co-partnership, firm, association, joint stock company, corporation, limited liability company or combination of the above in whatever form or character.

G. "Person with an Identification Card". As set forth in California Health and Safety Code Section 11362.5 et seq., and as amended from time to time.

H. "Physician". A licensed medical doctor including a doctor of osteopathic medicine as defined in the California Business and Professions Code.

I. "Primary Caregiver". As defined in subdivision (d) of California Health and Safety Code Section 11362.7, and as it may be amended from time to time.

J. "Qualified Patient". As defined in California Health and Safety Code Section 11362.5 et seq., and as it may be amended from time to time.

K. "School". An institution of learning for minors, whether public or private, offering a regular course of instruction required by the California Education Code. This definition includes an elementary school, middle, or junior high school, senior high school, or any special institution of education for persons under the age of eighteen years, whether public or private.

L. "Edible Medical Marijuana" as used in this Chapter is defined to mean any article of food, drink, confectionery, condiment or chewing gum by human beings whether such article is simple, mixed or compound, which contains quantities of Medical Marijuana.

M. "Medical Marijuana" means Marijuana used for medical purposes in accordance with California Health and Safety Code Sections 11362.5, et seq.

N. "Reasonable Compensation" means compensation commensurate with the reasonable wages and benefits paid to employees of IRS-qualified non-profit organizations who have similar job descriptions and duties, required level of education and experience, prior individual earnings history, and number of hours worked. The payment of a bonus shall not be considered "Reasonable Compensation".

Section 5.10.030 Medical Marijuana Collective - Permit Required

No Medical Marijuana Collective, Management Member, or member shall carry on, maintain or conduct any Medical Marijuana Collective related operations in the City without first obtaining a Medical Marijuana Collective Permit from the department of TBA.

The City Manager and/or his/her designee shall issue no more than (XX) valid permits for the operation of Dispensary's in the City of Hesperia.

Section 5.10.040 Medical Marijuana Collective – Permit Application Process

Any Medical Marijuana Collective desiring a Permit required by this Chapter shall, prior to initiating operations, complete and file an application on a form supplied by the Department of TBA, and shall submit with the completed application payment of a nonrefundable processing and notification fee, as established by the City Council by resolution. The Medical Marijuana Permit application is established to provide a review process for each proposed Medical Marijuana Collective operation within the City.

A. Filing. The Medical Marijuana Collective shall provide the following information:

1. The address of the Property or Properties where the proposed Medical Marijuana Collective will operate.

2. A site plan describing the property with fully dimensioned interior and exterior floor plans including electrical, mechanical, plumbing, and disabled access compliance pursuant to Title 24 of the State of California Code of Regulations and the federally mandated Americans with Disabilities Act.

3. If the Property is being rented or leased or is being purchased under contract, a copy of such lease or contract. Also required is written proof that the Property owner, or landlord if applicable, were given notice that the Property will be used as a Medical Marijuana Collective, and that the Property owner, and landlord if applicable, agree(s) to said operations.

4. The name, address, telephone number, title and function(s) of each Management Member.

5. For each Management Member, a fully legible copy of one (1) valid government issued for of photo identification.

6. Written confirmation as to whether the Medical Marijuana Collective previously operated in this or any other county, city or state under a similar license/permit, and whether the Collective applicant ever had such a license/permit revoked or suspended and the reason(s) therefore.

7. If incorporated, a certified copy of the Collective's Secretary of State Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information and a copy of the Collective's By Laws.

8. The name and address of the applicant's current Agent for Service of Process.

9. A copy of the Medical Marijuana Collective Operating Conditions, listed in section 5.10.050, containing a statement dated and signed by each Management Member, under penalty of perjury, that they read, understand and shall ensure compliance with the aforementioned operating conditions.

10. A copy of the Prohibited Activity, listed in Section 5.87.100, containing a statement dated and signed by each management Member, under penalty of perjury, that they read, understand and shall ensure that neither the Collective nor its members and Management Members shall engage in the aforementioned prohibited activity.

11. A statement dated and signed by each Management Member, under penalty of perjury, the Management Member has personal knowledge of the information contained in the application, that the information contained therein is true and correct, and that the application has been completed under the supervision of the Management Members.

12. The Property address where any and all collectively cultivated Medical Marijuana will be distributed to the Collective members and Management Members.

B. The Director of the regulating department shall ensure that the application is complete as follows:

1. Within ten (10) business days of receipt of a Medical Marijuana Collective Permit application, the Director of the regulating department shall determine whether the application is complete.

2. If it is determined the application is incomplete, the applicant shall be notified in writing within ten (10) business days of the date the application is determined to be incomplete and the reasons therefore, including any additional information necessary to render the application complete.

3. The Collective shall have thirty (30) calendar days from the date of notice set forth above in Subsection 5.10.040(B), Subsection (2) to complete the application. Failure to do so within the thirty (30) days shall render the application null and void.

4. Once the application is found to be complete, the applicant shall be notified within ten (10) business days.

C. On Receipt of the completed Medical Marijuana Collective Permit application, the Director of the regulating department shall refer the application to all concerned City departments, including, but not limited to, Police, Fire, Health, Development Services and Code Enforcement for investigation. Such departments shall file a report providing recommendations regarding the approval or denial of the permit with the Director of the regulating department within sixty (60) days from the date the complete permit application was submitted, and shall cause the owners of property located within five-hundred feet (500') of the proposed Property to be sent advance notice of the date, time, and place of the hearing. The applicant shall be given at least ten (10) business days written notice of such hearing.

D. The Director of the regulating department shall render her/his decision not later than fifteen (15) days after the hearing is closed. The report shall be in writing and shall include findings of fact, including but not limited to each operating condition set for in Section 5.10.050, a summary of the relevant evidence, a statement of the issues, a resolution of the credibility of witnesses where there is conflicting testimony and a recommended decision. A copy of the report shall be served on all parties.

E. The decision of the Director of the regulating department may be appealed to the City Council within fifteen (15) calendar days from the date the written notice of Permit decision was mailed. The request for appeal shall be in writing, shall set forth the specific ground(s) on which it is based and shall be submitted to the Director of the regulating department.

F. The City Council shall conduct a hearing on the appeal or refer the matter to a hearing officer within thirty (30) business days from the date the completed request for appeal was received by the Director of the regulating department. The hearing and rules of evidence shall be conducted pursuant to Code. The determination of the City Council on the appeal shall be final.

Section 5.10.050 Medical Marijuana Permit approval and operating conditions

The Director of the regulating department shall approve and issue a Medical Marijuana Collective Permit if the application and evidence submitted in the hearing sufficiently demonstrate that:

A. The Property is not located in an area zoned in the City for exclusive residential use. Medical Marijuana Collectives are not permitted to operate in exclusive residential zones.

B. The Medical Marijuana Collective is not located within a one thousand foot (1,000') radius of a public or private kindergarten, elementary, middle, junior high, or high school. The distances specified in this subdivision shall be determined by the horizontal distance measured in a straight line from the property line of the school to the closest property line of the lot on which the Medical marijuana Collective is located, without regard to intervening structures.

C. The Medical Marijuana Collective is not located within one thousand foot (1,000') radius of any other Medical Marijuana Collective. The distances are listed in Section 5.10.050(B)

D. Any exterior or interior sign visible from the exterior of the Property shall be unlighted.

E. The Property provides sufficient sound absorbing insulation so that noise generated inside the premises is not audible anywhere on the adjacent property or public rights-of-way, or within any other building or other separate unit within the same building as the Medical Marijuana Collective.

F. The Property provides a sufficient odor absorbing ventilation and exhaust system so that odor generated inside the Property is not detected outside the Property, anywhere on adjacent property or public rights-of-way, or within any other unit located within the same building as the Medical Marijuana Collective.

G. The Property is monitored at all times by a closed-circuit television for security purposes. The camera and recording system must be of adequate quality, color rendition and resolution to allow the ready identification of an individual on the Property. The recordings shall be maintained at the Property for a period of not less than thirty (30) days.

H. The Property has a centrally-monitored fire and burglar alarm system.

I. A sign is posted in a conspicuous location inside the Property advising:

1. "The diversion of marijuana for non-medical purposes is a violation of State law.
2. The use of marijuana may impair a person's ability to drive a motor vehicle or operate heavy machinery.
3. Loitering at the location of a Medical Marijuana Collective for an illegal purpose is prohibited by California Penal Code Section 647(h).
4. This Medical Marijuana Collective is permitted in accordance with the laws of the City of Hesperia.
5. The sale of marijuana and the diversion of marijuana for non-medical purposes are violations of State Law."

J. The Medical Marijuana Collective meets all applicable state and local laws to ensure that the operations of the Collective are consistent with the protection of the health, safety and welfare of the community, Qualified Patients and their Primary Caregivers, and will not adversely affect surrounding use.

K. No Collective shall operate for profit. Cash and in-kind contributions, reimbursements, and reasonable compensation provided by Management Members and members towards the Collective's actual expenses of the growth, cultivation, and provision of Medical Marijuana shall be allowed provide that they are in strict compliance with State Law. All cash and in-kind amounts and items shall be fully document in accordance with Section 5.87.070 of this chapter.

L. Collective cultivation of Medical Marijuana shall be limited to the Medical Marijuana Collective members and Management Members.

M. Every Medical Marijuana Collective shall maintain, on site at the Property, cultivation records, signed under penalty of perjury by each Management Members, identifying the location within the City of Hesperia at which the Medical Marijuana was cultivated, and the total number of said plants cultivated at each location.

N. Any Medical Marijuana provided to Collective members shall be properly labeled in strict compliance with state and local laws.

O. Medical Marijuana Collectives my possess no more than 8 ounces of dried marijuana per qualified patient of caregiver, and maintain no more than 6 mature and 12 immature marijuana plants per qualified patient, except if a qualified patient or primary caregiver has a doctor's recommendation that this quantity does not meet the qualified patient's needs.

P. Signage for the establishment shall be limited to one wall sign not to exceed ten (10) square feet in area, and one identifying sign not to exceed two square feet in area; such signs shall not be directly illuminated.

Q. Medical Marijuana Collectives shall provide state-licensed and uniformed security guard patrol for the location during all hours of operation. Security guards shall not possess firearms or tasers.

Section 5.10.060 Medical Marijuana Permit – Non-Transferable

A Medical Marijuana Collective Permit issued pursuant to this Chapter shall become null and void upon the cessation of the Collective and/or relocation of the Collective to a different Property. The holder of a Medical Marijuana Collective shall not allow others to use or rent the permitted Property.

Section 5.10.070 Maintenance of Records

A. A Medical Marijuana Collective shall maintain the following accurate and truthful records on the Property.

1. The full name, address, and telephone numbers of the owner, landlord and/or lessee of the property.

2. The full name, address, and telephone number(s) and a fully legible copy of a government issued for form of identification of each Collective member engaged in the management of the Collective and a description of the exact nature of the participation in the management of the Collective.

3. The full name, address, and telephone number(s) of each Collective member and Management Member who participates in the Collective cultivation of Medical Marijuana.

4. A written accounting of all cash and in-kind contributions, reimbursements, and reasonable compensation provided by the Collective Management members to the Collective, and all expenditures and costs incurred by the Collective.

5. Proof of a valid Medical Marijuana Collective Permit issued by the City of Hesperia in conformance with this chapter.

6. A list of Prohibited Activity, set forth in Section 5.10.100, containing a statement dated and signed by each Collective Member and Management Member, under penalty of perjury, that they read, understand and shall not engage in the aforementioned prohibited activity.

7. These records shall be maintained by the Medical marijuana Collective for a period of five (5) years and shall be made available by the Collective to the City upon request, subject to the authority set forth in Section 5.10.080.

Section 5.10.80 Inspection Authority

City representatives may enter and inspect the Property of every Medical Marijuana Collective between the hours of ten o'clock (10:00) A.M. and eight o'clock (8:00) P.M., to ensure compliance and enforcement of the provisions of this Chapter, except that the inspection and copying op private medical records shall be made available to the Police Department only pursuant to a properly executed search warrant, subpoena, or court order. It is unlawful for any Property owner, landlord, lessee, Medical Marijuana Collective member or Management Member or any other person having any responsibility over the operation of the Medical Marijuana Collective to refuse to allow, impede, obstruct or interfere with an inspection.

Section 5.10.090 Existing Medical Marijuana Operations

Any existing Medical Marijuana Collective, dispensary, operator, establishment, or provider business that does not comply with the requirements of this Chapter must immediately cease operation until such time, if any, when it complies fully with the requirements of this Chapter. No Medical Marijuana Collective, dispensary, operator, establishment, or provider that existed prior to the enactment of this Chapter shall be deemed to be a legally established use or a legal non-conforming use under the provisions of this Chapter or the Code.

Section 5.10.100 Prohibited Activity

A. It is unlawful for any person to cause, permit or engage in the cultivation, possession, distribution, exchange or giving away of Marijuana for medical or non-medical purposes except as provided in this Chapter, and pursuant to any and all other applicable local and state law.

B. It is unlawful for any person to cause, permit or engage in any activity related to Medical Marijuana except as provided in this Chapter and in Health and Safety Code Sections 11362.5 *et seq.*, and pursuant to any and all other applicable local and state law.

C. It is unlawful for any person knowingly to make any false, misleading or inaccurate statement or representation in any form, record, filing or documentation required to be maintained, filed or provided to the City under this Chapter.

D. No Medical Marijuana Collective, Management Member or member shall cause or permit the sale, distribution or exchange of Medical Marijuana cultivated at the Property or of any Edible Medical Marijuana product manufactured at the Property to any person who is not a member or a Management Member of the Collective.

E. No Medical Marijuana Collective, Management Member or member shall allow or permit the commercial sale of any product, good or service, including but not limited to drug paraphernalia identified in Health and Safety Code Section 11364, on or at the Medical Marijuana Collective, in the parking area of the Property. An exception shall be made for persons who are not Collective members or Management Members and who possess a valid City issued business license which authorizes the "place to place" sale of materials (other than seed stock) the collective cultivation of Medical Marijuana by Management Members and members of the Collective.

F. No cultivation of Medical Marijuana at the Property shall be visible with the naked eye from any public or other private property, nor shall cultivated Medical Marijuana or dried Medical Marijuana be visible from the building exterior. No cultivation shall occur at the Property unless the area devoted to the cultivation is secured from public access by means of a locked gate, and any other security measures necessary to prevent unauthorized entry, and has been inspected and approved by the City of Hesperia Fire and Building Departments.

G. No manufacture of Concentrated Cannabis in violation of California Health and Safety Code Section 11379.6 is allowed.

H. No Medical Marijuana Collective shall be open to or provide Medical Marijuana to its members or Management Members between the hours of eight o'clock (8:00) P.M. and ten o'clock (10:00) A.M.

I. No person under the age of eighteen (18) shall be allowed at the Property, unless that minor is a Qualified Patient and is accompanied by his or her licensed Attending Physician, parent(s) or documented legal guardian.

J. No Medical Marijuana Collective shall possess Marijuana that was not cultivated by its Management Members or members either at the Property or at a location fully documented and inspected in accordance with this Chapter.

K. No Medical Marijuana Collective, Management Member or member shall cause or permit the sale, dispensing, or consumption of alcoholic beverages on the Property or in the parking area of the Property.

L. No dried Medical Marijuana shall be stored at the Property in structures that are not completely enclosed, in an unlocked vault or safe, in any other unsecured storage structure, or in a safe or vault that is not bolted to the floor of the Property.

M. Medical Marijuana may not be inhaled, smoked, eaten, ingested, or otherwise consumed on the Property, in the parking areas of the Property, or in those areas restricted under the provisions of California Health and Safety Code Section 11362.79, which include:

a. Any place where smoking is prohibited by law;
b. Within one thousand feet (1,000') of the grounds of a school, recreation center, or youth center;
c. While on a school bus;
d. While in a motor vehicle that is being operated; or
e. While operating a boat.

N. No person who is currently charged with or has been convicted within the previous ten (10) years of a crimes of moral turpitude (such as theft, fraud, or assault), or who is currently on parole or probation for the sale or distribution of a controlled substance, shall be engaged directly or indirectly in the management of the Medical Marijuana Collective nor, further, shall manage or handle the receipts and expenses of the Collective.

O. No Medical Marijuana Collective shall hold or maintain a license from the State Department of Alcoholic Beverage Control to sell alcoholic beverages.

Section 5.10.110 Violation and Enforcement

A. Any violation of the terms and conditions of the Medical Marijuana Collective permit, of this Chapter, or of applicable local or state regulations and laws shall be grounds for permit suspension or revocation.

Section 5.10.120 Appeal process.

A. If a City department determines that the permittee failed to comply with any provision of this Chapter, or with any other provision or requirement of law, the Chief of Police shall revoke or suspend the Medical Marijuana Collective Permit.

B. The Chief of Police shall notify the permittee of the permit revocation or suspension by dated written notice. Said notice shall advise the permittee of the right to appeal the decision to the Public Safety/Public Services Committee within fourteen (14) days from the date the notice. The request for appeal shall be in writing, shall set forth the specific ground(s) on which it is based and shall be submitted to the Chief of Police.

C. The appeal shall be considered by the Public Safety/Public Services Committee in accordance with Section 7.102.040(F) and (G). The decision of the Public Safety/Public Services Committee shall be final.

D. Whenever a Medical Marijuana Collective Permit has been revoked or suspended, no permit application by any of the Managing Members of that Collective shall be considered for a period of three (3) years from either the date notice of the revocation or suspension was mailed, or the date of the final decision of the Public Safety/Public Services Committee, whichever is later.

Section 5.10.130 Severability.

If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance is for any reason held to be unconstitutional or invalid, such a decision shall not affect the validity of the remaining portions of this ordinance. The City Council hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase of this ordinance irrespective of the unconstitutionality or invalidity of any section, subsection, subdivision, paragraph, sentence, clause or phrase.

Section 5.10.140 Effective Date, Review and Implementation.

This Ordinance becomes effective thirty (30) days following its passage and adoption. Within thirty (30) days after adoption, the ordinance shall be reviewed by the Public Safety/Public Services Committee, and within thirty (30) days after passage adoption, the ordinance shall be reviewed in conjunction with all stakeholders. The ordinance shall be implemented no later than sixty (60) days after passage and adoption.

Section 5.10.150 Accompanying Fee Resolution

No later than 30 days before the implementation of this Ordinance, the City Council shall adopt a resolution establishing fees calculated to recover one-hundred percent of the costs of administering and enforcing this ordinance, including but not limited to the costs of processing applications, issuing permits, and conducting inspections.

Section 5.10.160 Review of Regulations.

On or before the six-month anniversary of the effective date of this Ordinance, the City Council shall review the effectiveness of these regulations, and shall enact modifications, if necessary.

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WHITE PAPER ON MARIJUANA DISPENSARIES

by

CALIFORNIA POLICE CHIEFS ASSOCIATION'S
TASK FORCE ON MARIJUANA DISPENSARIES

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ACKNOWLEDGMENTS

Beyond any question, this White Paper is the product of a major cooperative effort among representatives of numerous law enforcement agencies and allies who share in common the goal of bringing to light the criminal nexus and attendant societal problems posed by marijuana dispensaries that until now have been too often hidden in the shadows. The critical need for this project was first recognized by the California Police Chiefs Association, which put its implementation in the very capable hands of CPCA's Executive Director Leslie McGill, City of Modesto Chief of Police Roy Wasden, and City of El Cerrito Chief of Police Scott Kirkland to spearhead. More than 30 people contributed to this project as members of CPCA's Medical Marijuana Dispensary Crime/Impact Issues Task Force, which has been enjoying the hospitality of Sheriff John McGinnis at regular meetings held at the Sacramento County Sheriff's Department's Headquarters Office over the past three years about every three months. The ideas for the White Paper's components came from this group, and the text is the collaborative effort of numerous persons both on and off the task force. Special mention goes to Riverside County District Attorney Rod Pacheco and Riverside County Deputy District Attorney Jacqueline Jackson, who allowed their Office's fine White Paper on Medical Marijuana: History and Current Complications to be utilized as a partial guide, and granted permission to include material from that document. Also, Attorneys Martin Mayer and Richard Jones of the law firm of Jones & Mayer are thanked for preparing the pending legal questions and answers on relevant legal issues that appear at the end of this White Paper. And, I thank recently retired San Bernardino County Sheriff Gary Penrod for initially assigning me to contribute to this important work.

Identifying and thanking everyone who contributed in some way to this project would be well nigh impossible, since the cast of characters changed somewhat over the years, and some unknown individuals also helped meaningfully behind the scenes. Ultimately, developing a *White Paper on Marijuana Dispensaries* became a rite of passage for its creators as much as a writing project. At times this daunting, and sometimes unwieldy, multi-year project had many task force members, including the White Paper's editor, wondering if a polished final product would ever really reach fruition. But at last it has! If any reader is enlightened and spurred to action to any degree by the White Paper's important and timely subject matter, all of the work that went into this collaborative project will have been well worth the effort and time expended by the many individuals who worked harmoniously to make it possible.

Some of the other persons and agencies who contributed in a meaningful way to this group venture over the past three years, and deserve acknowledgment for their helpful input and support, are:

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Martin Vranicar, Jr., California District Attorneys Association

April 22, 2009

Dennis Tilton, Editor

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ATTACHMENT 5

WHITE PAPER ON MARIJUANA DISPENSARIES

by

CALIFORNIA POLICE CHIEFS ASSOCIATION'S
TASK FORCE ON MARIJUANA DISPENSARIES

EXECUTIVE SUMMARY

INTRODUCTION

Proposition 215, an initiative authorizing the limited possession, cultivation, and use of marijuana by patients and their care providers for certain medicinal purposes recommended by a physician without subjecting such persons to criminal punishment, was passed by California voters in 1996. This was supplemented by the California State Legislature's enactment in 2003 of the Medical Marijuana Program Act (SB 420) that became effective in 2004. The language of Proposition 215 was codified in California as the Compassionate Use Act, which added section 11362.5 to the California Health & Safety Code. Much later, the language of Senate Bill 420 became the Medical Marijuana Program Act (MMPA), and was added to the California Health & Safety Code as section 11362.7 *et seq.* Among other requirements, it purports to direct all California counties to set up and administer a voluntary identification card system for medical marijuana users and their caregivers. Some counties have already complied with the mandatory provisions of the MMPA, and others have challenged provisions of the Act or are awaiting outcomes of other counties' legal challenges to it before taking affirmative steps to follow all of its dictates. And, with respect to marijuana dispensaries, the reaction of counties and municipalities to these nascent businesses has been decidedly mixed. Some have issued permits for such enterprises. Others have refused to do so within their jurisdictions. Still others have conditioned permitting such operations on the condition that they not violate any state or federal law, or have reversed course after initially allowing such activities within their geographical borders by either limiting or refusing to allow any further dispensaries to open in their community. This White Paper explores these matters, the apparent conflicts between federal and California law, and the scope of both direct and indirect adverse impacts of marijuana dispensaries in local communities. It also recounts several examples that could be emulated of what some governmental officials and law enforcement agencies have already instituted in their jurisdictions to limit the proliferation of marijuana dispensaries and to mitigate their negative consequences.

FEDERAL LAW

Except for very limited and authorized research purposes, federal law through the Controlled Substances Act absolutely prohibits the use of marijuana for any legal purpose, and classifies it as a banned Schedule I drug. It cannot be legally prescribed as medicine by a physician. And, the federal regulation supersedes any state regulation, so that under federal law California medical marijuana statutes do not provide a legal defense for cultivating or possessing marijuana—even with a physician's recommendation for medical use.

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CALIFORNIA LAW

Although California law generally prohibits the cultivation, possession, transportation, sale, or other transfer of marijuana from one person to another, since late 1996 after passage of an initiative (Proposition 215) later codified as the Compassionate Use Act, it has provided a limited affirmative defense to criminal prosecution for those who cultivate, possess, or use limited amounts of marijuana for medicinal purposes as qualified patients with a physician's recommendation or their designated primary caregiver or cooperative. Notwithstanding these limited exceptions to criminal culpability, California law is notably silent on any such available defense for a storefront marijuana dispensary, and California Attorney General Edmund G. Brown, Jr. has recently issued guidelines that generally find marijuana dispensaries to be unprotected and illegal drug-trafficking enterprises except in the rare instance that one can qualify as a true cooperative under California law. A primary caregiver must consistently and regularly assume responsibility for the housing, health, or safety of an authorized medical marijuana user, and nowhere does California law authorize cultivating or providing marijuana—medical or non-medical—for profit.

California's Medical Marijuana Program Act (Senate Bill 420) provides further guidelines for mandated county programs for the issuance of identification cards to authorized medical marijuana users on a voluntary basis, for the chief purpose of giving them a means of certification to show law enforcement officers if such persons are investigated for an offense involving marijuana. This system is currently under challenge by the Counties of San Bernardino and San Diego and Sheriff Gary Penrod, pending a decision on review by the U.S. Supreme Court, as is California's right to permit any legal use of marijuana in light of federal law that totally prohibits any personal cultivation, possession, sale, transportation, or use of this substance whatsoever, whether for medical or non-medical purposes.

PROBLEMS POSED BY MARIJUANA DISPENSARIES

Marijuana dispensaries are commonly large money-making enterprises that will sell marijuana to most anyone who produces a physician's written recommendation for its medical use. These recommendations can be had by paying unscrupulous physicians a fee and claiming to have most any malady, even headaches. While the dispensaries will claim to receive only donations, no marijuana will change hands without an exchange of money. These operations have been tied to organized criminal gangs, foster large grow operations, and are often multi-million-dollar profit centers.

Because they are repositories of valuable marijuana crops and large amounts of cash, several operators of dispensaries have been attacked and murdered by armed robbers both at their storefronts and homes, and such places have been regularly burglarized. Drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, and robberies of customers just outside dispensaries are also common ancillary byproducts of their operations. To repel store invasions, firearms are often kept on hand inside dispensaries, and firearms are used to hold up their proprietors. These dispensaries are either linked to large marijuana grow operations or encourage home grows by buying marijuana to dispense. And, just as destructive fires and unhealthful mold in residential neighborhoods are often the result of large indoor home grows designed to supply dispensaries, money laundering also naturally results from dispensaries' likely unlawful operations.

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LOCAL GOVERNMENTAL RESPONSES

Local governmental bodies can impose a moratorium on the licensing of marijuana dispensaries while investigating this issue; can ban this type of activity because it violates federal law; can use zoning to control the dispersion of dispensaries and the attendant problems that accompany them in unwanted areas; and can condition their operation on not violating any federal or state law, which is akin to banning them, since their primary activities will always violate federal law as it now exists—and almost surely California law as well.

LIABILITY

While highly unlikely, local public officials, including county supervisors and city council members, could potentially be charged and prosecuted for aiding and abetting criminal acts by authorizing and licensing marijuana dispensaries if they do not qualify as "cooperatives" under California law, which would be a rare occurrence. Civil liability could also result.

ENFORCEMENT OF MARIJUANA LAWS

While the Drug Enforcement Administration has been very active in raiding large-scale marijuana dispensaries in California in the recent past, and arresting and prosecuting their principals under federal law in selective cases, the new U.S. Attorney General, Eric Holder, Jr., has very recently announced a major change of federal position in the enforcement of federal drug laws with respect to marijuana dispensaries. It is to target for prosecution only marijuana dispensaries that are exposed as fronts for drug trafficking. It remains to be seen what standards and definitions will be used to determine what indicia will constitute a drug trafficking operation suitable to trigger investigation and enforcement under the new federal administration.

Some counties, like law enforcement agencies in the County of San Diego and County of Riverside, have been aggressive in confronting and prosecuting the operators of marijuana dispensaries under state law. Likewise, certain cities and counties have resisted granting marijuana dispensaries business licenses, have denied applications, or have imposed moratoria on such enterprises. Here, too, the future is uncertain, and permissible legal action with respect to marijuana dispensaries may depend on future court decisions not yet handed down.

Largely because the majority of their citizens have been sympathetic and projected a favorable attitude toward medical marijuana patients, and have been tolerant of the cultivation and use of marijuana, other local public officials in California cities and counties, especially in Northern California, have taken a "hands off" attitude with respect to prosecuting marijuana dispensary operators or attempting to close down such operations. But, because of the life safety hazards caused by ensuing fires that have often erupted in resultant home grow operations, and the violent acts that have often shadowed dispensaries, some attitudes have changed and a few political entities have reversed course after having previously licensed dispensaries and authorized liberal permissible amounts of marijuana for possession by medical marijuana patients in their jurisdictions. These "patients" have most often turned out to be young adults who are not sick at all, but have secured a physician's written recommendation for marijuana use by simply paying the required fee demanded for this document without even first undergoing a physical examination. Too often "medical marijuana" has been used as a smokescreen for those who want to legalize it and profit off it, and storefront dispensaries established as cover for selling an illegal substance for a lucrative return.

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WHITE PAPER ON MARIJUANA DISPENSARIES

by

CALIFORNIA POLICE CHIEFS ASSOCIATION

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INTRODUCTION

In November of 1996, California voters passed Proposition 215. The initiative set out to make marijuana available to people with certain illnesses. The initiative was later supplemented by the Medical Marijuana Program Act. Across the state, counties and municipalities have varied in their responses to medical marijuana. Some have allowed businesses to open and provide medical marijuana. Others have disallowed all such establishments within their borders. Several once issued business licenses allowing medical marijuana stores to operate, but no longer do so. This paper discusses the legality of both medical marijuana and the businesses that make it available, and more specifically, the problems associated with medical marijuana and marijuana dispensaries, under whatever name they operate.

FEDERAL LAW

Federal law clearly and unequivocally states that all marijuana-related activities are illegal. Consequently, all people engaged in such activities are subject to federal prosecution. The United States Supreme Court has ruled that this federal regulation supersedes any state's regulation of marijuana – even California's. (*Gonzales v. Raich* (2005) 125 S.Ct. 2195, 2215.) "The Supremacy Clause unambiguously provides that if there is any conflict between federal law and state law, federal law shall prevail." (*Gonzales v. Raich, supra.*) Even more recently, the 9th Circuit Court of Appeals found that there is no fundamental right under the United States Constitution to even use medical marijuana. (*Raich v. Gonzales* (9th Cir. 2007) 500 F.3d 850, 866.)

In *Gonzales v. Raich,* the High Court declared that, despite the attempts of several states to partially legalize marijuana, it continues to be wholly illegal since it is classified as a Schedule I drug under federal law. As such, there are no exceptions to its illegality. (21 USC secs. 812(c), 841(a)(1).) Over the past thirty years, there have been several attempts to have marijuana reclassified to a different schedule which would permit medical use of the drug. All of these attempts have failed. (*See Gonzales v. Raich* (2005) 125 S.Ct. 2195, fn 23.) The mere categorization of marijuana as "medical" by some states fails to carve out any legally recognized exception regarding the drug. Marijuana, in any form, is neither valid nor legal.

Clearly the United States Supreme Court is the highest court in the land. Its decisions are final and binding upon all lower courts. The Court invoked the United States Supremacy Clause and the Commerce Clause in reaching its decision. The Supremacy Clause declares that all laws made in pursuance of the Constitution shall be the "supreme law of the land" and shall be legally superior to any conflicting provision of a state constitution or law.[1] The Commerce Clause states that "the

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Congress shall have power to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes."[2]

Gonzales v. Raich addressed the concerns of two California individuals growing and using marijuana under California's medical marijuana statute. The Court explained that under the Controlled Substances Act marijuana is a Schedule I drug and is strictly regulated.[3] "Schedule I drugs are categorized as such because of their high potential for abuse, lack of any accepted medical use, and absence of any accepted safety for use in medically supervised treatment."[4] (21 USC sec. 812(b)(1).) The Court ruled that the Commerce Clause is applicable to California individuals growing and obtaining marijuana for their own personal, medical use. Under the Supremacy Clause, the federal regulation of marijuana, pursuant to the Commerce Clause, supersedes any state's regulation, including California's. The Court found that the California statutes did not provide any federal defense if a person is brought into federal court for cultivating or possessing marijuana.

Accordingly, there is no federal exception for the growth, cultivation, use or possession of marijuana and all such activity remains illegal.[5] California's Compassionate Use Act of 1996 and Medical Marijuana Program Act of 2004 do not create an exception to this federal law. All marijuana activity is absolutely illegal and subject to federal regulation and prosecution. This notwithstanding, on March 19, 2009, U.S. Attorney General Eric Holder, Jr. announced that under the new Obama Administration the U.S. Department of Justice plans to target for prosecution only those marijuana dispensaries that use medical marijuana dispensing as a front for dealers of illegal drugs.[6]

CALIFORNIA LAW

Generally, the possession, cultivation, possession for sale, transportation, distribution, furnishing, and giving away of marijuana is unlawful under California state statutory law. (See Cal. Health & Safety Code secs. 11357-11360.) But, on November 5, 1996, California voters adopted Proposition 215, an initiative statute authorizing the medical use of marijuana.[7] The initiative added California Health and Safety code section 11362.5, which allows "seriously ill Californians the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician . . . ."[8] The codified section is known as the Compassionate Use Act of 1996.[9] Additionally, the State Legislature passed Senate Bill 420 in 2003. It became the Medical Marijuana Program Act and took effect on January 1, 2004.[10] This act expanded the definitions of "patient" and "primary caregiver"[11] and created guidelines for identification cards.[12] It defined the amount of marijuana that "patients," and "primary caregivers" can possess.[13] It also created a limited affirmative defense to criminal prosecution for qualifying individuals that collectively gather to cultivate medical marijuana,[14] as well as to the crimes of marijuana possession, possession for sale, transportation, sale, furnishing, cultivation, and maintenance of places for storage, use, or distribution of marijuana for a person who qualifies as a "patient," a "primary caregiver," or as a member of a legally recognized "cooperative," as those terms are defined within the statutory scheme. Nevertheless, there is no provision in any of these laws that authorizes or protects the establishment of a "dispensary" or other storefront marijuana distribution operation.

Despite their illegality in the federal context, the medical marijuana laws in California are specific. The statutes craft narrow affirmative defenses for particular individuals with respect to enumerated marijuana activity. All conduct, and people engaging in it, that falls outside of the statutes' parameters remains illegal under California law. Relatively few individuals will be able to assert the affirmative defense in the statute. To use it a person must be a "qualified patient," "primary caregiver," or a member of a "cooperative." Once they are charged with a crime, if a person can prove an applicable legal status, they are entitled to assert this statutory defense.

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Former California Attorney General Bill Lockyer has also spoken about medical marijuana, and strictly construed California law relating to it. His office issued a bulletin to California law enforcement agencies on June 9, 2005. The office expressed the opinion that *Gonzales v. Raich* did not address the validity of the California statutes and, therefore, had no effect on California law. The office advised law enforcement to not change their operating procedures. Attorney General Lockyer made the recommendation that law enforcement neither arrest nor prosecute "individuals within the legal scope of California's Compassionate Use Act." Now the current California Attorney General, Edmund G. Brown, Jr., has issued guidelines concerning the handling of issues relating to California's medical marijuana laws and marijuana dispensaries. The guidelines are much tougher on storefront dispensaries—generally finding them to be unprotected, illegal drug-trafficking enterprises if they do not fall within the narrow legal definition of a "cooperative"—than on the possession and use of marijuana upon the recommendation of a physician.

When California's medical marijuana laws are strictly construed, it appears that the decision in *Gonzales v. Raich* does affect California law. However, provided that federal law does not preempt California law in this area, it does appear that the California statutes offer some legal protection to "individuals within the legal scope of" the acts. The medical marijuana laws speak to patients, primary caregivers, and true collectives. These people are expressly mentioned in the statutes, and, if their conduct comports to the law, they may have some state legal protection for specified marijuana activity. Conversely, all marijuana establishments that fall outside the letter and spirit of the statutes, including dispensaries and storefront facilities, are not legal. These establishments have no legal protection. Neither the former California Attorney General's opinion nor the current California Attorney General's guidelines present a contrary view. Nevertheless, without specifically addressing marijuana dispensaries, Attorney General Brown has sent his deputies attorney general to defend the codified Medical Marijuana Program Act against court challenges, and to advance the position that the state's regulations promulgated to enforce the provisions of the codified Compassionate Use Act (Proposition 215), including a statewide database and county identification card systems for marijuana patients authorized by their physicians to use marijuana, are all valid.

1. Conduct

California Health and Safety Code sections 11362.765 and 11362.775 describe the conduct for which the affirmative defense is available. If a person qualifies as a "patient," "primary caregiver," or is a member of a legally recognized "cooperative," he or she has an affirmative defense to possessing a defined amount of marijuana. Under the statutes no more than eight ounces of dried marijuana can be possessed. Additionally, either six mature or twelve immature plants may be possessed.[15] If a person claims patient or primary caregiver status, and possesses more than this amount of marijuana, he or she can be prosecuted for drug possession. The qualifying individuals may also cultivate, plant, harvest, dry, and/or process marijuana, but only while still strictly observing the permitted amount of the drug. The statute may also provide a limited affirmative defense for possessing marijuana for sale, transporting it, giving it away, maintaining a marijuana house, knowingly providing a space where marijuana can be accessed, and creating a narcotic nuisance.[16]

However, for anyone who cannot lay claim to the appropriate status under the statutes, all instances of marijuana possession, cultivation, planting, harvesting, drying, processing, possession for the purposes of sales, completed sales, giving away, administration, transportation, maintaining of marijuana houses, knowingly providing a space for marijuana activity, and creating a narcotic nuisance continue to be illegal under California law.

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2. Patients and Cardholders

A dispensary obviously is not a patient or cardholder. A "qualified patient" is an individual with a physician's recommendation that indicates marijuana will benefit the treatment of a qualifying illness. (Cal. H&S Code secs. 11362.5(b)(1)(A) and 11362.7(f).) Qualified illnesses include cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or *any other illness for which marijuana provides relief.*[17] A physician's recommendation that indicates medical marijuana will benefit the treatment of an illness is required before a person can claim to be a medical marijuana patient. Accordingly, such proof is also necessary before a medical marijuana affirmative defense can be claimed.

A "person with an identification card" means an individual who is a qualified patient who has applied for and received a valid identification card issued by the State Department of Health Services. (Cal. H&S Code secs. 11362.7(c) and 11362.7(g).)

3. Primary Caregivers

The only person or entity authorized to receive compensation for services provided to patients and cardholders is a primary caregiver. (Cal. H&S Code sec. 11362.77(c).) However, nothing in the law authorizes any individual or group to cultivate or distribute marijuana for profit. (Cal. H&S Code sec. 11362.765(a).) It is important to note that it is almost impossible for a storefront marijuana business to gain true primary caregiver status. Businesses that call themselves "cooperatives," but function like storefront dispensaries, suffer this same fate. In *People v. Mower,* the court was very clear that the defendant had to prove he was a primary caregiver in order to raise the medical marijuana affirmative defense. Mr. Mower was prosecuted for supplying two people with marijuana.[18] He claimed he was their primary caregiver under the medical marijuana statutes. This claim required him to prove he "**consistently** had assumed responsibility for either one's **housing, health, or safety**" before he could assert the defense.[19] (Emphasis added.)

The key to being a primary caregiver is not simply that marijuana is provided for a patient's health; the responsibility for the health must be consistent; it must be independent of merely providing marijuana for a qualified person; and such a primary caregiver-patient relationship must begin before or contemporaneously with the time of assumption of responsibility for assisting the individual with marijuana. (*People v. Mentch* (2008) 45 Cal.4th 274, 283.) Any relationship a storefront marijuana business has with a patient is much more likely to be transitory than consistent, and to be wholly lacking in providing for a patient's health needs beyond just supplying him or her with marijuana.

A "primary caregiver" is an individual or facility that has "consistently assumed responsibility for the housing, health, or safety of a patient" over time. (Cal. H&S Code sec. 11362.5(e).) "Consistency" is the key to meeting this definition. A patient can elect to patronize any dispensary that he or she chooses. The patient can visit different dispensaries on a single day or any subsequent day. The statutory definition includes some clinics, health care facilities, residential care facilities, and hospices. But, in light of the holding in *People v. Mentch*, *supra*, to qualify as a primary caregiver, more aid to a person's health must occur beyond merely dispensing marijuana to a given customer.

Additionally, if more than one patient designates the same person as the primary caregiver, all individuals must reside in the same city or county. And, in most circumstances the primary caregiver must be at least 18 years of age.

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The courts have found that the act of signing a piece of paper declaring that someone is a primary caregiver does not necessarily make that person one. (*See People ex rel. Lungren v. Peron* (1997) 59 Cal.App.4th 1383, 1390: "One maintaining a source of marijuana supply, from which all members of the public qualified as permitted medicinal users may or may not discretionarily elect to make purchases, does not thereby become the party 'who has consistently assumed responsibility for the housing, health, or safety' of that purchaser as section 11362.5(e) requires.")

The California Legislature had the opportunity to legalize the existence of dispensaries when setting forth what types of facilities could qualify as "primary caregivers." Those included in the list clearly show the Legislature's intent to restrict the definition to one involving a significant and long-term commitment to the patient's health, safety, and welfare. The only facilities which the Legislature authorized to serve as "primary caregivers" are clinics, health care facilities, residential care facilities, home health agencies, and hospices which actually provide medical care or supportive services to qualified patients. (Cal. H&S Code sec. 11362.7(d)(1).) Any business that cannot prove that its relationship with the patient meets these requirements is not a primary caregiver. Functionally, the business is a drug dealer and is subject to prosecution as such.

4. Cooperatives and Collectives

According to the California Attorney General's recently issued *Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use*, unless they meet stringent requirements, dispensaries also cannot reasonably claim to be cooperatives or collectives. In passing the Medical Marijuana Program Act, the Legislature sought, in part, to enhance the access of patients and caregivers to medical marijuana through collective, cooperative cultivation programs. (*People v. Urziceanu* (2005) 132 Cal.App.4th 747, 881.) The Act added section 11362.775, which provides that "Patients and caregivers who associate within the State of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions" for the crimes of marijuana possession, possession for sale, transportation, sale, furnishing, cultivation, and maintenance of places for storage, use, or distribution of marijuana. However, there is no authorization for any individual or group to cultivate or distribute marijuana for profit. (Cal. H&S Code sec. 11362.77(a).) If a dispensary is only a storefront distribution operation open to the general public, and there is no indication that it has been involved with growing or cultivating marijuana for the benefit of members as a non-profit enterprise, it will not qualify as a cooperative to exempt it from criminal penalties under California's marijuana laws.

Further, the common dictionary definition of "collectives" is that they are organizations jointly managed by those using its facilities or services. Legally recognized cooperatives generally possess "the following features: control and ownership of each member is substantially equal; members are limited to those who will avail themselves of the services furnished by the association; transfer of ownership interests is prohibited or limited; capital investment receives either no return or a limited return; economic benefits pass to the members on a substantially equal basis or on the basis of their patronage of the association; members are not personally liable for obligations of the association in the absence of a direct undertaking or authorization by them; death, bankruptcy, or withdrawal of one or more members does not terminate the association; and [the] services of the association are furnished primarily for the use of the members."[20] Marijuana businesses, of any kind, do not normally meet this legal definition.

Based on the foregoing, it is clear that virtually all marijuana dispensaries are not legal enterprises under either federal or state law.

LAWS IN OTHER STATES

Besides California, at the time of publication of this White Paper, thirteen other states have enacted medical marijuana laws on their books, whereby to some degree marijuana recommended or prescribed by a physician to a specified patient may be legally possessed. These states are Alaska, Colorado, Hawaii, Maine, Maryland, Michigan, Montana, Nevada, New Mexico, Oregon, Rhode Island, Vermont, and Washington. And, possession of marijuana under one ounce has now been decriminalized in Massachusetts.[21]

STOREFRONT MARIJUANA DISPENSARIES AND COOPERATIVES

Since the passage of the Compassionate Use Act of 1996, many storefront marijuana businesses have opened in California.[22] Some are referred to as dispensaries, and some as cooperatives; but it is how they operate that removes them from any umbrella of legal protection. These facilities operate as if they are pharmacies. Most offer different types and grades of marijuana. Some offer baked goods that contain marijuana.[23] Monetary donations are collected from the patient or primary caregiver when marijuana or food items are received. The items are not technically sold since that would be a criminal violation of the statutes.[24] These facilities are able to operate because they apply for and receive business licenses from cities and counties.

Federally, all existing storefront marijuana businesses are subject to search and closure since they violate federal law.[25] Their mere existence violates federal law. Consequently, they have no right to exist or operate, and arguably cities and counties in California have no authority to sanction them.

Similarly, in California there is no apparent authority for the existence of these storefront marijuana businesses. The Medical Marijuana Program Act of 2004 allows *patients* and *primary caregivers* to grow and cultivate marijuana, and no one else.[26] Although California Health and Safety Code section 11362.775 offers some state legal protection for true collectives and cooperatives, no parallel protection exists in the statute for any storefront business providing any narcotic.

The common dictionary definition of collectives is that they are organizations jointly managed by those using its facilities or services. Legally recognized cooperatives generally possess "the following features: control and ownership of each member is substantially equal; members are limited to those who will avail themselves of the services furnished by the association; transfer of ownership interests is prohibited or limited; *capital investment receives either no return or a limited return*; economic benefits pass to the members on a substantially equal basis or on the basis of their patronage of the association; members are not personally liable for obligations of the association in the absence of a direct undertaking or authorization by them; death, bankruptcy or withdrawal of one or more members does not terminate the association; and [the] services of the association are furnished primarily for the use of the members."[27] Marijuana businesses, of any kind, do not meet this legal definition.

Actual medical dispensaries are commonly defined as offices in hospitals, schools, or other institutions from which medical supplies, preparations, and treatments are dispensed. Hospitals, hospices, home health care agencies, and the like are specifically included in the code as primary caregivers as long as they have "consistently assumed responsibility for the housing, health, or safety" of a patient.[28] Clearly, it is doubtful that any of the storefront marijuana businesses currently

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existing in California can claim that status. Consequently, they are not primary caregivers and are subject to prosecution under both California and federal laws.

HOW EXISTING DISPENSARIES OPERATE

Despite their clear illegality, some cities do have existing and operational dispensaries. Assuming, *arguendo*, that they may operate, it may be helpful to review the mechanics of the business. The former Green Cross dispensary in San Francisco illustrates how a typical marijuana dispensary works.[29]

A guard or employee may check for medical marijuana cards or physician recommendations at the entrance. Many types and grades of marijuana are usually available. Although employees are neither pharmacists nor doctors, sales clerks will probably make recommendations about what type of marijuana will best relieve a given medical symptom. Baked goods containing marijuana may be available and sold, although there is usually no health permit to sell baked goods. The dispensary will give the patient a form to sign declaring that the dispensary is their "primary caregiver" (a process fraught with legal difficulties). The patient then selects the marijuana desired and is told what the "contribution" will be for the product. The California Health & Safety Code specifically prohibits the sale of marijuana to a patient, so "contributions" are made to reimburse the dispensary for its time and care in making "product" available. However, if a calculation is made based on the available evidence, it is clear that these "contributions" can easily add up to millions of dollars per year. That is a very large cash flow for a "non-profit" organization denying any participation in the retail sale of narcotics. Before its application to renew its business license was denied by the City of San Francisco, there were single days that Green Cross sold $45,000 worth of marijuana. On Saturdays, Green Cross could sell marijuana to forty-three patients an hour. The marijuana sold at the dispensary was obtained from growers who brought it to the store in backpacks. A medium-sized backpack would hold approximately $16,000 worth of marijuana. Green Cross used many different marijuana growers.

It is clear that dispensaries are running as if they are businesses, not legally valid cooperatives. Additionally, they claim to be the "primary caregivers" of patients. This is a spurious claim. As discussed above, the term "primary caregiver" has a very specific meaning and defined legal qualifications. A primary caregiver is an individual who has "consistently assumed responsibility for the housing, health, or safety of a patient." [30] The statutory definition includes some clinics, health care facilities, residential care facilities, and hospices. If more than one patient designates the same person as the primary caregiver, all individuals must reside in the same city or county. In most circumstances the primary caregiver must be at least 18 years of age.

It is almost impossible for a storefront marijuana business to gain true primary caregiver status. A business would have to prove that it "**consistently** had assumed responsibility for [a patient's] **housing, health, or safety**."[31] The key to being a primary caregiver is not simply that marijuana is provided for a patient's health: the responsibility for the patient's health must be **consistent**.

As seen in the Green Cross example, a storefront marijuana business's relationship with a patient is most likely transitory. In order to provide a qualified patient with marijuana, a storefront marijuana business must create an instant "primary caregiver" relationship with him. The very fact that the relationship is instant belies any consistency in their relationship and the requirement that housing, health, or safety is consistently provided. Courts have found that a patient's act of signing a piece of paper declaring that someone is a primary caregiver does not necessarily make that person one. The

consistent relationship demanded by the statute is mere fiction if it can be achieved between an individual and a business that functions like a narcotic retail store.

ADVERSE SECONDARY EFFECTS OF MARIJUANA DISPENSARIES AND SIMILIARLY OPERATING COOPERATIVES

Of great concern are the adverse secondary effects of these dispensaries and storefront cooperatives. They are many. Besides flouting federal law by selling a prohibited Schedule I drug under the Controlled Substances Act, marijuana dispensaries attract or cause numerous ancillary social problems as byproducts of their operation. The most glaring of these are other criminal acts.

ANCILLARY CRIMES

A. ARMED ROBBERIES AND MURDERS

Throughout California, many violent crimes have been committed that can be traced to the proliferation of marijuana dispensaries. These include armed robberies and murders. For example, as far back as 2002, two home occupants were shot in Willits, California in the course of a home-invasion robbery targeting medical marijuana.[32] And, a series of four armed robberies of a marijuana dispensary in Santa Barbara, California occurred through August 10, 2006, in which thirty dollars and fifteen baggies filled with marijuana on display were taken by force and removed from the premises in the latest holdup. The owner said he failed to report the first three robberies because "medical marijuana is such a controversial issue." [33]

On February 25, 2004, in Mendocino County two masked thugs committed a home invasion robbery to steal medical marijuana. They held a knife to a 65-year-old man's throat, and though he fought back, managed to get away with large amounts of marijuana. They were soon caught, and one of the men received a sentence of six years in state prison.[34] And, on August 19, 2005, 18-year-old Demarco Lowrey was "shot in the stomach" and "bled to death" during a gunfight with the business owner when he and his friends attempted a takeover robbery of a storefront marijuana business in the City of San Leandro, California. The owner fought back with the hooded home invaders, and a gun battle ensued. Demarco Lowery was hit by gunfire and "dumped outside the emergency entrance of Children's Hospital Oakland" after the shootout.[35] He did not survive.[36]

Near Hayward, California, on September 2, 2005, upon leaving a marijuana dispensary, a patron of the CCA Cannabis Club had a gun put to his head as he was relieved of over $250 worth of pot. Three weeks later, another break-in occurred at the Garden of Eden Cannabis Club in September of 2005.[37]

Another known marijuana-dispensary-related murder occurred on November 19, 2005. Approximately six gun- and bat-wielding burglars broke into Les Crane's home in Laytonville, California while yelling, "This is a raid." Les Crane, who owned two storefront marijuana businesses, was at home and shot to death. He received gunshot wounds to his head, arm, and abdomen.[38] Another man present at the time was beaten with a baseball bat. The murderers left the home after taking an unknown sum of U.S. currency and a stash of processed marijuana.[39]

Then, on January 9, 2007, marijuana plant cultivator Rex Farrance was shot once in the chest and killed in his own home after four masked intruders broke in and demanded money. When the homeowner ran to fetch a firearm, he was shot dead. The robbers escaped with a small amount of

cash and handguns. Investigating officers counted 109 marijuana plants in various phases of cultivation inside the house, along with two digital scales and just under 4 pounds of cultivated marijuana.[40]

More recently in Colorado, Ken Gorman, a former gubernatorial candidate and dispenser of marijuana who had been previously robbed over twelve times at his home in Denver, was found murdered by gunshot inside his home. He was a prominent proponent of medical marijuana and the legalization of marijuana.[41]

B. BURGLARIES

In June of 2007, after two burglarizing youths in Bellflower, California were caught by the homeowner trying to steal the fruits of his indoor marijuana grow, he shot one who was running away, and killed him.[42] And, again in January of 2007, Claremont Councilman Corey Calaycay went on record calling marijuana dispensaries "crime magnets" after a burglary occurred in one in Claremont, California.[43]

On July 17, 2006, the El Cerrito City Council voted to ban all such marijuana facilities. It did so after reviewing a nineteen-page report that detailed a rise in crime near these storefront dispensaries in other cities. The crimes included robberies, assaults, burglaries, murders, and attempted murders.[44] Even though marijuana storefront businesses do not currently exist in the City of Monterey Park, California, it issued a moratorium on them after studying the issue in August of 2006.[45] After allowing these establishments to operate within its borders, the City of West Hollywood, California passed a similar moratorium. The moratorium was "prompted by incidents of armed burglary at some of the city's eight existing pot stores and complaints from neighbors about increased pedestrian and vehicle traffic and noise . . . ."[46]

C. TRAFFIC, NOISE, AND DRUG DEALING

Increased noise and pedestrian traffic, including nonresidents in pursuit of marijuana, and out of area criminals in search of prey, are commonly encountered just outside marijuana dispensaries,[47] as well as drug-related offenses in the vicinity—like resales of products just obtained inside—since these marijuana centers regularly attract marijuana growers, drug users, and drug traffickers.[48] Sharing just purchased marijuana outside dispensaries also regularly takes place.[49]

Rather than the "seriously ill," for whom medical marijuana was expressly intended,[50] "'perfectly healthy' young people frequenting dispensaries" are a much more common sight.[51] Patient records seized by law enforcement officers from dispensaries during raids in San Diego County, California in December of 2005 "showed that 72 percent of patients were between 17 and 40 years old . . . ."[52] Said one admitted marijuana trafficker, "The people I deal with are the same faces I was dealing with 12 years ago but now, because of Senate Bill 420, they are supposedly legit. I can totally see why cops are bummed."[53]

Reportedly, a security guard sold half a pound of marijuana to an undercover officer just outside a dispensary in Morro Bay, California.[54] And, the mere presence of marijuana dispensaries encourages illegal growers to plant, cultivate, and transport ever more marijuana, in order to supply and sell their crops to these storefront operators in the thriving medical marijuana dispensary market, so that the national domestic marijuana yield has been estimated to be 35.8 billion dollars, of which a 13.8 billion dollar share is California grown.[55] It is a big business. And, although the operators of some dispensaries will claim that they only accept monetary contributions for the products they

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dispense, and do not sell marijuana, a patron will not receive any marijuana until an amount of money acceptable to the dispensary has changed hands.

D. ORGANIZED CRIME, MONEY LAUNDERING, AND FIREARMS VIOLATIONS

Increasingly, reports have been surfacing about organized crime involvement in the ownership and operation of marijuana dispensaries, including Asian and other criminal street gangs and at least one member of the Armenian Mafia.[56] The dispensaries or "pot clubs" are often used as a front by organized crime gangs to traffic in drugs and launder money. One such gang whose territory included San Francisco and Oakland, California reportedly ran a multi-million dollar business operating ten warehouses in which vast amounts of marijuana plants were grown.[57] Besides seizing over 9,000 marijuana plants during surprise raids on this criminal enterprise's storage facilities, federal officers also confiscated three firearms,[58] which seem to go hand in hand with medical marijuana cultivation and dispensaries.[59]

Marijuana storefront businesses have allowed criminals to flourish in California. In the summer of 2007, the City of San Diego cooperated with federal authorities and served search warrants on several marijuana dispensary locations. In addition to marijuana, many weapons were recovered, including a stolen handgun and an M-16 assault rifle.[60] The National Drug Intelligence Center reports that marijuana growers are employing armed guards, using explosive booby traps, and murdering people to shield their crops. Street gangs of all national origins are involved in transporting and distributing marijuana to meet the ever increasing demand for the drug.[61] Active Asian gangs have included members of Vietnamese organized crime syndicates who have migrated from Canada to buy homes throughout the United States to use as grow houses.[62]

Some or all of the processed harvest of marijuana plants nurtured in these homes then wind up at storefront marijuana dispensaries owned and operated by these gangs. Storefront marijuana businesses are very dangerous enterprises that thrive on ancillary grow operations.

Besides fueling marijuana dispensaries, some monetary proceeds from the sale of harvested marijuana derived from plants grown inside houses are being used by organized crime syndicates to fund other legitimate businesses for profit and the laundering of money, and to conduct illegal business operations like prostitution, extortion, and drug trafficking.[63] Money from residential grow operations is also sometimes traded by criminal gang members for firearms, and used to buy drugs, personal vehicles, and additional houses for more grow operations,[64] and along with the illegal income derived from large-scale organized crime-related marijuana production operations comes widespread income tax evasion.[65]

E. POISONINGS

Another social problem somewhat unique to marijuana dispensaries is poisonings, both intentional and unintentional. On August 16, 2006, the Los Angeles Police Department received two such reports. One involved a security guard who ate a piece of cake extended to him from an operator of a marijuana clinic as a "gift," and soon afterward felt dizzy and disoriented.[66] The second incident concerned a UPS driver who experienced similar symptoms after accepting and eating a cookie given to him by an operator of a different marijuana clinic.[67]

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OTHER ADVERSE SECONDARY IMPACTS IN THE IMMEDIATE VICINITY OF DISPENSARIES

Other adverse secondary impacts from the operation of marijuana dispensaries include street dealers lurking about dispensaries to offer a lower price for marijuana to arriving patrons; marijuana smoking in public and in front of children in the vicinity of dispensaries; loitering and nuisances; acquiring marijuana and/or money by means of robbery of patrons going to or leaving dispensaries; an increase in burglaries at or near dispensaries; a loss of trade for other commercial businesses located near dispensaries; the sale at dispensaries of other illegal drugs besides marijuana; an increase in traffic accidents and driving under the influence arrests in which marijuana is implicated; and the failure of marijuana dispensary operators to report robberies to police.[68]

SECONDARY ADVERSE IMPACTS IN THE COMMUNITY AT LARGE

A. UNJUSTIFIED AND FICTITIOUS PHYSICIAN RECOMMENDATIONS

California's legal requirement under California Health and Safety Code section 11362.5 that a physician's recommendation is required for a patient or caregiver to possess medical marijuana has resulted in other undesirable outcomes: wholesale issuance of recommendations by unscrupulous physicians seeking a quick buck, and the proliferation of forged or fictitious physician recommendations. Some doctors link up with a marijuana dispensary and take up temporary residence in a local hotel room where they advertise their appearance in advance, and pass out medical marijuana use recommendations to a line of "patients" at "about $150 a pop."[69] Other individuals just make up their own phony doctor recommendations,[70] which are seldom, if ever, scrutinized by dispensary employees for authenticity. Undercover DEA agents sporting fake medical marijuana recommendations were readily able to purchase marijuana from a clinic.[71] Far too often, California's medical marijuana law is used as a smokescreen for healthy pot users to get their desired drug, and for proprietors of marijuana dispensaries to make money off them, without suffering any legal repercussions.[72]

On March 11, 2009, the Osteopathic Medical Board of California adopted the proposed decision revoking Dr. Alfonso Jimenez's Osteopathic Physician's and Surgeon's Certificate and ordering him to pay $74,323.39 in cost recovery. Dr. Jimenez operated multiple marijuana clinics and advertised his services extensively on the Internet. Based on information obtained from raids on marijuana dispensaries in San Diego, in May of 2006, the San Diego Police Department ran two undercover operations on Dr. Jimenez's clinic in San Diego. In January of 2007, a second undercover operation was conducted by the Laguna Beach Police Department at Dr. Jimenez's clinic in Orange County. Based on the results of the undercover operations, the Osteopathic Medical Board charged Dr. Jimenez with gross negligence and repeated negligent acts in the treatment of undercover operatives posing as patients. After a six-day hearing, the Administrative Law Judge (ALJ) issued her decision finding that Dr. Jimenez violated the standard of care by committing gross negligence and repeated negligence in care, treatment, and management of patients when he, among other things, issued medical marijuana recommendations to the undercover agents without conducting adequate medical examinations, failed to gain proper informed consent, and failed to consult with any primary care and/or treating physicians or obtain and review prior medical records before issuing medical marijuana recommendations. The ALJ also found Dr. Jimenez engaged in dishonest behavior by preparing false and/or misleading medical records and disseminating false and misleading advertising to the public, including representing himself as a "Cannabis Specialist" and "Qualified Medical Marijuana Examiner" when no such formal specialty or qualification existed. Absent any

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requested administrative agency reconsideration or petition for court review, the decision was to become effective April 24, 2009.

B. PROLIFERATION OF GROW HOUSES IN RESIDENTIAL AREAS

In recent years the proliferation of grow houses in residential neighborhoods has exploded. This phenomenon is country wide, and ranges from the purchase for purpose of marijuana grow operations of small dwellings to "high priced McMansions . . . ."[73] Mushrooming residential marijuana grow operations have been detected in California, Connecticut, Florida, Georgia, New Hampshire, North Carolina, Ohio, South Carolina, and Texas.[74] In 2007 alone, such illegal operations were detected and shut down by federal and state law enforcement officials in 41 houses in California, 50 homes in Florida, and 11 homes in New Hampshire.[75] Since then, the number of residences discovered to be so impacted has increased exponentially. Part of this recent influx of illicit residential grow operations is because the "THC-rich 'B.C. bud' strain" of marijuana originally produced in British Columbia "can be grown only in controlled indoor environments," and the Canadian market is now reportedly saturated with the product of "competing Canadian gangs," often Asian in composition or outlaw motorcycle gangs like the Hells Angels.[76] Typically, a gutted house can hold about 1,000 plants that will each yield almost half a pound of smokable marijuana; this collectively nets about 500 pounds of usable marijuana per harvest, with an average of three to four harvests per year.[77] With a street value of $3,000 to $5,000 per pound" for high-potency marijuana, and such multiple harvests, "a successful grow house can bring in between $4.5 million and $10 million a year . . . ."[78] The high potency of hydroponically grown marijuana can command a price as much as six times higher than commercial grade marijuana.[79]

C. LIFE SAFETY HAZARDS CREATED BY GROW HOUSES

In Humboldt County, California, structure fires caused by unsafe indoor marijuana grow operations have become commonplace. The city of Arcata, which sports four marijuana dispensaries, was the site of a house fire in which a fan had fallen over and ignited a fire; it had been turned into a grow house by its tenant. Per Arcata Police Chief Randy Mendosa, altered and makeshift "no code" electrical service connections and overloaded wires used to operate high-powered grow lights and fans are common causes of the fires. Large indoor marijuana growing operations can create such excessive draws of electricity that PG&E power pole transformers are commonly blown. An average 1,500-square-foot tract house used for growing marijuana can generate monthly electrical bills from $1,000 to $3,000 per month. From an environmental standpoint, the carbon footprint from greenhouse gas emissions created by large indoor marijuana grow operations should be a major concern for every community in terms of complying with Air Board AB-32 regulations, as well as other greenhouse gas reduction policies. Typically, air vents are cut into roofs, water seeps into carpeting, windows are blacked out, holes are cut in floors, wiring is jury-rigged, and electrical circuits are overloaded to operate grow lights and other apparatus. When fires start, they spread quickly.

The May 31, 2008 edition of the *Los Angeles Times* reported, "Law enforcement officials estimate that as many as 1,000 of the 7,500 homes in this Humboldt County community are being used to cultivate marijuana, slashing into the housing stock, spreading building-safety problems and sowing neighborhood discord." Not surprisingly, in this bastion of liberal pot possession rules that authorized the cultivation of up to 99 plants for medicinal purpose, most structural fires in the community of Arcata have been of late associated with marijuana cultivation.[80] Chief of Police Mendosa clarified that the actual number of marijuana grow houses in Arcata has been an ongoing subject of public debate. Mendosa added, "We know there are numerous grow houses in almost every neighborhood in and around the city, which has been the source of constant citizen complaints." House fires caused by

grower-installed makeshift electrical wiring or tipped electrical fans are now endemic to Humboldt County.[81]

Chief Mendosa also observed that since marijuana has an illicit street value of up to $3,000 per pound, marijuana grow houses have been susceptible to violent armed home invasion robberies. Large-scale marijuana grow houses have removed significant numbers of affordable houses from the residential rental market. When property owners discover their rentals are being used as grow houses, the residences are often left with major structural damage, which includes air vents cut into roofs and floors, water damage to floors and walls, and mold. The June 9, 2008 edition of the *New York Times* shows an unidentified Arcata man tending his indoor grow; the man claimed he can make $25,000 every three months by selling marijuana grown in the bedroom of his rented house.[82] Claims of ostensible medical marijuana growing pursuant to California's medical marijuana laws are being advanced as a mostly false shield in an attempt to justify such illicit operations.

Neither is fire an uncommon occurrence at grow houses elsewhere across the nation. Another occurred not long ago in Holiday, Florida.[83] To compound matters further, escape routes for firefighters are often obstructed by blocked windows in grow houses, electric wiring is tampered with to steal electricity, and some residences are even booby-trapped to discourage and repel unwanted intruders.[84]

D. INCREASED ORGANIZED GANG ACTIVITIES

Along with marijuana dispensaries and the grow operations to support them come members of organized criminal gangs to operate and profit from them. Members of an ethnic Chinese drug gang were discovered to have operated 50 indoor grow operations in the San Francisco Bay area, while Cuban-American crime organizations have been found to be operating grow houses in Florida and elsewhere in the South. A Vietnamese drug ring was caught operating 19 grow houses in Seattle and Puget Sound, Washington.[85] In July of 2008, over 55 Asian gang members were indicted for narcotics trafficking in marijuana and ecstasy, including members of the Hop Sing Gang that had been actively operating marijuana grow operations in Elk Grove and elsewhere in the vicinity of Sacramento, California.[86]

E. EXPOSURE OF MINORS TO MARIJUANA

Minors who are exposed to marijuana at dispensaries or residences where marijuana plants are grown may be subtly influenced to regard it as a generally legal drug, and inclined to sample it. In grow houses, children are exposed to dangerous fire and health conditions that are inherent in indoor grow operations.[87] Dispensaries also sell marijuana to minors.[88]

F. IMPAIRED PUBLIC HEALTH

Indoor marijuana grow operations emit a skunk-like odor,[89] and foster generally unhealthy conditions like allowing chemicals and fertilizers to be placed in the open, an increased carbon dioxide level within the grow house, and the accumulation of mold, [90] all of which are dangerous to any children or adults who may be living in the residence,[91] although many grow houses are uninhabited.

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G. LOSS OF BUSINESS TAX REVENUE

When business suffers as a result of shoppers staying away on account of traffic, blight, crime, and the undesirability of a particular business district known to be frequented by drug users and traffickers, and organized criminal gang members, a city's tax revenues necessarily drop as a direct consequence.

H. DECREASED QUALITY OF LIFE IN DETERIORATING NEIGHBORHOODS, BOTH BUSINESS AND RESIDENTIAL

Marijuana dispensaries bring in the criminal element and loiterers, which in turn scare off potential business patrons of nearby legitimate businesses, causing loss of revenues and deterioration of the affected business district. Likewise, empty homes used as grow houses emit noxious odors in residential neighborhoods, project irritating sounds of whirring fans,[92] and promote the din of vehicles coming and going at all hours of the day and night. Near harvest time, rival growers and other uninvited enterprising criminals sometimes invade grow houses to beat "clip crews" to the site and rip off mature plants ready for harvesting. As a result, violence often erupts from confrontations in the affected residential neighborhood.[93]

ULTIMATE CONCLUSIONS REGARDING ADVERSE SECONDARY EFFECTS

On balance, any utility to medical marijuana patients in care giving and convenience that marijuana dispensaries may appear to have on the surface is enormously outweighed by a much darker reality that is punctuated by the many adverse secondary effects created by their presence in communities, recounted here. These drug distribution centers have even proven to be unsafe for their own proprietors.

POSSIBLE LOCAL GOVERNMENTAL RESPONSES TO MARIJUANA DISPENSARIES

A. IMPOSED MORATORIA BY ELECTED LOCAL GOVERNMENTAL OFFICIALS

While in the process of investigating and researching the issue of licensing marijuana dispensaries, as an interim measure city councils may enact date-specific moratoria that expressly prohibit the presence of marijuana dispensaries, whether for medical use or otherwise, and prohibiting the sale of marijuana in any form on such premises, anywhere within the incorporated boundaries of the city until a specified date. Before such a moratorium's date of expiration, the moratorium may then either be extended or a city ordinance enacted completely prohibiting or otherwise restricting the establishment and operation of marijuana dispensaries, and the sale of all marijuana products on such premises.

County supervisors can do the same with respect to marijuana dispensaries sought to be established within the unincorporated areas of a county. Approximately 80 California cities, including the cities of Antioch, Brentwood, Oakley, Pinole, and Pleasant Hill, and 6 counties, including Contra Costa County, have enacted moratoria banning the existence of marijuana dispensaries. In a novel approach, the City of Arcata issued a moratorium on any new dispensaries in the downtown area, based on no agricultural activities being permitted to occur there.[94]

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B. IMPOSED BANS BY ELECTED LOCAL GOVERNMENTAL OFFICIALS

While the Compassionate Use Act of 1996 permits seriously ill persons to legally obtain and use marijuana for medical purposes upon a physician's recommendation, it is silent on marijuana dispensaries and does not expressly authorize the sale of marijuana to patients or primary caregivers.

Neither Proposition 215 nor Senate Bill 420 specifically authorizes the dispensing of marijuana in any form from a storefront business. And, no state statute presently exists that expressly permits the licensing or operation of marijuana dispensaries.[95] Consequently, approximately 39 California cities, including the Cities of Concord and San Pablo, and 2 counties have prohibited marijuana dispensaries within their respective geographical boundaries, while approximately 24 cities, including the City of Martinez, and 7 counties have allowed such dispensaries to do business within their jurisdictions. Even the complete prohibition of marijuana dispensaries within a given locale cannot be found to run afoul of current California law with respect to permitted use of marijuana for medicinal purposes, so long as the growing or use of medical marijuana by a city or county resident in conformance with state law is not proscribed.[96]

In November of 2004, the City of Brampton in Ontario, Canada passed The Grow House Abatement By-law, which authorized the city council to appoint inspectors and local police officers to inspect suspected grow houses and render safe hydro meters, unsafe wiring, booby traps, and any violation of the Fire Code or Building Code, and remove discovered controlled substances and ancillary equipment designed to grow and manufacture such substances, at the involved homeowner's cost.[97] And, after state legislators became appalled at the proliferation of for-profit residential grow operations, the State of Florida passed the Marijuana Grow House Eradication act (House Bill 173) in June of 2008. The governor signed this bill into law, making owning a house for the purpose of cultivating, packaging, and distributing marijuana a third-degree felony; growing 25 or more marijuana plants a second-degree felony; and growing "25 or more marijuana plants in a home with children present" a first-degree felony.[98] It has been estimated that approximately 17,500 marijuana grow operations were active in late 2007.[99] To avoid becoming a dumping ground for organized crime syndicates who decide to move their illegal grow operations to a more receptive legislative environment, California and other states might be wise to quickly follow suit with similar bills, for it may already be happening.[100]

C. IMPOSED RESTRICTED ZONING AND OTHER REGULATION BY ELECTED LOCAL GOVERNMENTAL OFFICIALS

If so inclined, rather than completely prohibit marijuana dispensaries, through their zoning power city and county officials have the authority to restrict owner operators to locate and operate so-called "medical marijuana dispensaries" in prescribed geographical areas of a city or designated unincorporated areas of a county, and require them to meet prescribed licensing requirements before being allowed to do so. This is a risky course of action though for would-be dispensary operators, and perhaps lawmakers too, since federal authorities do not recognize any lawful right for the sale, purchase, or use of marijuana for medical use or otherwise anywhere in the United States, including California. Other cities and counties have included as a condition of licensure for dispensaries that the operator shall "violate no federal or state law," which puts any applicant in a "Catch-22" situation since to federal authorities any possession or sale of marijuana is automatically a violation of federal law.

Still other municipalities have recently enacted or revised comprehensive ordinances that address a variety of medical marijuana issues. For example, according to the City of Arcata Community

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Development Department in Arcata, California, in response to constant citizen complaints from what had become an extremely serious community problem, the Arcata City Council revised its Land Use Standards for Medical Marijuana Cultivation and Dispensing. In December of 2008, City of Arcata Ordinance #1382 was enacted. It includes the following provisions:

"Categories:

1. Personal Use
2. Cooperatives or Collectives

Medical Marijuana for Personal Use: An individual qualified patient shall be allowed to cultivate medical marijuana within his/her private residence in conformance with the following standards:

1. Cultivation area shall not exceed 50 square feet and not exceed ten feet (10') in height.
   a. Cultivation lighting shall not exceed 1200 watts;
   b. Gas products (CO_2, butane, etc.) for medical marijuana cultivation or processing is prohibited.
   c. Cultivation and sale is prohibited as a Home Occupation (sale or dispensing is prohibited).
   d. Qualified patient shall reside in the residence where the medical marijuana cultivation occurs;
   e. Qualified patient shall not participate in medical marijuana cultivation in any other residence.
   f. Residence kitchen, bathrooms, and primary bedrooms shall not be used primarily for medical marijuana cultivation;
   g. Cultivation area shall comply with the California Building Code § 1203.4 Natural Ventilation or § 402.3 Mechanical Ventilation.
   h. The medical marijuana cultivation area shall not adversely affect the health or safety of the nearby residents.
2. City Zoning Administrator my approve up to 100 square foot:
   a. Documentation showing why the 50 square foot cultivation area standard is not feasible.
   b. Include written permission from the property owner.
   c. City Building Official must inspect for California Building Code and Fire Code.
   d. At a minimum, the medical marijuana cultivation area shall be constructed with a 1-hour firewall assembly of green board.
   e. Cultivation of medical marijuana for personal use is limited to detached single family residential properties, or the medical marijuana cultivation area shall be limited to a garage or self-contained outside accessory building that is secured, locked, and fully enclosed.

Medical Marijuana Cooperatives or Collectives.

1. Allowed with a Conditional Use Permit.
2. In Commercial, Industrial, and Public Facility Zoning Districts.
3. Business form must be a cooperative or collective.
4. Existing cooperative or collective shall be in full compliance within one year.
5. Total number of medical marijuana cooperatives or collectives is limited to four and ultimately two.
6. Special consideration if located within
   a. A 300 foot radius from any existing residential zoning district,
   b. Within 500 feet of any other medical marijuana cooperative or collective.

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c. Within 500 feet from any existing public park, playground, day care, or school.

7. Source of medical marijuana.
   a. Permitted Cooperative or Collective. On-site medical marijuana cultivation shall not exceed twenty-five (25) percent of the total floor area, but in no case greater than 1,500 square feet and not exceed ten feet (10') in height.
   b. Off-site Permitted Cultivation. Use Permit application and be updated annually.
   c. Qualified Patients. Medical marijuana acquired from an individual qualified patient shall received no monetary remittance, and the qualified patient is a member of the medical marijuana cooperative or collective. Collective or cooperative may credit its members for medical marijuana provided to the collective or cooperative, which they may allocate to other members.
8. Operations Manual at a minimum include the following information:
   a. Staff screening process including appropriate background checks.
   b. Operating hours.
   c. Site, floor plan of the facility.
   d. Security measures located on the premises, including but not limited to, lighting, alarms, and automatic law enforcement notification.
   e. Screening, registration and validation process for qualified patients.
   f. Qualified patient records acquisition and retention procedures.
   g. Process for tracking medical marijuana quantities and inventory controls including on-site cultivation, processing, and/or medical marijuana products received from outside sources.
   h. Measures taken to minimize or offset energy use from the cultivation or processing of medical marijuana.
   i. Chemicals stored, used and any effluent discharged into the City's wastewater and/or storm water system.
9. Operating Standards.
   a. No dispensing medical marijuana more than twice a day.
   b. Dispense to an individual qualified patient who has a valid, verified physician's recommendation. The medical marijuana cooperative or collective shall verify that the physician's recommendation is current and valid.
   c. Display the client rules and/or regulations at each building entrance.
   d. Smoking, ingesting or consuming medical marijuana on the premises or in the vicinity is prohibited.
   e. Persons under the age of eighteen (18) are precluded from entering the premises.
   f. No on-site display of marijuana plants.
   g. No distribution of live plants, starts and clones on through Use Permit.
   h. Permit the on-site display or sale of marijuana paraphernalia only through the Use Permit.
   i. Maintain all necessary permits, and pay all appropriate taxes. Medical marijuana cooperatives or collectives shall also provide invoices to vendors to ensure vendor's tax liability responsibility;
   j. Submit an "Annual Performance Review Report" which is intended to identify effectiveness of the approved Use Permit, Operations Manual, and Conditions of Approval, as well as the identification and implementation of additional procedures as deemed necessary.
   k. Monitoring review fees shall accompany the "Annual Performance Review Report" for costs associated with the review and approval of the report.
10. Permit Revocation or Modification. A use permit may be revoked or modified for non-compliance with one or more of the items described above."

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LIABILITY ISSUES

With respect to issuing business licenses to marijuana storefront facilities a very real issue has arisen: counties and cities are arguably aiding and abetting criminal violations of federal law. Such actions clearly put the counties permitting these establishments in very precarious legal positions. Aiding and abetting a crime occurs when someone commits a crime, the person aiding that crime knew the criminal offender intended to commit the crime, and the person aiding the crime intended to assist the criminal offender in the commission of the crime.

The legal definition of aiding and abetting could be applied to counties and cities allowing marijuana facilities to open. A county that has been informed about the *Gonzales v. Raich* decision knows that all marijuana activity is federally illegal. Furthermore, such counties know that individuals involved in the marijuana business are subject to federal prosecution. When an individual in California cultivates, possesses, transports, or uses marijuana, he or she is committing a federal crime.

A county issuing a business license to a marijuana facility knows that the people there are committing federal crimes. The county also knows that those involved in providing and obtaining marijuana are intentionally violating federal law.

This very problem is why some counties are re-thinking the presence of marijuana facilities in their communities. There is a valid fear of being prosecuted for aiding and abetting federal drug crimes. Presently, two counties have expressed concern that California's medical marijuana statutes have placed them in such a precarious legal position. Because of the serious criminal ramifications involved in issuing business permits and allowing storefront marijuana businesses to operate within their borders, San Diego and San Bernardino Counties filed consolidated lawsuits against the state seeking to prevent the State of California from enforcing its medical marijuana statutes which potentially subject them to criminal liability, and squarely asserting that California medical marijuana laws are preempted by federal law in this area. After California's medical marijuana laws were all upheld at the trial level, California's Fourth District Court of Appeal found that the State of California could mandate counties to adopt and enforce a voluntary medical marijuana identification card system, and the appellate court bypassed the preemption issue by finding that San Diego and San Bernardino Counties lacked standing to raise this challenge to California's medical marijuana laws. Following this state appellate court decision, independent petitions for review filed by the two counties were both denied by the California Supreme Court.

Largely because of the quandary that county and city peace officers in California face in the field when confronted with alleged medical marijuana with respect to enforcement of the total federal criminal prohibition of all marijuana, and state exemption from criminal penalties for medical marijuana users and caregivers, petitions for a writ of certiorari were then separately filed by the two counties seeking review of this decision by the United States Supreme Court in the consolidated cases of *County of San Diego, County of San Bernardino, and Gary Penrod, as Sheriff of the County of San Bernardino v. San Diego Norml, State of California, and Sandra Shewry, Director of the California Department of Health Services in her official capacity*, Ct.App. Case No. D-5-333.) The High Court has requested the State of California and other interested parties to file responsive briefs to the two counties' and Sheriff Penrod's writ petitions before it decides whether to grant or deny review of these consolidated cases. The petitioners would then be entitled to file a reply to any filed response. It is anticipated that the U.S. Supreme Court will formally grant or deny review of these consolidated cases in late April or early May of 2009.

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In another case, *City of Garden Grove v. Superior Court* (2007) 157 Cal.App.4th 355, although the federal preemption issue was not squarely raised or addressed in its decision, California's Fourth District Court of Appeal found that public policy considerations allowed a city standing to challenge a state trial court's order directing the return by a city police department of seized medical marijuana to a person determined to be a patient. After the court-ordered return of this federally banned substance was upheld at the intermediate appellate level, and not accepted for review by the California Supreme Court, a petition for a writ of certiorari was filed by the City of Garden Grove to the U.S. Supreme Court to consider and reverse the state appellate court decision. But, that petition was also denied. However, the case of *People v. Kelly* (2008) 163 Cal.App.4th 124—in which a successful challenge was made to California's Medical Marijuana Program's maximum amounts of marijuana and marijuana plants permitted to be possessed by medical marijuana patients (Cal. H&S Code sec. 11362.77 *et seq.*), which limits were found at the court of appeal level to be without legal authority for the state to impose—has been accepted for review by the California Supreme Court on the issue of whether this law was an improper amendment to Proposition 215's Compassionate Use Act of 1996.

A SAMPLING OF EXPERIENCES WITH MARIJUANA DISPENSARIES

1. MARIJUANA DISPENSARIES-THE SAN DIEGO STORY

After the passage of Proposition 215 in 1996, law enforcement agency representatives in San Diego, California met many times to formulate a comprehensive strategy of how to deal with cases that may arise out of the new law. In the end it was decided to handle the matters on a case-by-case basis. In addition, questionnaires were developed for patient, caregiver, and physician interviews. At times patients without sales indicia but large grows were interviewed and their medical records reviewed in making issuing decisions. In other cases where sales indicia and amounts supported a finding of sales the cases were pursued. At most, two cases a month were brought for felony prosecution.

In 2003, San Diego County's newly elected District Attorney publicly supported Prop. 215 and wanted her newly created Narcotics Division to design procedures to ensure patients were not caught up in case prosecutions. As many already know, law enforcement officers rarely arrest or seek prosecution of a patient who merely possesses personal use amounts. Rather, it is those who have sales amounts in product or cultivation who are prosecuted. For the next two years the District Attorney's Office proceeded as it had before. But, on the cases where the patient had too many plants or product but not much else to show sales—the DDAs assigned to review the case would interview and listen to input to respect the patient's and the DA's position. Some cases were rejected and others issued but the case disposition was often generous and reflected a "sin no more" view.

All of this changed after the passage of SB 420. The activists and pro-marijuana folks started to push the envelope. Dispensaries began to open for business and physicians started to advertise their availability to issue recommendations for the purchase of medical marijuana. By spring of 2005 the first couple of dispensaries opened up—but they were discrete. This would soon change. By that summer, 7 to 10 dispensaries were open for business, and they were selling marijuana openly. In fact, the local police department was doing a small buy/walk project and one of its target dealers said he was out of pot but would go get some from the dispensary to sell to the undercover officer (UC); he did. It was the proliferation of dispensaries and ancillary crimes that prompted the San Diego Police Chief (the Chief was a Prop. 215 supporter who sparred with the Fresno DEA in his prior job over this issue) to authorize his officers to assist DEA.

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The Investigation

San Diego DEA and its local task force (NTF) sought assistance from the DA's Office as well as the U.S. Attorney's Office. Though empathetic about being willing to assist, the DA's Office was not sure how prosecutions would fare under the provisions of SB 420. The U.S. Attorney had the easier road but was noncommittal. After several meetings it was decided that law enforcement would work on using undercover operatives (UCs) to buy, so law enforcement could see exactly what was happening in the dispensaries.

The investigation was initiated in December of 2005, after NTF received numerous citizen complaints regarding the crime and traffic associated with "medical marijuana dispensaries." The City of San Diego also saw an increase in crime related to the marijuana dispensaries. By then approximately 20 marijuana dispensaries had opened and were operating in San Diego County, and investigations on 15 of these dispensaries were initiated.

During the investigation, NTF learned that all of the business owners were involved in the transportation and distribution of large quantities of marijuana, marijuana derivatives, and marijuana food products. In addition, several owners were involved in the cultivation of high grade marijuana. The business owners were making significant profits from the sale of these products and not properly reporting this income.

Undercover Task Force Officers (TFO's) and SDPD Detectives were utilized to purchase marijuana and marijuana food products from these businesses. In December of 2005, thirteen state search warrants were executed at businesses and residences of several owners. Two additional follow-up search warrants and a consent search were executed the same day. Approximately 977 marijuana plants from seven indoor marijuana grows, 564.88 kilograms of marijuana and marijuana food products, one gun, and over $58,000 U.S. currency were seized. There were six arrests made during the execution of these search warrants for various violations, including outstanding warrants, possession of marijuana for sale, possession of psilocybin mushrooms, obstructing a police officer, and weapons violations. However, the owners and clerks were not arrested or prosecuted at this time—just those who showed up with weapons or product to sell.

Given the fact most owners could claim mistake of law as to selling (though not a legitimate defense, it could be a jury nullification defense) the DA's Office decided not to file cases at that time. It was hoped that the dispensaries would feel San Diego was hostile ground and they would do business elsewhere. Unfortunately this was not the case. Over the next few months seven of the previously targeted dispensaries opened, as well as a slew of others. Clearly prosecutions would be necessary.

To gear up for the re-opened and new dispensaries prosecutors reviewed the evidence and sought a second round of UC buys wherein the UC would be buying for themselves and they would have a second UC present at the time acting as UC1's caregiver who also would buy. This was designed to show the dispensary was not the caregiver. There is no authority in the law for organizations to act as primary caregivers. Caregivers must be individuals who care for a marijuana patient. A primary caregiver is defined by Proposition 215, as codified in H&S Code section 11362.5(e), as, "For the purposes of this section, 'primary caregiver' means the individual designated by the person exempted under this section who has consistently assumed responsibility for the housing, health, or safety of that person." The goal was to show that the stores were only selling marijuana, and not providing care for the hundreds who bought from them.

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In addition to the caregiver-controlled buys, another aim was to put the whole matter in perspective for the media and the public by going over the data that was found in the raided dispensary records, as well as the crime statistics. An analysis of the December 2005 dispensary records showed a breakdown of the purported illness and youthful nature of the patients. The charts and other PR aspects played out after the second take down in July of 2006.

The final attack was to reveal the doctors (the gatekeepers for medical marijuana) for the fraud they were committing. UCs from the local PD went in and taped the encounters to show that the pot docs did not examine the patients and did not render care at all; rather they merely sold a medical MJ recommendation whose duration depended upon the amount of money paid.

In April of 2006, two state and two federal search warrants were executed at a residence and storage warehouse utilized to cultivate marijuana. Approximately 347 marijuana plants, over 21 kilograms of marijuana, and $2,855 U.S. currency were seized.

Due to the pressure from the public, the United States Attorney's Office agreed to prosecute the owners of the businesses with large indoor marijuana grows and believed to be involved in money laundering activities. The District Attorney's Office agreed to prosecute the owners in the other investigations.

In June of 2006, a Federal Grand Jury indicted six owners for violations of Title 21 USC, sections 846 and 841(a)(1), Conspiracy to Distribute Marijuana; sections 846 and 841(a), Conspiracy to Manufacture Marijuana; and Title 18 USC, Section 2, Aiding and Abetting.

In July of 2006, 11 state and 11 federal search warrants were executed at businesses and residences associated with members of these businesses. The execution of these search warrants resulted in the arrest of 19 people, seizure of over $190,000 in U.S. currency and other assets, four handguns, one rifle, 405 marijuana plants from seven grows, and over 329 kilograms of marijuana and marijuana food products.

Following the search warrants, two businesses reopened. An additional search warrant and consent search were executed at these respective locations. Approximately 20 kilograms of marijuana and 32 marijuana plants were seized.

As a result, all but two of the individuals arrested on state charges have pled guilty. Several have already been sentenced and a few are still awaiting sentencing. All of the individuals indicted federally have also pled guilty and are awaiting sentencing.

After the July 2006 search warrants a joint press conference was held with the U.S. Attorney and District Attorney, during which copies of a complaint to the medical board, photos of the food products which were marketed to children, and the charts shown below were provided to the media.

Directly after these several combined actions, there were no marijuana distribution businesses operating in San Diego County. Law enforcement agencies in the San Diego region have been able to successfully dismantle these businesses and prosecute the owners. As a result, medical marijuana advocates have staged a number of protests demanding DEA allow the distribution of marijuana. The closure of these businesses has reduced crime in the surrounding areas.

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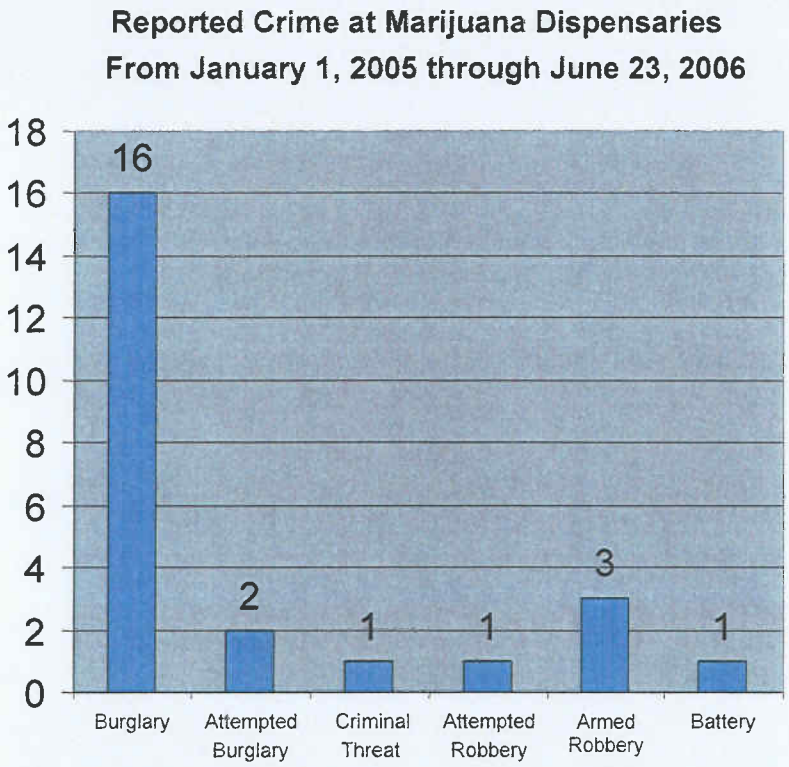
The execution of search warrants at these businesses sent a powerful message to other individuals operating marijuana distribution businesses that they are in violation of both federal law **and** California law.

Press Materials:



Information showing the dispensaries attracted crime:

The marijuana dispensaries were targets of violent crimes because of the amount of marijuana, currency, and other contraband stored inside the businesses. From January 1, 2005 through June 23, 2006, 24 violent crimes were reported at marijuana dispensaries. An analysis of financial records seized from the marijuana dispensaries showed several dispensaries were grossing over $300,000 per month from selling marijuana and marijuana food products. The majority of customers purchased marijuana with cash.

Crime statistics inadequately reflect the actual number of crimes committed at the marijuana dispensaries. These businesses were often victims of robberies and burglaries, but did not report the crimes to law enforcement on account of fear of being arrested for possession of marijuana in excess of Prop. 215 guidelines. NTF and the San Diego Police Department (SDPD) received numerous citizen complaints regarding every dispensary operating in San Diego County.

Because the complaints were received by various individuals, the exact number of complaints was not recorded. The following were typical complaints received:

- high levels of traffic going to and from the dispensaries
- people loitering in the parking lot of the dispensaries
- people smoking marijuana in the parking lot of the dispensaries

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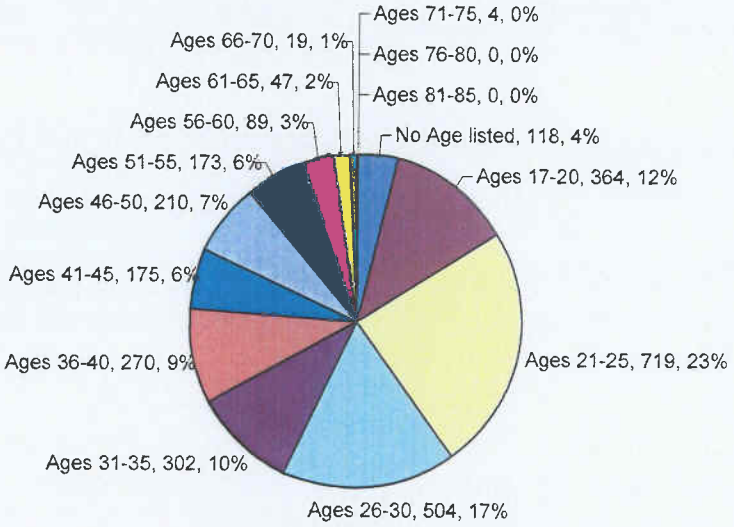
- vandalism near dispensaries
- threats made by dispensary employees to employees of other businesses
- citizens worried they may become a victim of crime because of their proximity to dispensaries

In addition, the following observations (from citizen activists assisting in data gathering) were made about the marijuana dispensaries:

- Identification was not requested for individuals who looked under age 18
- Entrance to business was not refused because of lack of identification
- Individuals were observed loitering in the parking lots
- Child-oriented businesses and recreational areas were situated nearby
- Some businesses made no attempt to verify a submitted physician's recommendation

Dispensary Patients By Age



An analysis of patient records seized during search warrants at several dispensaries show that 52% of the customers purchasing marijuana were between the ages of 17 to 30. 63% of primary caregivers purchasing marijuana were between the ages of 18 through 30. Only 2.05% of customers submitted a physician's recommendation for AIDS, glaucoma, or cancer.

Why these businesses were deemed to be criminal--not compassionate:

The medical marijuana businesses were deemed to be criminal enterprises for the following reasons:

- Many of the business owners had histories of drug and violence-related arrests.
- The business owners were street-level marijuana dealers who took advantage of Prop. 215 in an attempt to legitimize marijuana sales for profit.
- Records, or lack of records, seized during the search warrants showed that all the owners were not properly reporting income generated from the sales of marijuana. Many owners were involved in money laundering and tax evasion.
- The businesses were selling to individuals without serious medical conditions.
- There are no guidelines on the amount of marijuana which can be sold to an individual. For

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example, an individual with a physician's recommendation can go to as many marijuana distribution businesses and purchase as much marijuana as he/she wants.

- California law allows an individual to possess 6 mature or 12 immature plants per qualified person. However, the San Diego Municipal Code states a "caregiver" can only provide care to 4 people, including themselves; this translates to 24 mature or 48 immature plants total. Many of these dispensaries are operating large marijuana grows with far more plants than allowed under law. Several of the dispensaries had indoor marijuana grows inside the businesses, with mature and/or immature marijuana plants over the limits.
- State law allows a qualified patient or primary caregiver to possess no more than eight ounces of dried marijuana per qualified patient. However, the San Diego Municipal Code allows primary caregivers to possess no more than two pounds of processed marijuana. Under either law, almost every marijuana dispensary had over two pounds of processed marijuana during the execution of the search warrants.
- Some marijuana dispensaries force customers to sign forms designating the business as their primary caregiver, in an attempt to circumvent the law.

2. EXPERIENCES WITH MARIJUANA DISPENSARIES IN RIVERSIDE COUNTY

There were some marijuana dispensaries operating in the County of Riverside until the District Attorney's Office took a very aggressive stance in closing them. In Riverside, anyone that is not a "qualified patient" or "primary caregiver" under the Medical Marijuana Program Act who possesses, sells, or transports marijuana is being prosecuted.

Several dispensary closures illustrate the impact this position has had on marijuana dispensaries. For instance, the Palm Springs Caregivers dispensary (also known as Palm Springs Safe Access Collective) was searched after a warrant was issued. All materials inside were seized, and it was closed down and remains closed. The California Caregivers Association was located in downtown Riverside. Very shortly after it opened, it was also searched pursuant to a warrant and shut down. The CannaHelp dispensary was located in Palm Desert. It was searched and closed down early in 2007. The owner and two managers were then prosecuted for marijuana sales and possession of marijuana for the purpose of sale. However, a judge granted their motion to quash the search warrant and dismissed the charges. The District Attorney's Office then appealed to the Fourth District Court of Appeal. Presently, the Office is waiting for oral arguments to be scheduled.

Dispensaries in the county have also been closed by court order. The Healing Nations Collective was located in Corona. The owner lied about the nature of the business in his application for a license. The city pursued and obtained an injunction that required the business to close. The owner appealed to the Fourth District Court of Appeal, which ruled against him. (*City of Corona v. Ronald Naulls et al.*, Case No. E042772.)

3. MEDICAL MARIJUANA DISPENSARY ISSUES IN CONTRA COSTA COUNTY CITIES AND IN OTHER BAY AREA COUNTIES

Several cities in Contra Costa County, California have addressed this issue by either banning dispensaries, enacting moratoria against them, regulating them, or taking a position that they are simply not a permitted land use because they violate federal law. Richmond, El Cerrito, San Pablo, Hercules, and Concord have adopted permanent ordinances banning the establishment of marijuana dispensaries. Antioch, Brentwood, Oakley, Pinole, and Pleasant Hill have imposed moratoria against dispensaries. Clayton, San Ramon, and Walnut Creek have not taken any formal action regarding the establishment of marijuana dispensaries but have indicated that marijuana dispensaries

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are not a permitted use in any of their zoning districts as a violation of federal law. Martinez has adopted a permanent ordinance regulating the establishment of marijuana dispensaries.

The Counties of Alameda, Santa Clara, and San Francisco have enacted permanent ordinances regulating the establishment of marijuana dispensaries. The Counties of Solano, Napa, and Marin have enacted neither regulations nor bans. A brief overview of the regulations enacted in neighboring counties follows.

A. Alameda County

Alameda County has a nineteen-page regulatory scheme which allows the operation of three permitted dispensaries in unincorporated portions of the county. Dispensaries can only be located in commercial or industrial zones, or their equivalent, and may not be located within 1,000 feet of other dispensaries, schools, parks, playgrounds, drug recovery facilities, or recreation centers. Permit issuance is controlled by the Sheriff, who is required to work with the Community Development Agency and the Health Care Services agency to establish operating conditions for each applicant prior to final selection. Adverse decisions can be appealed to the Sheriff and are ruled upon by the same panel responsible for setting operating conditions. That panel's decision may be appealed to the Board of Supervisors, whose decision is final (subject to writ review in the Superior Court per CCP sec. 1094.5). Persons violating provisions of the ordinance are guilty of a misdemeanor.

B. Santa Clara County

In November of 1998, Santa Clara County passed an ordinance permitting dispensaries to exist in unincorporated portions of the county with permits first sought and obtained from the Department of Public Health. In spite of this regulation, neither the County Counsel nor the District Attorney's Drug Unit Supervisor believes that Santa Clara County has had *any* marijuana dispensaries in operation at least through 2006.

The only permitted activities are the on-site cultivation of medical marijuana and the distribution of medical marijuana/medical marijuana food stuffs. No retail sales of any products are permitted at the dispensary. Smoking, ingestion or consumption is also prohibited on site. All doctor recommendations for medical marijuana must be verified by the County's Public Health Department.

C. San Francisco County

In December of 2001, the Board of Supervisors passed Resolution No. 012006, declaring San Francisco to be a "Sanctuary for Medical Cannabis." City voters passed Proposition S in 2002, directing the city to explore the possibility of establishing a medical marijuana cultivation and distribution program run by the city itself.

San Francisco dispensaries must apply for and receive a permit from the Department of Public Health. They may only operate as a collective or cooperative, as defined by California Health and Safety Code section 11362.7 (see discussion in section 4, under "California Law" above), and may only sell or distribute marijuana to members. Cultivation, smoking, and making and selling food products may be allowed. Permit applications are referred to the Departments of Planning, Building Inspection, and Police. Criminal background checks are required but exemptions could still allow the operation of dispensaries by individuals with prior convictions for violent felonies or who have had prior permits suspended or revoked. Adverse decisions can be appealed to the Director of

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Public Health and the Board of Appeals. It is unclear how many dispensaries are operating in the city at this time.

D. Crime Rates in the Vicinity of MariCare

Sheriff's data have been compiled for "Calls for Service" within a half-mile radius of 127 Aspen Drive, Pacheco. However, in research conducted by the El Cerrito Police Department and relied upon by Riverside County in recently enacting its ban on dispensaries, it was recognized that not all crimes related to medical marijuana take place in or around a dispensary. Some take place at the homes of the owners, employees, or patrons. Therefore, these statistics cannot paint a complete picture of the impact a marijuana dispensary has had on crime rates.

The statistics show that the overall number of calls decreased (3,746 in 2005 versus 3,260 in 2006). However, there have been **increases** in the numbers of crimes which appear to be related to a business which is an attraction to a criminal element. Reports of commercial burglaries increased (14 in 2005, 24 in 2006), as did reports of residential burglaries (13 in 2005, 16 in 2006) and miscellaneous burglaries (5 in 2005, 21 in 2006).

Tender Holistic Care (THC marijuana dispensary formerly located on N. Buchanan Circle in Pacheco) was forcibly burglarized on June 11, 2006. $4,800 in cash was stolen, along with marijuana, hash, marijuana food products, marijuana pills, marijuana paraphernalia, and marijuana plants. The total loss was estimated to be $16,265.

MariCare was also burglarized within two weeks of opening in Pacheco. On April 4, 2006, a window was smashed after 11:00 p.m. while an employee was inside the business, working late to get things organized. The female employee called "911" and locked herself in an office while the intruder ransacked the downstairs dispensary and stole more than $200 worth of marijuana. Demetrio Ramirez indicated that since they were just moving in, there wasn't much inventory.

Reports of vehicle thefts increased (4 in 2005, 6 in 2006). Disturbance reports increased in nearly all categories (Fights: 5 in 2005, 7 in 2006; Harassment: 4 in 2005, 5 in 2006; Juveniles: 4 in 2005, 21 in 2006; Loitering: 11 in 2005, 19 in 2006; Verbal: 7 in 2005, 17 in 2006). Littering reports increased from 1 in 2005 to 5 in 2006. Public nuisance reports increased from 23 in 2005 to 26 in 2006.

These statistics reflect the complaints and concerns raised by nearby residents. Residents have reported to the District Attorney's Office, as well as to Supervisor Piepho's office, that when calls are made to the Sheriff's Department, the offender has oftentimes left the area before law enforcement can arrive. This has led to less reporting, as it appears to local residents to be a futile act and residents have been advised that law enforcement is understaffed and cannot always timely respond to all calls for service. As a result, Pacheco developed a very active, visible Neighborhood Watch program. The program became much more active in 2006, according to Doug Stewart. Volunteers obtained radios and began frequently receiving calls directly from local businesses and residents who contacted them **instead** of law enforcement. It is therefore significant that there has still been an increase in many types of calls for law enforcement service, although the overall number of calls has decreased.

Other complaints from residents included noise, odors, smoking/consuming marijuana in the area, littering and trash from the dispensary, loitering near a school bus stop and in the nearby church parking lot, observations that the primary patrons of MariCare appear to be individuals under age 25,

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and increased traffic. Residents observed that the busiest time for MariCare appeared to be from 4:00 p.m. to 6:00 p.m. On a typical Friday, 66 cars were observed entering MariCare's facility; 49 of these were observed to contain additional passengers. The slowest time appeared to be from 1:00 p.m. to 3:00 p.m. On a typical Saturday, 44 cars were counted during this time, and 29 of these were observed to have additional passengers. MariCare has claimed to serve 4,000 "patients."

E. Impact of Proposed Ordinance on MedDelivery Dispensary, El Sobrante

It is the position of Contra Costa County District Attorney Robert J. Kochly that a proposed ordinance should terminate operation of the dispensary in El Sobrante because the land use of that business would be inconsistent with both state and federal law. However, the Community Development Department apparently believes that MedDelivery can remain as a "legal, non-conforming use."

F. Banning Versus Regulating Marijuana Dispensaries in Unincorporated Contra Costa County

It is simply bad public policy to allow the proliferation of any type of business which is illegal and subject to being raided by federal and/or state authorities. In fact, eight locations associated with the New Remedies dispensary in San Francisco and Alameda Counties were raided in October of 2006, and eleven Southern California marijuana clinics were raided by federal agents on January 18, 2007. The Los Angeles head of the federal Drug Enforcement Administration told CBS News after the January raids that "Today's enforcement operations show that these establishments are nothing more than drug-trafficking organizations bringing criminal activities to our neighborhoods and drugs near our children and schools." A Lafayette, California resident who owned a business that produced marijuana-laced foods and drinks for marijuana clubs was sentenced in federal court to five years and 10 months behind bars as well as a $250,000 fine. Several of his employees were also convicted in that case.

As discussed above, there is absolutely no exception to the federal prohibition against marijuana cultivation, possession, transportation, use, and distribution. Neither California's voters nor its Legislature authorized the existence or operation of marijuana dispensing businesses when given the opportunity to do so. These enterprises cannot fit themselves into the few, narrow exceptions that were created by the Compassionate Use Act and Medical Marijuana Program Act.

Further, the presence of marijuana dispensing businesses contributes substantially to the existence of a secondary market for illegal, street-level distribution of marijuana. This fact was even recognized by the United States Supreme Court: "The exemption for cultivation by patients and caregivers can only increase the supply of marijuana in the California market. The likelihood that all such production will promptly terminate when patients recover or will precisely match the patients' medical needs during their convalescence seems remote; whereas the danger that excesses will satisfy some of the admittedly enormous demand for recreational use seems obvious." (*Gonzales v. Raich, supra,* 125 S.Ct. at p. 2214.)

As outlined below, clear evidence has emerged of such a secondary market in Contra Costa County.

- In September of 2004, police responded to reports of two men pointing a gun at cars in the parking lot at Monte Vista High School during an evening football game/dance. Two 19-year-old Danville residents were located in the parking lot (which was full of vehicles and pedestrians) and in possession of a silver Airsoft pellet pistol designed to replicate a

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real Walther semi-automatic handgun. Marijuana, hash, and hash oil with typical dispensary packaging and labeling were also located in the car, along with a gallon bottle of tequila (1/4 full), a bong with burned residue, and rolling papers. The young men admitted to having consumed an unknown amount of tequila at the park next to the school and that they both pointed the gun at passing cars "as a joke." They fired several BBs at a wooden fence in the park when there were people in the area. The owner of the vehicle admitted that the marijuana was his and that he was **not** a medicinal marijuana user. He was able to buy marijuana from his friend "Brandon," who used a Proposition 215 card to purchase from a cannabis club in Hayward.

- In February of 2006, Concord police officers responded to a report of a possible drug sale in progress. They arrested a high school senior for two outstanding warrants as he came to buy marijuana from the cannabis club located on Contra Costa Boulevard. The young man explained that he had a cannabis club card that allowed him to purchase marijuana, and admitted that he planned to re-sell some of the marijuana to friends. He also admitted to possession of nearly 7 grams of cocaine which was recovered. A 21-year-old man was also arrested on an outstanding warrant. In his car was a marijuana grinder, a baggie of marijuana, rolling papers, cigars, and a "blunt" (hollowed out cigar filled with marijuana for smoking) with one end burned. The 21-year-old admitted that he did **not** have a physician's recommendation for marijuana.

- Also in February of 2006, a 17-year-old Monte Vista High School senior was charged with felony furnishing of marijuana to a child, after giving a 4-year-old boy a marijuana-laced cookie. The furnishing occurred on campus, during a child development class.

- In March of 2006, police and fire responded to an explosion at a San Ramon townhouse and found three young men engaged in cultivating and manufacturing "honey oil" for local pot clubs. Marijuana was also being sold from the residence. Honey oil is a concentrated form of cannabis chemically extracted from ground up marijuana with extremely volatile **butane** and a special "honey oil" extractor tube. The butane extraction operation ***exploded*** with such force that it blew the garage door partially off its hinges. Sprinklers in the residence kept the fire from spreading to the other homes in the densely packed residential neighborhood. At least one of the men was employed by Ken Estes, owner of the Dragonfly Holistic Solutions pot clubs in Richmond, San Francisco, and Lake County. They were making the "honey oil" with marijuana and butane that they brought up from one of Estes' San Diego pot clubs after it was shut down by federal agents.

- Also in March of 2006, a 16-year-old El Cerrito High School student was arrested after selling pot cookies to fellow students on campus, many of whom became ill. At least four required hospitalization. The investigation revealed that the cookies were made with a butter obtained outside a marijuana dispensary (a secondary sale). Between March of 2004 and May of 2006, the El Cerrito Police Department conducted seven investigations at the high school and junior high school, resulting in the arrest of eight juveniles for selling or possessing with intent to sell marijuana on or around the school campuses.

- In June of 2006, Moraga police officers made a traffic stop for suspected driving under the influence of alcohol. The car was seen drifting over the double yellow line separating north and southbound traffic lanes and driving in the bike lane. The 20-year-old driver denied having consumed any alcohol, as he was the "designated driver." When asked about his bloodshot, watery, and droopy eyes, the college junior explained that he had

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smoked marijuana earlier (confirmed by blood tests). The young man had difficulty performing field sobriety tests, slurred his speech, and was ultimately arrested for driving under the influence. He was in possession of a falsified California Driver's License, marijuana, hash, a marijuana pipe, a scale, and $12,288. The marijuana was in packaging from the Compassionate Collective of Alameda County, a Hayward dispensary. He explained that he buys the marijuana at "Pot Clubs," sells some, and keeps the rest. He only sells to close friends. About $3,000 to $4,000 of the cash was from playing high-stakes poker, but the rest was earned selling marijuana while a freshman at Arizona State University. The 18-year-old passenger had half an ounce of marijuana in her purse and produced a doctor's recommendation to a marijuana club in Oakland, the authenticity of which could not be confirmed.

Another significant concern is the proliferation of marijuana usage at community schools. In February of 2007, the Healthy Kids Survey for Alameda and Contra Costa Counties found that youthful substance abuse is more common in the East Bay's more affluent areas. These areas had higher rates of high school juniors who admitted having been high from drugs. The regional manager of the study found that the affluent areas had higher alcohol and marijuana use rates. *USA Today* recently reported that the percentage of 12th Grade students who said they had used marijuana has increased since 2002 (from 33.6% to 36.2% in 2005), and that marijuana was the most-used illicit drug among that age group in 2006. KSDK News Channel 5 reported that high school students are finding easy access to medical marijuana cards and presenting them to school authorities as a legitimate excuse for getting high. School Resource Officers for Monte Vista and San Ramon Valley High Schools in Danville have reported finding marijuana in prescription bottles and other packaging from Alameda County dispensaries. Marijuana has also been linked to psychotic illnesses.[101] A risk factor was found to be starting marijuana use in adolescence.

For all of the above reasons, it is advocated by District Attorney Kochly that a ban on land uses which violate state or federal law is the most appropriate solution for the County of Contra Costa.

4. SANTA BARBARA COUNTY

According to Santa Barbara County Deputy District Attorney Brian Cota, ten marijuana dispensaries are currently operating within Santa Barbara County. The mayor of the City of Santa Barbara, who is an outspoken medical marijuana supporter, has stated that the police must place marijuana **behind** every other police priority. This has made it difficult for the local District Attorney's Office. Not many marijuana cases come to it for filing. The District Attorney's Office would like more regulations placed on the dispensaries. However, the majority of Santa Barbara County political leaders and residents are very liberal and do not want anyone to be denied access to medical marijuana if they say they need it. Partly as a result, no dispensaries have been prosecuted to date.

5. SONOMA COUNTY

Stephan R. Passalocqua, District Attorney for the County of Sonoma, has recently reported the following information related to distribution of medical marijuana in Sonoma County. In 1997, the Sonoma County Law Enforcement Chiefs Association enacted the following medical marijuana guidelines: a qualified patient is permitted to possess three pounds of marijuana and grow 99 plants in a 100-square-foot canopy. A qualified caregiver could possess or grow the above-mentioned amounts for each qualified patient. These guidelines were enacted after Proposition 215 was overwhelmingly passed by the voters of California, and after two separate unsuccessful prosecutions in Sonoma County. Two Sonoma County juries returned "not guilty" verdicts for three defendants

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who possessed substantially large quantities of marijuana (60 plants in one case and over 900 plants in the other) where they asserted a medical marijuana defense. These verdicts, and the attendant publicity, demonstrated that the community standards are vastly different in Sonoma County compared to other jurisdictions.

On November 6, 2006, and authorized by Senate Bill 420, the Sonoma County Board of Supervisors specifically enacted regulations that allow a qualified person holding a valid identification card to possess up to three pounds of dried cannabis a year and cultivate 30 plants per qualified patient. No individual from any law enforcement agency in Sonoma County appeared at the hearing, nor did any representative publicly oppose this resolution.

With respect to the *People v. Sashon Jenkins* case, the defendant provided verified medical recommendations for five qualified patients prior to trial. At the time of arrest, Jenkins said that he had a medical marijuana card and was a care provider for multiple people, but was unable to provide specific documentation. Mr. Jenkins had approximately 10 pounds of dried marijuana and was growing 14 plants, which number of plants is consistent with the 2006 Sonoma County Board of Supervisors' resolution.

At a preliminary hearing held In January of 2007, the defense called five witnesses who were proffered as Jenkins' "patients" and who came to court with medical recommendations. Jenkins also testified that he was their caregiver. After the preliminary hearing, the assigned prosecutor conducted a thorough review of the facts and the law, and concluded that a Sonoma County jury would not return a "guilty" verdict in this case. Hence, no felony information was filed. With respect to the return of property issue, the prosecuting deputy district attorney never agreed to release the marijuana despite dismissing the case.

Other trial dates are pending in cases where medical marijuana defenses are being alleged. District Attorney Passalacqua has noted that, given the overwhelming passage of proposition 215, coupled with at least one United States Supreme Court decision that has not struck it down to date, these factors present current challenges for law enforcement, but that he and other prosecutors will continue to vigorously prosecute drug dealers within the boundaries of the law.

6. ORANGE COUNTY

There are 15 marijuana dispensaries in Orange County, and several delivery services. Many of the delivery services operate out of the City of Long Beach in Los Angeles County. Orange County served a search warrant on one dispensary, and closed it down. A decision is being made whether or not to file criminal charges in that case. It is possible that the United States Attorney will file on that dispensary since it is a branch of a dispensary that the federal authorities raided in San Diego County.

The Orange County Board of Supervisors has ordered a study by the county's Health Care Department on how to comply with the Medical Marijuana Program Act. The District Attorney's Office's position is that any activity under the Medical Marijuana Program Act beyond the mere issuance of identification cards violates federal law. The District Attorney's Office has made it clear to County Counsel that if any medical marijuana provider does not meet a strict definition of "primary caregiver" that person will be prosecuted.

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PENDING LEGAL QUESTIONS

Law enforcement agencies throughout the state, as well as their legislative bodies, have been struggling with how to reconcile the Compassionate Use Act ("CUA"), Cal. Health & Safety Code secs. 11362.5, et seq., with the federal Controlled Substances Act ("CSA"), 21 U.S.C. sec. 801, et seq., for some time. Pertinent questions follow.

QUESTION

1. **Is it possible for a storefront marijuana dispensary to be legally operated under the Compassionate Use Act of 1996 (Health & Saf. Code sec. 11362.5) and the Medical Marijuana Program Act (Health & Saf. Code secs. 11362.7-11362.83?**

ANSWER

1. **Storefront marijuana dispensaries may be legally operated under the CUA and the Medical Marijuana Program Act ("MMPA"), Cal. Health & Safety Code secs. 11362.7-11362.83, as long as they are "cooperatives" under the MMPA.**

ANALYSIS

The question posed does not specify what services or products are available at a "storefront" marijuana dispensary. The question also does not specify the business structure of a "dispensary." A "dispensary" is often commonly used nowadays as a generic term for a facility that distributes medical marijuana.

The term "dispensary" is also used specifically to refer to marijuana facilities that are operated more like a retail establishment, that are open to the public and often "sell" medical marijuana to qualified patients or caregivers. By use of the term "store front dispensary," the question may be presuming that this type of facility is being operated. For purposes of this analysis, we will assume that a "dispensary" is a generic term that does not contemplate any particular business structure.[1] Based on that assumption, a "dispensary" might provide "assistance to a qualified patient or a person with an identification card, or his or her designated primary caregiver, in administering medical marijuana to the qualified patient or person or acquiring the skills necessary to cultivate or administer marijuana for medical purposes to the qualified patient or person" and be within the permissible limits of the CUA and the MMPA. (Cal. Health & Safety Code sec. 11362.765 (b)(3).)

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[1] As the term "dispensary" is commonly used and understood, marijuana dispensaries would *not* be permitted under the CUA or the MMPA, since they "sell" medical marijuana and are not operated as true "cooperatives."

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The CUA permits a "patient" or a "patient's primary caregiver" to possess or cultivate marijuana for personal medical purposes with the recommendation of a physician. (Cal. Health & Safety Code sec. 11362.5 (d).) Similarly, the MMPA provides that "patients" or designated "primary caregivers" who have voluntarily obtained a valid medical marijuana identification card shall not be subject to arrest for possession, transportation, delivery, or cultivation of medical marijuana in specified quantities. (Cal. Health & Safety Code sec. 11362.71 (d) & (e).) A "storefront dispensary" would not fit within either of these categories.

However, the MMPA also provides that "[q]ualified patients, persons with valid identification cards, and the designated primary caregivers of qualified patients and persons with identification cards, who *associate* within the State of California in order collectively or *cooperatively* to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions under section 11357 [possession], 11358 [planting, harvesting or processing], 11359 [possession for sale], 11360 [unlawful transportation, importation, sale or gift], 11366 [opening or maintaining place for trafficking in controlled substances], 11366.5 [providing place for manufacture or distribution of controlled substance; Fortifying building to suppress law enforcement entry], or 11570 [Buildings or places deemed nuisances subject to abatement]." (Cal. Health & Safety Code sec. 11362.775.) (Emphasis added).)

Since medical marijuana cooperatives are permitted pursuant to the MMPA, a "storefront dispensary" that would qualify as a cooperative *would* be permissible under the MMPA. (Cal. Health & Safety Code sec. 11362.775. See also *People v. Urziceanu* (2005) 132 Cal. App. 4th 747 (finding criminal defendant was entitled to present defense relating to operation of medical marijuana cooperative).) In granting a re-trial, the appellate court in *Urziceanu* found that the defendant could present evidence which might entitle him to a defense under the MMPA as to the operation of a medical marijuana cooperative, including the fact that the "cooperative" verified physician recommendations and identities of individuals seeking medical marijuana and individuals obtaining medical marijuana paid membership fees, reimbursed defendant for his costs in cultivating the medical marijuana by way of donations, and volunteered at the "cooperative." (*Id.* at p. 785.)

Whether or not "sales" are permitted under *Urziceanu* and the MMPA is unclear. The *Urziceanu* Court did note that the incorporation of section 11359, relating to marijuana "sales," in section 11362.775, allowing the operation of cooperatives, "contemplates the formation and operation of medicinal marijuana cooperatives that would receive reimbursement for marijuana and the services provided in conjunction with the provision of that marijuana." Whether "reimbursement" may be in the form only of donations, as were the facts presented in *Urziceanu*, or whether "purchases" could be made for medical marijuana, it does seem clear that a medical marijuana "cooperative" may not make a "profit," but may be restricted to being reimbursed for actual costs in providing the marijuana to its members and, if there are any "profits," these may have to be reinvested in the "cooperative" or shared by its members in order for a dispensary to

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be truly considered to be operating as a "cooperative."[2] If these requirements are satisfied as to a "storefront" dispensary, then it will be permissible under the MMPA. Otherwise, it will be a violation of both the CUA and the MMPA.

QUESTION

2. If the governing body of a city, county, or city and county approves an ordinance authorizing and regulating marijuana dispensaries to implement the Compassionate Use Act of 1996 and the Medical Marijuana Program Act, can an individual board or council member be found to be acting illegally and be subject to federal criminal charges, including aiding and abetting, or state criminal charges?

ANSWER

2. If a city, county, or city and county authorizes and regulates marijuana dispensaries, individual members of the legislative bodies may be held criminally liable under state or federal law.[3]

ANALYSIS

A. *Federal Law*

Generally, legislators of federal, state, and local legislative bodies are absolutely immune from liability for legislative acts. (U.S. Const., art. I, sec. 6 (Speech and Debate Clause, applicable to members of Congress); Fed. Rules Evid., Rule 501 (evidentiary privilege against admission of legislative acts); *Tenney v. Brandhove* (1951) 341 U.S. 367 (legislative immunity applicable to state legislators); *Bogan v. Scott-Harris* (1998) 523 U.S. 44 (legislative immunity applicable to local legislators).) However, while federal legislators are absolutely immune from *both* criminal *and* civil liability for purely legislative acts, local legislators are *only* immune from *civil* liability under federal law. (*United States v. Gillock* (1980) 445 U.S. 360.)

Where the United States Supreme Court has held that federal regulation of marijuana by way of the CSA, including any "medical" use of marijuana, is within Congress' Commerce Clause power, federal law stands as a bar to local action in direct violation of the CSA. (*Gonzales v. Raich* (2005) 545 U.S. 1.) In fact, the CSA itself provides that federal regulations do not

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[2] A "cooperative" is defined as follows: An enterprise or organization that is owned or managed jointly by those who use its facilities or services. THE AMERICAN HERITAGE DICTIONARY OF THE ENGLISH LANGUAGE, by Houghton Mifflin Company (4th Ed. 2000).

[3] Indeed, the same conclusion would seem to result from the adoption by state legislators of the MMPA itself, in authorizing the issuance of medical marijuana identification cards. (Cal. Health & Safety Code secs. 11362.71, et seq.)

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exclusively occupy the field of drug regulation "unless there is a positive conflict between that provision of this title [the CSA] and that state law so that the two cannot consistently stand together." (21 U.S.C. sec. 903.)

Based on the above provisions, then, legislative action by local legislators *could* subject the individual legislators to federal criminal liability. Most likely, the only violation of the CSA that could occur as a result of an ordinance approved by local legislators authorizing and regulating medical marijuana would be aiding and abetting a violation of the CSA.

The elements of the offense of aiding and abetting a criminal offense are: (1) specific intent to facilitate commission of a crime by another; (2) guilty knowledge on the part of the accused; (3) that an offense was being committed by someone; and (4) that the accused assisted or participated in the commission of an offense. (*United States v. Raper* (1982) 676 F.2d 841; *United States v. Staten* (1978) 581 F.2d 878.)

Criminal aiding and abetting liability, under 18 U.S.C. section 2, requires proof that the defendants in some way associated themselves with the illegal venture; that they participated in the venture as something that they wished to bring about; and that they sought by their actions to make the venture succeed. (*Central Bank, N.A. v. First Interstate Bank, N.A.* (1994) 511 U.S. 164.) Mere furnishing of company to a person engaged in a crime does not render a companion an aider or abettor. (*United States v. Garguilo* (2d Cir. 1962) 310 F.2d 249.) In order for a defendant to be an aider and abettor he must know that the activity condemned by law is actually occurring and must intend to help the perpetrator. (*United States v. McDaniel* (9th Cir. 1976) 545 F.2d 642.) To be guilty of aiding and abetting, the defendant must willfully seek, by some action of his own, to make a criminal venture succeed. (*United States v. Ehrenberg* (E.D. Pa. 1973) 354 F. Supp. 460 *cert. denied* (1974) 94 S. Ct. 1612.)

The question, as posed, may presume that the local legislative body has acted in a manner that affirmatively supports marijuana dispensaries. As phrased by Senator Kuehl, the question to be answered by the Attorney General's Office assumes that a local legislative body has adopted an ordinance that "authorizes" medical marijuana facilities. What if a local public entity adopts an ordinance that explicitly indicates that it does *not* authorize, legalize, or permit any dispensary that is in violation of federal law regarding controlled substances? If the local public entity grants a permit, regulates, or imposes locational requirements on marijuana dispensaries with the announced understanding that it does not thereby allow any *illegal* activity and that dispensaries are required to comply with all applicable laws, including federal laws, then the public entity should be entitled to expect that all laws will be obeyed.

It would seem that a public entity is not intentionally acting to encourage or aid acts in violation of the CSA merely because it has adopted an ordinance which regulates dispensaries; even the issuance of a "permit," if it is expressly *not* allowing violations of federal law, cannot necessarily support a charge or conviction of aiding and abetting violation of the CSA. A public entity should be entitled to presume that dispensaries will obey all applicable laws and that lawful business will be conducted at dispensaries. For instance, dispensaries could very well *not* engage in actual medical marijuana distribution, but instead engage in education and awareness activities as to the medical effects of marijuana; the sale of other, legal products that aid in the suffering of

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ailing patients; or even activities directed at effecting a change in the federal laws relating to regulation of marijuana as a Schedule I substance under the CSA.

These are examples of legitimate business activities, and First Amendment protected activities at that, in which dispensaries could engage relating to medical marijuana, but *not* apparently in violation of the CSA. Public entities should be entitled to presume that legitimate activities can and will be engaged in by dispensaries that are permitted and/or regulated by local regulations. In fact, it seems counterintuitive that local public entities within the state should be expected to be the watchdogs of federal law; in the area of controlled substances, at least, local public entities do not have an affirmative obligation to discern whether businesses are violating federal law.

The California Attorney General's Office will note that the State Board of Equalization ("BOE") has already done precisely what has been suggested in the preceding paragraph. In a special notice issued by the BOE this year, it has indicated that sellers of medical marijuana must obtain a seller's permit. (See http://www.boe.ca.gov/news/pdf/medseller2007.pdf (Special Notice: Important Information for Sellers of Medical Marijuana).) As the Special Notice explicitly indicates to medical marijuana facilities, "[h]aving a seller's permit does not mean you have authority to make unlawful sales. The permit only provides a way to remit any sales and use taxes due. The permit states, 'NOTICE TO PERMITTEE: You are required to obey all federal and state laws that regulate or control your business. This permit does not allow you to do otherwise.'"

The above being said, however, there is no guarantee that criminal charges would not actually be brought by the federal government or that persons so charged could not be successfully prosecuted. It does seem that arguments contrary to the above conclusions could be persuasive in convicting local legislators. By permitting and/or regulating marijuana dispensaries by local ordinance, some legitimacy and credibility may be granted by governmental issuance of permits or authorizing and allowing dispensaries to exist or locate within a jurisdiction.[4]

All of this discussion, then, simply demonstrates that individual board or council members can, indeed, be found criminally liable under federal law for the adoption of an ordinance authorizing and regulating marijuana dispensaries that promote the use of marijuana as medicine. The actual likelihood of prosecution, and its potential success, may depend on the particular facts of the regulation that is adopted.

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[4] Of course, the question arises as to how far any such liability be taken. Where can the line be drawn between any permit or regulation adopted specifically with respect to marijuana dispensaries and other permits or approvals routinely, and often *ministerially*, granted by local public entities, such as building permits or business licenses, which are discussed *infra*? If local public entities are held responsible for adopting an ordinance authorizing and/or regulating marijuana dispensaries, cannot local public entities also be subject to liability for providing general public services for the illegal distribution of "medical" marijuana? Could a local public entity that knew a dispensary was distributing "medical" marijuana in compliance with state law be criminally liable if it provided electricity, water, and trash services to that dispensary? How can such actions really be distinguished from the adoption of an ordinance that authorizes and/or regulates marijuana dispensaries?

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B. *State Law*

Similarly, under California law, aside from the person who directly commits a criminal offense, no other person is guilty as a principal unless he aids and abets. (*People v. Dole* (1898) 122 Cal. 486; *People v. Stein* (1942) 55 Cal. App. 2d 417.) A person who innocently aids in the commission of the crime cannot be found guilty. (*People v. Fredoni* (1910) 12 Cal. App. 685.)

To authorize a conviction as an aider and abettor of crime, it must be shown not only that the person so charged aided and assisted in the commission of the offense, but also that he abetted the act— that is, that he criminally or with guilty knowledge and intent aided the actual perpetrator in the commission of the act. (*People v. Terman* (1935) 4 Cal. App. 2d 345.) To "abet" another in commission of a crime implies a consciousness of guilt in instigating, encouraging, promoting, or aiding the commission of the offense. (*People v. Best* (1941) 43 Cal. App. 2d 100.) "Abet" implies knowledge of the wrongful purpose of the perpetrator of the crime. (*People v. Stein, supra.*)

To be guilty of an offense committed by another person, the accused must not only aid such perpetrator by assisting or supplementing his efforts, but must, with knowledge of the wrongful purpose of the perpetrator, abet by inciting or encouraging him. (*People v. Le Grant* (1946) 76 Cal. App. 2d 148, 172; *People v. Carlson* (1960) 177 Cal. App. 2d 201.)

The conclusion under state law aiding and abetting would be similar to the analysis above under federal law. Similar to federal law immunities available to local legislators, discussed above, state law immunities provide some protection for local legislators. Local legislators are certainly immune from civil liability relating to legislative acts; it is unclear, however, whether they would also be immune from criminal liability. (*Steiner v. Superior Court*, 50 Cal.App.4th 1771 (assuming, but finding no California authority relating to a "criminal" exception to absolute immunity for legislators under state law).)[5] Given the apparent state of the law, local legislators could only be certain that they would be immune from civil liability and could not be certain that

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[5] Although the *Steiner* Court notes that "well-established federal law supports the exception," when federal case authority is applied in a state law context, there may be a different outcome. Federal authorities note that one purpose supporting criminal immunity as to federal legislators from federal prosecution is the separation of powers doctrine, which does not apply in the context of *federal* criminal prosecution of *local* legislators. However, if a state or county prosecutor brought criminal charges against a local legislator, the separation of powers doctrine may bar such prosecution. (Cal. Const., art. III, sec. 3.) As federal authorities note, bribery, or other criminal charges that do not depend upon evidence of, and cannot be said to further, any legislative acts, can still be prosecuted against legislators. (See *Bruce v. Riddle* (4th Cir. 1980) 631 F.2d 272, 279 ["Illegal acts such as bribery are obviously not in aid of legislative activity and legislators can claim no immunity for illegal acts."]; *United States v. Brewster*, 408 U.S. 501 [indictment for bribery not dependent upon how legislator debated, voted, or did anything in chamber or committee; prosecution need only show acceptance of money for promise to vote, not carrying through of vote by legislator]; *United States v. Swindall* (11th Cir. 1992) 971 F.2d

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they would be at all immune from criminal liability under state law. However, there would not be any criminal violation if an ordinance adopted by a local public entity were in compliance with the CUA and the MMPA. An ordinance authorizing and regulating medical marijuana would not, by virtue solely of its subject matter, be a violation of state law; only if the ordinance itself permitted some activity inconsistent with state law relating to medical marijuana would there be a violation of state law that could subject local legislators to criminal liability under state law.

QUESTION

3. If the governing body of a city, city and county, or county approves an ordinance authorizing and regulating marijuana dispensaries to implement the Compassionate Use Act of 1996 and the Medical Marijuana Program Act, and subsequently a particular dispensary is found to be violating state law regarding sales and trafficking of marijuana, could an elected official on the governing body be guilty of state criminal charges?

ANSWER

3. After adoption of an ordinance authorizing or regulating marijuana dispensaries, elected officials could not be found criminally liable under state law for the subsequent violation of state law by a particular dispensary.

ANALYSIS

Based on the state law provisions referenced above relating to aiding and abetting, it does not seem that a local public entity would be liable for any actions of a marijuana dispensary in violation of state law. Since an ordinance authorizing and/or regulating marijuana dispensaries would necessarily only be authorizing and/or regulating to the extent already *permitted* by state law, local elected officials could not be found to be aiding and abetting a *violation* of state law. In fact, the MMPA clearly contemplates local regulation of dispensaries. (Cal. Health & Safety Code sec. 11362.83 ("Nothing in this article shall prevent a city or other local governing body from adopting and enforcing laws consistent with this article.").) Moreover, as discussed above, there may be legislative immunity applicable to the legislative acts of individual elected officials in adopting an ordinance, especially where it is consistent with state law regarding marijuana dispensaries that dispense crude marijuana as medicine.

1531, 1549 [evidence of legislative acts was essential element of proof and thus immunity applies].) Therefore, a criminal prosecution that relates *solely* to legislative acts cannot be maintained under the separation of powers rationale for legislative immunity.

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QUESTION

4. Does approval of such an ordinance open the jurisdictions themselves to civil or criminal liability?

ANSWER

4. Approving an ordinance authorizing or regulating marijuana dispensaries may subject the jurisdictions to civil or criminal liability.

ANALYSIS

Under federal law, criminal liability is created solely by statute. (*Dowling v. United States* (1985) 473 U.S. 207, 213.) Although becoming more rare, municipalities have been, and still may be, criminally prosecuted for violations of federal law, where the federal law provides not just a penalty for imprisonment, but a penalty for monetary sanctions. (See Green, Stuart P., *The Criminal Prosecution of Local Governments*, 72 N.C. L. Rev. 1197 (1994) (discussion of history of municipal criminal prosecution).)

The CSA prohibits persons from engaging in certain acts, including the distribution and possession of Schedule I substances, of which marijuana is one. (21 U.S.C. sec. 841.) A person, for purposes of the CSA, includes "any individual, corporation, government or governmental subdivision or agency, business trust, partnership, association, or other legal entity." (21 C.F.R. sec. 1300.01 (34). See also 21 C.F.R. sec. 1301.02 ("Any term used in this part shall have the definition set forth in section 102 of the Act (21 U.S.C. 802) or part 1300 of this chapter.").) By its very terms, then, the CSA may be violated by a local public entity. If the actions of a local public entity otherwise satisfy the requirements of aiding and abetting a violation of the CSA, as discussed above, then local public entities may, indeed, be subject to criminal prosecution for a violation of federal law.

Under either federal or state law, local public entities would not be subject to civil liability for the mere adoption of an ordinance, a legislative act. As discussed above, local legislators are absolutely immune from civil liability for legislative acts under both federal and state law. In addition, there is specific immunity under state law relating to any issuance or denial of permits.

QUESTION

5. Does the issuance of a business license to a marijuana dispensary involve any additional civil or criminal liability for a city or county and its elected governing body?

ANSWER

5. Local public entities will likely *not* be liable for the issuance of business licenses to marijuana dispensaries that plan to dispense crude marijuana as medicine.

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ANALYSIS

Business licenses are imposed by cities within the State of California oftentimes solely for revenue purposes, but are permitted by state law to be imposed for revenue, regulatory, or for both revenue and regulatory purposes. (Cal. Gov. Code sec. 37101.) Assuming a business license ordinance is for revenue purposes only, it seems that a local public entity would not have any liability for the mere collection of a tax, whether on legal or illegal activities. However, any liability that would attach would be analyzed the same as discussed above. In the end, a local public entity could hardly be said to have aided and abetted the distribution or possession of marijuana in violation of the CSA by its mere collection of a generally applicable tax on all business conducted within the entity's jurisdiction.

OVERALL FINDINGS

All of the above further exemplifies the catch-22 in which local public entities are caught, in trying to reconcile the CUA and MMPA, on the one hand, and the CSA on the other. In light of the existence of the CUA and the MMPA, and the resulting fact that medical marijuana *is* being used by individuals in California, local public entities have a need and desire to regulate the location and operation of medical marijuana facilities within their jurisdiction.[6] [102]

However, because of the divergent views of the CSA and California law regarding whether there is any accepted "medical" use of marijuana, state and local legislators, as well as local public entities themselves, could be subject to criminal liability for the adoption of statutes or ordinances furthering the possession, cultivation, distribution, transportation (and other act prohibited under the CSA) as to marijuana. Whether federal prosecutors would pursue federal criminal charges against state and/or local legislators or local public entities remains to be seen. But, based on past practices of locally based U.S. Attorneys who have required seizures of large amounts of marijuana before federal filings have been initiated, this can probably be considered unlikely.

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[6] Several compilations of research regarding the impacts of marijuana dispensaries have been prepared by the California Police Chiefs Association and highlight some of the practical issues facing local public entities in regulating these facilities. Links provided are as follows: "Riverside County Office of the District Attorney," [White Paper, Medical Marijuana: History and Current Complications, September 2006];"Recent Information Regarding Marijuana and Dispensaries [El Cerrito Police Department Memorandum, dated January 12, 2007, from Commander M. Regan, to Scott C. Kirkland, Chief of Police]; "Marijuana Memorandum" [El Cerrito Police Department Memorandum, dated April 18, 2007, from Commander M. Regan, to Scott C. Kirkland, Chief of Police]; "Law Enforcement Concerns to Medical Marijuana Dispensaries" [Impacts of Medical Marijuana Dispensaries on communities between 75,000 and 100,000 population: Survey and council agenda report, City of Livermore].

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CONCLUSIONS

In light of the United States Supreme Court's decision and reasoning in *Gonzales v. Raich*, the United States Supremacy Clause renders California's Compassionate Use Act of 1996 and Medical Marijuana Program Act of 2004 suspect. No state has the power to grant its citizens the right to violate federal law. People have been, and continue to be, federally prosecuted for marijuana crimes. The authors of this White Paper conclude that medical marijuana is not legal under federal law, despite the current California scheme, and wait for the United States Supreme Court to ultimately rule on this issue.

Furthermore, storefront marijuana businesses are prey for criminals and create easily identifiable victims. The people growing marijuana are employing illegal means to protect their valuable cash crops. Many distributing marijuana are hardened criminals.[103] Several are members of stepped criminal street gangs and recognized organized crime syndicates, while others distributing marijuana to the businesses are perfect targets for thieves and robbers. They are being assaulted, robbed, and murdered. Those buying and using medical marijuana are also being victimized. Additionally, illegal so-called "medical marijuana dispensaries" have the potential for creating liability issues for counties and cities. All marijuana dispensaries should generally be considered illegal and should not be permitted to exist and engage in business within a county's or city's borders. Their presence poses a clear violation of federal and state law; they invite more crime; and they compromise the health and welfare of law-abiding citizens.

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ENDNOTES

[1] U.S. Const.. art. VI, cl. 2.
[2] U.S. Const., art. I, sec. 8, cl. 3.
[3] *Gonzales v. Raich* (2005) 125 S.Ct. 2195 at p. 2204.
[4] *Gonzales v. Raich.* See also *United States v. Oakland Cannabis Buyers' Cooperative* (2001) 121 S.Ct. 1711, 1718.
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[7] See *People v. Mower* (2002) 28 Cal.4th 457, 463.
[8] Health and Safety Code section 11362.5(b) (1) (A). All references hereafter to the Health and Safety Code are by section number only.
[9] H&S Code sec. 11362.5(a).
[10] H&S Code sec. 11362.7 *et. seq.*
[11] H&S Code sec. 11362.7.
[12] H&S Code secs. 11362.71--11362.76.
[13] H&S Code sec. 11362.77.
[14] H&S Code secs. 11362.765 and 11362.775; *People v. Urziceanu* (2005) 132 Cal.App.4th 747 at p. 786.
[15] H&S Code sec. 11362.77; whether or not this section violates the California Constitution is currently under review by the California Supreme Court. See *People v. Kelly* (2008) 82 Cal.Rptr.3d 167 and *People v. Phomphakdy* (2008) 85 Cal.Rptr. 3d 693.
[16] H&S Code secs. 11357, 11358, 11359, 11360, 11366, 11366.5, and 11570.
[17] H&S Code sec. 11362.7(h) gives a more comprehensive list – AIDS, anorexia, arthritis, cachexia, cancer, chronic pain, glaucoma, migraine, persistent muscle spasms, seizures, severe nausea, and any other chronic or persistent medical symptom that either substantially limits the ability of a person to conduct one or more life activities (as defined in the ADA) or may cause serious harm to the patient's safety or physical or mental health if not alleviated.
[18] *People v.* Mower (2002) 28 Cal.4th 457 at p. 476.
[19] *Id.* Emphasis added.
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[24] H&S Code sec. 11362.765(c); see, e.g., *People v.Urziceanu*, 132 Cal.App.4th 747 at p. 764.
[25] *Gonzales v. Raich, supra,* 125 S.Ct. at page 2195.
[26] *People v. Urziceanu* (2005) 132 Cal.App.4th 747; see also H&S Code sec. 11362.765.
[27] Israel Packel, 4-5. Italics added.
[28] H&S Code sec. 11362.7(d)(1).
[29] See, e.g., McClure, "Fuming Over Pot Clubs," *California Lawyer Magazine*, June 2006.
[30] H&S Code secs. 11362.5(e) and 11362.7(d)(1), (2),(3), and (e); see also *People ex rel. Lungren v. Peron* (1997) 59 Cal.App.4th 1383, 1395.
[31] *People v. Mower,* 28 Cal.4th at 476. Emphasis added.
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ATTACHMENT 6

ADAM II

2009 ANNUAL REPORT

Arrestee Drug Abuse Monitoring Program

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

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ADAM II

2009 ANNUAL REPORT

ARRESTEE DRUG ABUSE MONITORING PROGRAM II

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
WASHINGTON, DC

June 2010

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Executive Summary

The Arrestee Drug Abuse Monitoring (ADAM II) program is a unique data collection program that conducts interviews and collects urine specimens in police booking facilities with adult male arrestees within 48 hours of their arrest. Now in 10 U.S. counties, the ADAM II program is a continuation of the ADAM program that operated in 35 sites from 2000 to 2003 under the auspices of the National Institute of Justice (NIJ). Since 2007 ADAM II has been sponsored by the Office of National Drug Control Policy (ONDCP). Between 2000 and 2009, the ADAM and ADAM II programs[1] have collected over 36,000 interviews in the current 10 sites, representing when weighted over 350,000 arrests; over these years, 89 percent of those interviewed supplied a sample for urinalysis.

The ADAM program is a critical source of information for policymakers dealing with the problems of drug use. It captures data on a population not well-represented in any other survey, males 18 years and older at the point of their involvement in the criminal justice system. It is also the only survey that offers a biological marker of recent use (urinalysis), which when linked to interview data, validates information about recent drug use. In 2009, 86 percent of arrestees interviewed voluntarily provided a urine sample for testing. The data are also unique in that interview and urine test data are collected within 48 hours of arrest, unlike surveys of post adjudicated offenders conducted in jails or prisons long after the offense has occurred.

ADAM data reflect a population that is quite different from that captured in general population surveys. Compared to their counterparts (males 18 or older) in the National Survey on Drug Use and Health (NSDUH), the nation's primary population survey on drug use, ADAM respondents are more likely to be unemployed, uninsured and living in transient living arrangements. ADAM respondents are also more involved with drugs and more experienced with crime. In 2008[2] only 8 percent of males 18 years or older responding to the NSDUH reported they had used marijuana in the prior 30 days. Across the 10 ADAM II sites in 2008, from 34 percent (Washington, DC) to 52 percent (Chicago) of arrestees reported marijuana use in the prior 30 days and from 31 percent (Washington, DC) to 51 percent (Charlotte) tested positive for the presence of marijuana in their systems at arrest. This was a pattern found with many other drugs: in 2008, 20 percent of males in NSDUH admitted to ever having used cocaine powder and 5 percent to ever having used crack, while anywhere from 17

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1 Henceforth, ADAM II refers to the 10 county data collection program that began in 2007.

2 While this report focuses on 2009 data, the comparable year is not yet available for the NSDUH. Therefore, comparisons are made with the 2008 ADAM II data.

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(Sacramento) to 44 (Chicago) percent of arrestees tested positive in 2008 for cocaine[3] in their system at the time of arrest, indicating use in the past few days. Heroin, a drug rarely reported in the general population (.2 percent among 2008 NSDUH comparable males) was detected in urinalysis in anywhere from 1 percent (Charlotte) to 29 percent (Chicago) in 2008. Any involvement with the criminal justice system is also far more prevalent among ADAM II respondents. Only 27 percent of the comparable 2008 NSDUH sample had ever been arrested and only 5 percent in the prior year. By contrast, anywhere from 59 percent (Washington, DC) to 94 percent (Chicago) of the ADAM II arrestees had been arrested at least once prior to the current arrest in 2008. ADAM respondents represent a high proportion of drug users who, due to transient living arrangements and/or frequent periods of residency that make them ineligible for inclusion in the HSDUH, are somewhat hidden to traditional data collection efforts.

Finally, ADAM is an important source of information on the local or regional nature of drug problems. Across the 10 ADAM II sites it is evident that what is a serious problem in Sacramento (31 percent tested positive for methamphetamine in 2009) can be virtually non-existent in New York (0 tested positive). Even in relatively close geographic areas, drug problems can be quite different: 18 percent of Chicago arrestees tested positive for opiates in 2009, while 200 miles away in Indianapolis only 7 percent tested positive.

This is ONDCP's third annual report for ADAM II, providing interview and urine test data collected from a probability-based sample of over 4,700 arrestees from April 1 to September 30, 2009.

Methodology

The ADAM II program continues all data collection protocols used in the 2000–2003 ADAM program, though it is now limited to 10 of the former ADAM counties. All interview data are collected by the professional interview staff of Abt Associates in face-to-face interviews conducted in the booking area of large urban police stations and jails. Each arrestee interviewed is also asked to supply a urine sample for analysis of 10 substances; and 86 percent of all arrestees interviewed in 2009 agreed to supply a sample. The ADAM program collects these samples and links the results to answers arrestees supply on patterns of use. All data collected are confidential and provided voluntarily with informed consent. As in the past, data collected in the consecutive 14-day periods are

[3] Testing for cocaine does not distinguish the form which it is ingested (crack or powder). The ADAM interview asks the respondent to report use of each form in different time frames (ever, 3 day, 7 day, 30 day and 12 month).

weighted to represent the county in which the primary city sits and annualized to represent the entire year of arrests.

The sample of arrestees is drawn from all males arrested over the course of each 24-hour period during the 14 days of collection. In 2009, the program collected 4,746 interviews and 4,077 urine specimens in the 10 counties, representing 33,725 men arrested in 2009. Across the counties, 7,791 eligible arrestees were sampled from the rosters of those who had been arrested in the appropriate time period. Eligible arrestees are defined as all males over 18 arrested within the county jurisdiction on any charge in the prior 48 hours. Not all arrestees sampled are physically available for interview, however. Some have been released or taken to court by the time the typical eight-hour interview shift begins (4 PM), or some are in the facility medical unit. In 2009, of the 7,791 arrestees sampled, 5,540 were available for interview; 86 percent of those sampled and available agreed to be interviewed.

As with the original ADAM program, ADAM II data come from two sources: a 20–25 minute interview and a urinalysis of a specimen for the presence of 10 drugs and/or their metabolites.[4] The interview covers basic demographics (age, employment, housing, education, and insurance coverage), drug use history, current use, alcohol use, participation in buying and selling drugs in the prior month, prior drug and mental health treatment, and prior arrests. For those arrestees who report use of any drugs in the prior 12-month period, additional information is taken on arrests, drug and alcohol use, and drug, alcohol, and mental health treatment in that year. All arrestees consenting to provide urine are given a bar-coded specimen cup and escorted to a nearby lavatory. After the process is completed, respondents are given water and a snack for their participation.

While ADAM sites are not a probability-based sample of U.S. counties, the sample of arrestees within each county is probability based and weighted to represent all arrests during that time period. Sampling plans are developed for each site both at the *county level* and at the *facility level*. *County-level plans* take into account all booking facilities and stratify by size where there is more than one booking facility. In six of the ten sites there is a single central intake facility that captures all county arrests. When this is not the case, a stratified sample is created for that county with the sample allocated proportionate to the size of the facility. This is the case in Atlanta and Washington, DC. In Atlanta (Fulton County) there are two booking facilities: the Atlanta Detention Center and the Fulton County Jail. Since these two facilities are approximately equal in terms of arrest volume, interviews

[4] Each sample is bar-coded to match the corresponding interview data. A national laboratory tests all samples for the presence of marijuana, cocaine, opiates, amphetamine/methamphetamine, propoxyphene, phencyclidine, benzodiazepines, methadone, barbiturates, and oxycodone.

are conducted over seven days in each. In Washington, DC there are seven police districts, each of which books all arrestees in their jurisdiction. The Washington, DC collection days are assigned to each district proportional to the volume of arrestees that are booked in each district. The county level sampling in Hennepin County (Minneapolis), Cook County (Chicago) and Manhattan (New York) are also somewhat different. Hennepin and Cook Counties have some small suburban facilities and New York has one mid-town court where a small number of arrestees may be taken. However, the large central jail in both cases captures the overwhelming majority of county bookings, and data collection for these sites is conducted only in the large facilities.

In all sites the *facility level sampling* is the same: within each facility, the 24-hour booking period is divided into the period before interviewers arrive (termed the *stock* period) and the period when the interviewers are present (termed the *flow* period). The number of stock and flow cases to be sampled that are assigned in each site to each period is based on current data on the distribution of arrests each day. Stock cases are sampled from the list of all arrestees processed during that period regardless of where they are when interviewers arrive. Flow cases are sampled from the flow of arrestees booked during the interview shift. If a sampled stock arrestee is not available (i.e., not in the facility at the time of the interview shift) or the sampled arrestee refuses to participate, the reason for non-response is recorded and the next sampled arrestee is approached. If the sampled flow arrestee is not available or declines, the reason is recorded and the adjacent arrestee in time is selected. This process continues until all sampled cases are completed and the shift has ended.

In ADAM II, propensity scores are developed for each site to weight each case, based on detailed information on all bookings that occurred during the data collection period and known factors that have an impact on the probability that a case is sampled—arrest charge, time of day, and day of the week. For example, arrestees with more serious charges are held longer for processing and have a greater likelihood of still being in the facility when interviewing occurs. Arrestees brought in the morning hours or during low volume arrest days of the week also are more likely to have been processed already by the time the interview shift begins. Weighting with these factors in mind balances the sample.

ADAM II Sample Demographics

Although each site participating in the ADAM II program reflects a unique region of the country, in many cases the populations of arrestees entering the criminal justice system are more similar than different. In all sites, the average age of arrestees in 2009 in each site was between 32 and 37; arrestees were significantly older by roughly two years in 2009 than the sample was in 2007 in New

York, Sacramento and Portland. The majority of arrestees in all sites were single, ranging from 61 percent (Portland) to 82 percent (Washington, DC) in 2009. Over 84 percent of arrestees were U.S. citizens in 2009, though this percentage declined significantly in three sites since 2007 (Charlotte, Minneapolis, and Indianapolis) and in one site since 2008 (Sacramento), but increased significantly in Portland from 2008 and in Washington, DC from 2007.

In all ADAM II sites, over 65 percent of arrestees had a high school diploma or its equivalency in 2009, ranging from 66 percent (Chicago and Atlanta) to 75 percent (Portland and Washington, DC). Over 40 percent of arrestees in 9 of the 10 sites (the exception is Portland) reported they worked at least part time, though this reflected a significant decline in employment since 2007 in 7 of the 10 sites. Employment among arrestees in Portland had the steepest decline since 2007: from 45 percent in 2007 to 27 percent in 2009. Additionally, in 8 of 10 sites less than half of all arrestees had any form of health insurance in 2009, including state-sponsored programs such as Medicaid and Medicare, employer-based, Veterans Affairs, union, or other plans.

Across all sites, experience with the criminal justice system prior to the current arrest was common. In 2009, 78 percent or more of arrestees in all sites reported at least one arrest prior to the current one, ranging from 78 percent in Charlotte and New York to 93 percent in Chicago. In some sites, more arrestees in 2009 had arrest histories than was true in the early years of ADAM (2000-2003)—Chicago, Atlanta, and Washington, DC. In other sites, the proportion with prior arrests was currently lower than in prior years—Indianapolis, Charlotte, Minneapolis and Sacramento.

Interviewers record the three most serious charges for all arrestees from the official booking record of each arrestee. The percentage of arrestees charged with violent crimes was over 15 percent in 9 of the 10 sites (the exception is Washington, DC), ranging from 17 percent of cases in Atlanta to 31 percent in Chicago. The percentage of arrestees charged with drug-related charges was over 20 percent in all sites in 2009, reaching almost 50 percent in Chicago and Washington, DC. Arrests for property crimes ranged from 11 percent of arrestees in Washington, DC to 34 percent in New York, while assorted "other" crimes, including probation/parole violations, disturbing the peace, traffic-related offenses, and other more minor crimes, made up over 40 percent of charges in 6 of the 10 sites.

Comparisons between those arrestees who tested positive for drugs and those who did not in 2009 indicate that those testing positive were significantly more likely than non-users to report an arrest prior to the current one in 9 of the 10 sites; were more likely to be a US citizen in 9 of the 10 sites; were less likely to be employed in 6 of the 10 sites; and were significantly younger in half of the sites.

Drug Use and Drug Market Participation

One of the advantages of the ADAM II program is its ability to test the veracity of answers about drug use through the use of the urine test. Arrestees' answers to questions about their drug use within the appropriate windows of detection for each drug are matched to the laboratory results for each case. In 2009, the percentage of overall truthful answers on drug use (that is, the total of arrestees who used a drug and admitted it, and those who did not use and answered negatively) was high 83 percent or more arrestees responded truthfully regarding use of marijuana and cocaine, and over 95 percent responded truthfully about heroin and methamphetamine.

There were differences, however, when looking at the truthfulness of those who both actually used the drugs and admitted it. This varied by the drug used. In 2009, users of more highly stigmatized drugs like heroin, cocaine, and methamphetamine were less likely to admit use than users of marijuana. In 2009, marijuana was more universally admitted (81 percent or greater congruence in all 10 sites), but admitting cocaine use varied from 30 percent of users testing positive and admitting use in Indianapolis to over half of users in Portland, Washington, DC, and Denver. Opiate use admission was even more variable—only 15 percent of those testing positive in Charlotte (where opiate use was fairly rare) admitted to use compared to over half of the opiate users in Chicago and New York and 81 percent of users admitting use in Portland, where opiate use was more common.

Use of Any Drug/Multiple Drugs

The results of urinalysis indicating the presence of *any* test substance showed that in 2009 anywhere from 56 percent (Charlotte) to 82 percent (Chicago) of arrestees across sites tested positive for the presence of some substance in their system at the time of arrest. In 2009, in 9 out of the 10 sites, 60 percent or more of arrestees tested positive. From 2000 and 2001 to 2009 the percentage testing positive for any substance declined in Charlotte, New York and Sacramento. While many sites experienced significant shifts from year to year, only Atlanta, Chicago, Indianapolis and New York showed significant declines over the 9 year period.

Many arrestees were also likely to have more than one drug in their system at the time of arrest: in 2009 anywhere from 12 percent (Charlotte) to 28 percent (Chicago) of arrestees tested positive for multiple drugs. This represented a significant decline in both of these sites that began in 2000.

Marijuana Use and Market Participation

In 2009, marijuana continued to be the most commonly used illegal substance among booked arrestees in all sites but Atlanta, where the same percentage of arrestees tested positive for cocaine. Over 40 percent of arrestees in 8 of the 10 sites tested positive for marijuana in 2009, ranging from 36 percent testing positive for marijuana in Charlotte to 49 percent in Chicago. Most sites have remained at high levels of marijuana use over the nine years of data collection. The exceptions are Minneapolis and Sacramento that experienced a significant decline over that time period, and Denver and Portland that have shown a significant increasing trend.

When asked about use of marijuana in the prior 30 days, anywhere from 35 percent of male arrestees in Charlotte and Minneapolis to 48 percent in Denver admitted that they had used in the prior 30 days. These reports were significantly lower in 2009 than in 2007 or 2008 in Charlotte, Minneapolis and Chicago. More arrestees admitted to use in the past 12 months—over 40 percent in all sites and 50 percent or more in three sites (Portland, Sacramento, and Denver). Arrestees who admitted that they used marijuana in the prior 30 days also admitted frequent use, ranging from 12 out of the prior 30 days on average in Charlotte to 18 out of 30 in Chicago and New York. In 6 of the 10 sites, marijuana users reported that they used on more than half of the prior 30 days.

All arrestees are asked if they acquired each of the five major drugs in the prior 30 days, regardless of whether it was for their own use.[5] If the answer is "yes," they are then asked a series of questions about how, where, and from whom (regular source, new source, etc.) they acquired the drug, the unit purchased, and the price paid (or value of the barter).

In 2009, marijuana remained the most commonly acquired drug, with over 30 percent of arrestees in all sites reporting that they acquired it in the prior 30 days and more than half of those arrestees in 9 sites reporting acquiring it through cash purchases in the past 30 days. Overall participation in the marijuana market (cash and noncash transactions) in the past 30 days by arrestees has remained constant in 8 sites; two sites, however, experienced significant declines since 2008—from 46 percent of arrestees reporting acquiring marijuana in Charlotte in 2008 to 33 percent in 2009, and from 44 percent in 2008 to 31 percent in 2009 in Minneapolis. Some sites showed significant shifts from the early years of ADAM. For example, in Minneapolis in 2000-2002, 45 to 54 percent of arrestees reported acquiring marijuana, significantly greater than the 2009 reports (31 percent). In Charlotte

[5] Arrestees may acquire a drug to save, sell or give to someone else.

between 2001 and 2009 the proportion of arrestees acquiring marijuana remained anywhere from 43 to 49 percent, significantly higher than the 2009 reports (33 percent).

Cocaine Use[6]

Cocaine, either in the form of powder or crack, was the second most commonly used substance among arrestees in 2009 in all but Sacramento and Atlanta. In Sacramento, 46 percent of arrestees tested positive for marijuana, 31 percent for methamphetamine and 11 percent of arrestees for cocaine. Atlanta (37 percent) led the sites in 2009 in the proportion of arrestees testing positive for cocaine, the same proportion that tested positive for marijuana. Chicago (33 percent) and New York (32 percent) were the next two highest proportions. It was considerably less common in arrestees in two Western sites (16 percent in Portland and 11 percent in Sacramento).

While still high, in all 8 sites that collected data in 2000 and 2001, the proportion of arrestees testing positive for cocaine had significantly declined by 2009. In cases like New York, the trend was both significant and dramatic—from 52 percent of arrestees testing positive in 2000 to 32 percent in 2009.

There have been more shifts in cocaine use among arrestees over the prior nine years than found with marijuana. Many sites like Atlanta and Chicago maintained high levels of use (over 40 percent testing positive) until 2009, when the percent testing positive declined to 37 in Atlanta and 33 percent in Chicago. Significant declining trends over the nine years were also evident in Indianapolis and Minneapolis.

Across all sites, the majority of arrestees who tested positive for cocaine in 2009 reported using crack. While many arrestees testing positive for cocaine did not admit use in either form over the prior three days, of those testing positive and willing to specify, crack was identified as the form used 2 to 10 times as often.

Crack Use and Market Participation

The popularity of crack varies across sites, though self reported use in the prior 30 days since 2007 in general has declined in 8 of the 10 sites. In 2009, the Atlanta site had the greatest proportion of arrestees who admitted using crack in the prior 30 days (19 percent) and prior year (21 percent).

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[6] Note that the test results shown in these figures represent cocaine in both powder and crack form, as either form produces a positive drug test result. Across all sites, the majority of arrestees who tested positive for cocaine reported being crack users.

Denver and Chicago follow, with 14-15 percent reporting use in the prior 30 days, and 16–19 percent in the prior 12 months. Eight of the 10 sites showed statistically significant reductions since 2007 in the self-report of crack use in the prior 30 days, and four sites (Charlotte, Chicago, Minneapolis and Sacramento) continued to decrease significantly from 2008 to 2009. In only one site (New York) did self-reported crack use increase significantly in 2009 from 2008.

In 2009, four sites showed significant decreases in self-reported participation in the crack cocaine market from 2008 levels. Charlotte dropped from 15 percent to 8 percent of arrestees who reported acquiring crack cocaine in the past month; Chicago dropped from 26 percent to 17 percent; Minneapolis dropped from 16 percent to 9 percent; and Sacramento dropped from 10 percent to 5 percent. Activity in acquiring crack was significantly lower from earlier years in all sites. For all eight of the current sites that collected data in 2000 and 2001, the proportions of arrestees who acquired crack in the prior 30 days was significantly lower in 2009 than in those first years of the program. The two sites that began collection in 2002 (Washington, DC and Atlanta) both also had significantly larger proportions of arrestees acquiring crack in 2002 or 2003 than found in 2009.

Cocaine Powder Use and Market Participation

Fewer arrestees reported recent use (past three days) of cocaine in powder form than reported more distant use. Self-reported use of powder cocaine in the prior three days ranged from 1 percent or less in Indianapolis and Washington, DC to 7 percent in Denver. More powder users admitted some use in the prior 30 days (ranging from 2 percent in DC to 10 percent in Denver) or in the prior 12 months (ranging from 2 percent in DC to 17 percent in Denver). Only one site (Chicago) experienced a significant change (increase) in the proportion of arrestees reporting use in the prior 30 days since 2008 in any site, though there were significant declines between 2007 levels in Charlotte, Denver, Portland and Sacramento.

The proportion of arrestees who reported obtaining powder cocaine in the past month remained unchanged in 2009 compared to 2008. Between 1 and 11 percent of arrestees across sites reported acquiring powder cocaine. The proportion of arrestees reporting acquiring cocaine powder in the prior 30 days was at the lowest point in 2009 in 8 of the 10 sites than seen in all ADAM years. Sacramento showed comparable levels from 2000-2003, reached a significantly higher point in 2007 and fell significantly in 2009 to 4 percent. Cocaine powder acquisition in Chicago has remained essentially unchanged for the prior nine years, varying from 4 to 9 percent.

Heroin Use and Market Participation

There was considerable variation in the proportion of arrestees testing positive for opiates across the ADAM years. Chicago again led the 10 sites in 2009 in opiate use (18 percent tested positive), though there has been a significant decline from 29 percent testing positive in 2008. Washington, DC, by contrast, showed a significant increase in the proportion of opiate positives from 2008 to 2009 (from 12 to 15 percent). In 2009, Charlotte had the lowest proportion testing positive for opiates (2 percent) of all sites followed by Atlanta (3 percent). Most sites have remained relatively constant since 2000, with from 5 percent to 7 percent of arrestees testing positive for opiates. Notable exceptions are New York and Portland, which peaked at 20 and 16 percent, respectively, in 2000 and 2003, declined significantly over the next two years, and remained around 10 percent in 2009. Sites with few opiate positives like Atlanta, Charlotte, Minneapolis and Sacramento remained relatively unchanged from 2000 to 2009.

The proportion of arrestees who reported acquiring heroin in the past month continued to vary across sites and over time. In some sites in 2009 (Atlanta and Charlotte), less than 1 percent reported acquiring heroin, while in others (Chicago and Portland) the proportion was 12 percent or greater. There have been some significant changes in some sites: in Chicago heroin acquisition continued a significant decline from the high of 32 percent in 2000 to 15 percent in 2009. In Denver and Portland, acquisition rose significantly from 2008 to 2009, from 2 percent to 4 percent in Denver and 8 percent to 12 percent in Portland.

While the proportion of arrestees reporting obtaining heroin fluctuated in some sites, the average number of purchases each month remained steady across all sites between 2008 and 2009, with the exception of Atlanta (this estimate, however, reflects less than 1 percent of the arrestee sample). For most sites, the average number of heroin purchases was much higher than for other drugs (between 9 and 26 in the past month), indicating heavy market participation for these arrestees, despite their relatively small representation in the sample as a whole.

Methamphetamine Use and Market Participation

Methamphetamine use remained concentrated in two of the Western ADAM II sites. In 2009, positive tests for the presence of methamphetamine were highest in Sacramento (31 percent test positive) and Portland (13 percent) and 1 percent or less in Indianapolis, Atlanta, Charlotte, Chicago, Washington, DC and New York. Though still high, the proportion of arrestees testing positive for methamphetamine in Portland and Sacramento was significantly lower when compared to earlier

ADAM collections. In Portland, over 20 percent of arrestees tested positive from 2000 to 2007, significantly higher than found in 2009. In Sacramento use reached a high point in 2003 at 46 percent positive, significantly higher than found in 2009 (31 percent).

Self-reported methamphetamine use was also highest in the two Western sites: 25 percent of arrestees in Sacramento and 13 percent in Portland admitted to use in the prior month—significantly higher compared to 2007 for Portland. Only Denver came even marginally close to those figures: 5 percent n Denver admitted prior 30-day use and 7 percent admitted prior year use. There was no significant change in any self-reported use in any site from 2008 to 2009.

Methamphetamine market participation remained limited in most ADAM sites. In six sites less than 1 percent of arrestees reported obtaining methamphetamine in the previous month; in 2009 in two other sites, Denver (5 percent) and Minneapolis (1 percent), 5 percent of arrestees or fewer reported any past month acquisition. In Portland (14 percent) and Sacramento (26 percent), there was no change in arrestee reports of methamphetamine acquisition since 2008 but a significant decline since earlier peak years in both sites.

Other Drugs

In addition to the five major drugs mentioned above, arrestees are tested for the presence of other drugs (barbiturates, Darvon, methadone, oxycodone, PCP, and benzodiazepines) and also asked to identify which drugs from a list of drugs they have used without a prescription[7] in the prior month.

The results of testing for other drugs indicated that in all sites, compared to the five major drugs of interest, there were fewer positive tests for the other drug categories. Methadone was most often found in New York (7 percent). PCP, a drug once popular in many areas and one of the NIDA-5 test drugs, was detected in only a few individuals in half of the ADAM II sites. Oxycodone, the synthetic narcotic that has gained popularity as a street drug, appeared in 8 of the 10 sites, and in New York the proportion rose significantly to 2 percent in 2009. There were no significant changes from 2008 to 2009 in any of the other drugs for which ADAM II tests.

Self-reports of other drugs indicated that other opiate painkillers (for example, Demerol, Dilaudid, Percodan, Vicoden) were the most commonly named "other drugs" in most sites. Four percent of

[7] The list contains both prescription drugs that may be abused (barbiturates, sedative/tranquilizers, and oxycodone) and nonprescription drugs of abuse (GBH, MDMA, LSD, and PCP).

arrestees mentioned illicit use of other opiate painkillers in the prior 30 days in 9 of the 10 sites, ranging from 2 percent in New York to 10 percent in Portland and Indianapolis.

Report Format

The ADAM II 2009 Report is divided into four sections. Section 1 presents information on the ADAM II program, comparing it to the earlier ADAM program funded by the National Institute of Justice from 2000 to 2003, and provides a brief description of the program methodology. Section 2 provides a description of the ADAM II sample, including demographics, arrest histories, and treatment experiences. Section 3 presents findings on drug use and drug market activity among booked adult male arrestees. Section 4 offers a brief summary and conclusions. These are divided by different drug types—marijuana, cocaine (in powder and crack form), heroin, methamphetamine, and selected other drugs.

Figures illustrating results are included in the main body of the report. All data tables are referenced in text, but are presented in Appendix A. Data in Appendix A are annualized, and the significance of trends is estimated using regression models.[8] Appendix B presents more detailed information on the program methodology, and Appendix C provides 2009 results for each site in site-specific "Fact Sheets."

This report presents 2009 findings from all 10 ADAM II sites. The same sites participated in 2000-2003[9], 2007 and 2008 ADAM II data collection. Some 2000-2003, 2007 and 2008 results are included in this report to examine trends. As was the case in 2007 and 2008, data were collected for two calendar quarters and then used to generate annualized estimates for each site. Data are not aggregated across sites, but presented site by site. In general, the samples collected in each site are adequate for reporting and data analysis. However, in some instances, depending on the analysis, (for example, methamphetamine market activity in some Eastern sites) there are too few cases to serve as the basis of reliable estimates. The site is then excluded from cross-site comparisons, and an "n/a" is noted for that site in the relevant table.

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8 Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II.

9 Eight of the 10 sites began data collection in 2000: New York, Charlotte, Indianapolis, Minneapolis, Denver, Chicago, Portland and Sacramento. Atlanta and Washington, DC joined ADAM in 2002.

Throughout the report, when comparisons are made to results from prior ADAM collections (2000-2003, 2007, and 2008). Differences between those years and 2009 that are statistically significant at the .10, .05, and .01 levels are identified. Otherwise, comparisons reported do not yield significant differences. The report includes the less stringent .10 significance level to provide more flexibility when considering possible trends over time.

One of the primary goals of the ADAM II program is to provide trend information on how drug use and related behavior among arrestees may have changed over time. The consistency in methodologies between ADAM and ADAM II supports this goal. However, ensuring data remain representative of the arrestee population requires continuous review and, if necessary, changes to enhance the representativeness of the sample, which can result in some adjustments to the analysis over time. There were no changes to the samples collected in 2007 through 2009 in any of the 10 ADAM II sites. However, some changes took place between 2003 and 2007 that necessarily affect trend analysis. These changes were discussed in more detail in ONDCP's 2007 annual report on ADAM II and are not repeated here.

1. An Overview of the Arrestee Drug Abuse Monitoring (ADAM II) Program

What Is ADAM?

The Arrestee Drug Abuse Monitoring (ADAM II) program is a unique data collection program that conducts interviews and collects urine specimens in police booking facilities with adult male arrestees within 48 hours of their arrest. Now in 10 U.S. counties, the ADAM II program is a continuation of the ADAM program that operated in 35 sites from 2000 to 2003 under the auspices of the National Institute of Justice (NIJ). Since 2007 ADAM II has been sponsored by the Office of National Drug Control Policy (ONDCP). Between 2000 and 2009, the ADAM and ADAM II programs[1] have collected over 36,000 interviews in the current 10 sites, representing when weighted over 350,000 arrests; over these years 89 percent of those interviewed supplied a sample for urinalysis.

The original ADAM program was initiated by NIJ to address a critical need for valid information on the extent of drug use among persons involved in the criminal justice system. An earlier NIJ effort, the Drug Use Forecasting program (DUF, 1988–2000), conducted brief interviews and collected urine specimens from a convenience sample of arrestees in 23 cities. While DUF was a landmark effort, it was not able to support either analyses of trends in drug use or estimations of prevalence. From 1997 to 1999, NIJ redesigned DUF to address its limitations, and the program was renamed ADAM. The redesigned program established probability-based sampling of booking facilities and arrestees in the targeted counties, introduced an expanded survey instrument that covered new topics such as drug market activity and treatment experience, and expanded the data collection counties from 23 to 35.

ADAM provided county level estimates of drug use and related behaviors among arrestees from 2000 to 2003, but it was terminated by NIJ in 2003 due to lack of funding. In 2007, ONDCP, recognizing the need for these data, reinstated the program as ADAM II in 10 former ADAM sites (Exhibit 1.1). While ADAM sites do not constitute a probability-based sample of *all* U.S. counties, as all sites were originally selected purposively, the data do represent arrestees in the counties from which they were drawn, and the program provides consistent data that support statistical trend analysis in those 10 counties from 2000 to 2009.

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[1] Henceforth, ADAM II refers to the 10 county data collection program that began in 2007.

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Exhibit 1.1: ADAM II Sites	
Primary City	**County Area**
Atlanta, GA	Fulton County and City of Atlanta
Charlotte, NC	Mecklenburg County
Chicago, IL	Cook County
Denver, CO	Denver County
Indianapolis, IN	Marion County
Minneapolis, MN	Hennepin County
New York, NY	Borough of Manhattan
Portland, OR	Multnomah County
Sacramento, CA	Sacramento County
Washington, DC	District of Columbia

Why Are ADAM Data Important?

Much of the data on the Nation's drug use problems come from general population surveys that specifically address drug use. The most frequently cited, the National Survey on Drug Use and Health (NSDUH), is a large annual survey of U.S. households regarding drug, alcohol, and tobacco use and mental health issues. Monitoring the Future is a survey of youths in the 8th, 10th, and 12th grades in a representative sample of schools across the nation. It asks youth about their drug, alcohol, and tobacco use and related attitudes, beliefs, and behaviors. A range of health and behavioral risks, including drug use, is covered by other general population surveys, for example, the National Epidemiologic Survey on Alcohol and Related Conditions conducted by the National Institute on Alcohol Abuse and Alcoholism, the National Health Interview Survey, and the Youth Behavioral Risk Surveillance Survey. While the current ADAM II program cannot provide national estimates, as these surveys do, it represents a critical complement to these surveys both by showing regional variation in use and drug markets and by providing data on a segment of the population often missed in population surveys.

As this report shows, drug use and drug markets vary significantly between and even within regions of the country which are often obscured in national estimates. The use of the stimulant methamphetamine, whose changing geographic pattern of use was of great interest to ONDCP when ADAM data collection resumed, is a good example of how national estimates can mask critical local problems. National estimates show methamphetamine use as a relatively small problem, with less

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than 1 percent of persons in the general population reporting recent use. By contrast, data from treatment admissions in Western states indicate a methamphetamine problem three to four times larger.[2] ADAM data have always reflected the dramatic regional pockets of methamphetamine use; the number of arrestees testing positive for methamphetamine at the time of arrest has been more than 30 percent in Sacramento since 2000, though methamphetamine levels in New York and Chicago arrestees have never risen above 1 percent.

ADAM data on drug use are also often dramatically different from general population data, where serious drug use and participation in the drug market are more rare events. For example, there were considerable differences between 2008 ADAM II data and data for males 18 and older from the general population in NSDUH about the use of crack cocaine in the prior month.[3] The NSDUH found that 0.3 percent of males over 18 reported using crack cocaine in the prior month, compared to ADAM II 2008 findings of anywhere from 7 percent (New York) to 23 percent (Atlanta and Chicago) of arrestees who reported crack use in the previous 30 days. Substantial differences like this were evident for all of the illegal drugs reported in ADAM II when compared to general population surveys, emphasizing the unique nature of the arrestee population. It is certainly true that differences between ADAM II respondents and comparable NSDUH respondents may stem from ADAM's regional focus. However, basic differences in the populations were also apparent. ADAM II respondents in all sites were less likely to be employed: anywhere from 44 percent of arrestees in Portland in 2008 to 61 percent in Indianapolis were working either full or part time compared to 75 percent of the 18 or over males in NSDUH. ADAM II respondents were also more involved in crime. Obviously, all of the ADAM II sample had been arrested at least once, but only 27 percent of the comparable NSDUH sample had ever been arrested.

Why are ADAM respondents different than general population samples? First, a substantial portion of arrestees in ADAM II reported transient living arrangements: that is, they lived temporarily with friends or relatives and change residence throughout the year, and thus they were more likely to be ineligible for inclusion in the household survey. In 2009, between 2 percent (Chicago) and 29 percent (Portland) of arrestees reported that they had been homeless or institutionalized in the prior 30 days. Second, drug use is a highly stigmatized behavior, and users may be less likely to admit use when interviewed in their homes, particularly when they know there is no means of verifying the

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2 Office of Applied Studies, Substance Abuse and Mental Health Services Administration, "The DASIS Report," January 17, 2008.

3 The NSDUH data are not yet available for 2009. These numbers represent online analysis of males 18 and over.

information. In ADAM II, the jail provides a more anonymous setting than a respondent's home, and no identifying information is taken from or attached to the arrestee. In addition, arrestees are informed that a urine sample will be requested to test for the presence of drugs, providing a validation of use/non-use answers.

For these reasons ADAM II provides an important window into a part of the population not readily accessed through traditional population surveys, but one which is heavily involved in drug use. As this report indicates, this segment is more involved in the criminal justice system, both at the moment of interview and in the past, and more involved in illegal drug use.

What Is the ADAM II Methodology?

This section provides a brief overview of the methodology used in ADAM II, including a description of sampling, case weighting, imputation, trend estimates, and drug testing. For a complete explanation of ADAM II methodology, please refer to *ADAM II Technical Documentation Report* available on Interuniversity Consortium for Political and Social Research (ICPSR) www.icpsr.umich.edu.

How Does ADAM II Continue the Methods of the Original ADAM Program?

Since 2007, the ADAM II program has replicated all instrumentation, sampling, and data collection protocols that were utilized in the NIJ-funded ADAM program from 2000 to 2003. This has supported a time series of data on drug use and related behaviors in the 10 ADAM II sites, all former ADAM sites (Exhibit 1.1). As the exhibit indicates, each site is named for the primary city of the county in which it exists. In most cases, booking of all arrestees occurs in a central county jail. In other instances, such as Atlanta, Chicago, and Washington, DC, booking occurs in more than one facility, and sampling plans differ somewhat in those counties.

The ADAM II program follows the same protocols established in ADAM. The program:

- Obtains voluntary consent for the interview and urine testing from each arrestee.
- Collects data in voluntary, confidential, face-to-face interviews lasting 20–25 minutes in the holding area of sampled booking facilities.
- Collects a voluntary urine sample from arrestees at the conclusion of the interview and ships all samples to a central laboratory for testing; each sample is bar-coded to match an arrestee's interview data.
- Utilizes a systematic sampling process to identify eligible arrestees who are approached for interviews.

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- Collects data in each site in two 14-day periods in two quarters of the year.
- Offers an incentive (candy, chips, water) for participation.
- Makes no changes in the data collection protocols for ADAM II, although there are refinements to some of the analytic strategies, made to improve the precision of estimate and the explanatory source of the data.
- Estimates significance of trends over time using model-based procedures.
- Uses propensity scores in case weighting.
- Imputes missing urine test data.

How Are Facilities and Arrestees Sampled?

The ADAM II sites are not a probability-based sample of all U.S. counties. In the original ADAM program, sites were selected by NIJ from local areas that submitted grants to participate. In ADAM II, 10 sites were chosen by ONDCP from the original 35 with four things in mind: geographic distribution, quality of data from ADAM years, some over-representation of sites east of the Mississippi to examine any spread of methamphetamine, and a preference for sites with simple booking arrangements; that is, central intake facilities versus multiple booking locations in a county. The result is 10 sentinel sites, each with adequate data to estimate trends from 2000 forward. *Within each site, however, arrestees are a probability-based sample of those booked in the facilities for the two quarterly 14-day periods, and data are annualized to represent the year of arrests in those facilities.*

Sampling plans are created at the county and facility levels. County-level plans document the total number of booking facilities and identify the facilities selected for data collection. In most ADAM II counties, regardless of the arresting agency, all persons arrested are taken for booking to a central jail. In other counties, there are multiple jails where bookings take place. In some multiple jail situations (as in Atlanta and Washington, DC), the number of facilities is small, all are included in the sampling frame, and the site constitutes a stratified random sample. In other instances, as in the Borough of Manhattan and Hennepin County, there is a single, very large facility where the majority of arrestees are booked, and for reasons of cost the small facilities are excluded. The case of Cook County is somewhat different in that misdemeanor bookings can occur in any of the 96 police precincts and many towns in the county, but all serious misdemeanor and felony offenders are brought to the central Cook County Jail, where the ADAM II program conducts interviews.

Conducting a survey of arrestees within 48 hours of their arrest raises methodological and logistical challenges. The facilities are dynamic, with arrestees being brought in, booked, transferred, or held

throughout every 24-hour period, seven days a week. Developing representative samples in this environment is challenging.

Ideally, researchers might randomly sample all time periods during the two-week period, station interviewers in jails, and allow those interviewers to systematically sample and collect data for new arrestees as they are booked. In reality, however, individual jails place restrictions on data collection, based on their local regulations and operational inconvenience, and limit access to arrestees during certain hours. And, in fact, bookings are concentrated during certain periods and are infrequent during other periods, resulting in off-peak periods during which interviewers would be idle.

As a result, the original sampling plan developed for ADAM and continued in ADAM II partitions a 24-hour sampling frame into two strata: an existing *stock* of arrestees present in the facility when a data collection period begins, and a *flow* of arrestees who enter the jail after data collection has begun. Interviewers, working the same eight-hour period every day, systematically sample from the stock of offenders who were arrested during the previous 16 hours and from the flow of arrestees who arrive at the jail during the eight-hour work shift. Sampling rates are set based on a review of all recent bookings over a two-week period so that the sample is roughly balanced, meaning that every offender would have about the same probability of being selected into the sample.

However, the sample is not perfectly balanced because not all arrestees sampled are still in the facility when scheduled for interviews. Some have been taken to court and/or been released. Those who were booked just after the last data collection shift ended have a greater likelihood of being released already; those who were booked closer to data collection shifts are more likely to still be in the facility. In addition, arrestees with more serious charges, outstanding warrants, or illnesses are also more likely to still be in the facility. If a sampled arrestee is not available, he is replaced with his nearest neighbor with respect to booking time. Still, these factors lead to variations in the probability of being interviewed, and these have to be factored into sampling weights. Variation in the sampling probability is less of a problem with the cases in the *flow* period, as they are a continual set of persons being booked, and if a replacement is needed, the nearest temporal neighbor to the interview time is selected, thus representing the entire shift period. It is the stock sample where sampling rates are most variable.

The result of the sampling procedure is that each arrestee in the sample has an estimated probability of being selected into the sample that varies with arrest charge, the number of bookings during

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different times of day, and the time of bookings. Propensity scores, discussed in the section that follows, are developed to weight each case based on these factors.

Professional interviewers at each site manage the sampling process and interview the sampled arrestees. Just prior to the beginning of the shift the lead interviewer receives from the law enforcement agency a list of all persons who have been booked since the end of the prior data collection shift (the prior day in ongoing collection, or the prior 24 hours on Day 1 of collection): the *stock* period. Using the guide supplied by ADAM sampling staff for the target number of cases to be sampled from the stock period, the lead interviewer selects every *n*th case from a list sorted by booking time and completes a study facesheet. The interviewer assigned to the stock sample proceeds through the sampled cases, requesting that officers bring the selected arrestee to the interview area. If an arrestee has been released or is not available (for example, if the arrestee is in court or in the medical unit, or if the arrestee, once brought to the interviewer, refuses), he remains part of the sample but is replaced with the nearest neighbor and the reason for no interview is recorded. This process continues until the target stock number is reached.

Cases in the *flow* period are sampled using the continuously accumulating booking records of those arrested during the shift. Information is filled in for the sampled case, and the arrestee is approached by the interviewer. If he refuses, he remains part of the sample, the reason for refusal is recorded, the nearest case in time is selected as a substitute, and the interviewer approaches the replacement arrestee. As interviewers finish a case, the most recently booked arrestee becomes the next case to approach. This process continues until the data collection shift is over.

The ADAM II interview occurs in varying locations, depending on the site. In most sites, interviewing occurs in an area or room that is isolated from other detainees. In Sacramento and Indianapolis, for example, cells not in use in the booking area are utilized. In Manhattan, the interviewing occurs at the bars of the large holding cells in the booking area. In each case, the interviewer and respondent are within eyesight, but not hearing, of the officer assigned to the program for the shift. The 20–25 minute interview is recorded in paper and pencil format due to security requirements that preclude use of any electronic equipment in most facilities. The reading of a consent statement and an explanation of the study precedes any interviewing, and all participation is voluntary. Interviews are conducted in either English or Spanish, and each site team includes at least one bilingual interviewer.

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At the conclusion of the interview, the arrestee is asked again if he is willing to provide a urine sample for testing. If he consents, he is escorted to a nearby lavatory[4] and given a urine cup bar-coded with the numeric identifier that is also placed on the facesheet and interview form. The sample is transported to the central laboratory for testing (See Exhibit 1.2). No identifying information on the arrestee is retained, included on any data collection tool, or shared with law enforcement.

Exhibit 1.2: ADAM II Drug Testing

ADAM II is the only U.S. survey of drug use that provides verification of self-report data on drug use through the testing of a biological sample that is linked to a respondent's answers. At the initiation of the interview the arrestee is asked if he will provide a sample for testing. He may continue with the interview regardless of the answer, though the reverse is not true—a sample cannot be taken without an interview. Interview questions are designed to match the approximate windows of detection for the drugs in question (3 days, 7 days, and 30 days). The samples are tied to interview data through a common bar code placed on the interview form and the sample bottle. All samples are shipped to Kroll Laboratories for testing using immunoassay for the presence of 10 drugs (cocaine, marijuana, opiates, PCP, amphetamines, barbiturates, benzodiazepines, methadone, propoxyphene, and oxycodone), using the same cutoff or threshold detection levels as used previously in ADAM. Any positive amphetamine sample is confirmed for methamphetamine. If a sample is negative, it means the drug was either not present or present at a level too low to be detected. (See Appendix B, "Determining Drug Test Thresholds.")

How Are Cases Weighted?

The goal of each site's sampling plan is for every arrestee to have roughly the same probability of being sampled and interviewed. However, a number of factors produce variation in the rate at which arrestees are sampled—notably the time of day they are arrested, the day of the week, and the charge. Arrestees brought in earlier in the day or on busy arrest flow days have a lower probability of being in the facility during interviews. Those charged with more serious crimes and/or have outstanding warrants that need to be checked are more likely to be retained longer in the facility. The weighting protocols developed in ADAM and ADAM II compensate for the sampling rate variance that occurs.

[4] The lavatory in the Manhattan site is not separate from the booking cell. In this site the arrestee moves to the rear of the holding cell and uses a lavatory that sits behind a shoulder-high cement barrier.

Table 1.1 in Appendix A presents the 10 ADAM and ADAM II sites, the number of facilities in the county, interviews completed and specimens collected from 2000-2009, and the number of arrestees that the sample represents. As this indicates, 4,746 interviews were conducted and 4,077 urine specimens taken, representing 33,725 arrests in the 10 counties in 2009. Across all years, 36,000 interviews have been conducted representing over 350,000 arrests. The reader will note the larger numbers of interviews in the 2000-2003 years when data were collected in all four quarters of the year.[5]

In the original ADAM program, case weights were developed using traditional poststratification weighting. Each case's sampling probability was determined by stratifying the sample by jail, the stock and flow periods of collection, the day of the week, and the charge. The arrestees' estimated probability of being sampled was then the number of interviews done in the stratum divided by the total number of bookings in the strata according to the census data. The case weights were then the inverse of that estimated sampling probability. Two sets of weights were developed: one for the interviews and one for the urine test data.

However, case weighting based on poststratification often lost precision because strata had to be collapsed due to empty or sparse cells. Therefore, for ADAM II the program began using propensity score weighting. This weighting procedure uses logistic regression to estimate an arrestee's probability of being sampled conditional on factors that cause sampling probabilities to vary: charge at arrest, number of bookings, time of day, and day of the week of the booking. Predictions based on the logistic regressions are the estimated propensity scores, and the inverse of these propensity scores are the case weights.

How Does ADAM II Account for Critical Data on Arrestees Who Do Not Provide a Test Sample?

The original ADAM program reported two sets of results—those based on only an interview response and those based on the paired interview and test result responses—inadvertently confusing readers at times. In ADAM II, analysts were concerned that ignoring the interview data when urine test results were missing would result in losing valuable information and likely introduce some bias: that is, those who fail to provide a urine sample (about 15 percent of arrestees in 2009) are likely different than those who agree to provide a sample.

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[5] Numbers also vary in some years when the site was collecting in fewer than all four quarters.

ADAM II uses a statistical imputation approach that is based on the *probability* that an arrestee will test positive or negative for the presence of a specific test when answering "Yes" or "No" to the relevant question; that is, imputation is not simply made on the basis of the self report of the respondent who refused. The approach estimates these probabilities based on existing data, draws a random sample from a Bernoulli distribution, and assigns a value of 1 (positive) or 0 (negative) to replace the missing test value. More information on the process is available in the *ADAM II Technical Documentation Report* which can be accessed via www.icpsr.umich.edu .

The proportion of arrestees who do not provide urine samples varies by site—in 2009 from 37 percent in Washington, DC to 8 percent in Chicago. For the Washington, DC site in ADAM II, missing urine data cases are matched to urine test data taken by DC Pretrial Services when arrestees are moved from the districts to the next stage of processing. Of the 29 missing data cases in 2009, 17 could be matched with results from that source, leaving 12 cases to be imputed in Washington, DC using the method described above.

Again, while the number of missing test results in most sites is not substantial, the likelihood that those cases may differ from others exists as potential bias. The imputation method employed in ADAM II helps overcome that problem.

How Are Trends over Time Estimated?

When the ADAM program was reestablished in 2007 there was a strong interest in developing estimates for the significance of trends from year to year and bridging the gap in collection between 2003 and 2007.[6] Developing trend statistics might at first seem straightforward. An analyst can develop a point estimate for each year and a confidence interval for that point estimate, and then test whether drug use has remained the same between any two pairs of years.

The problem is that police arrest practices and pretrial processing practices change over time.[7] For example, in one year police may target open-air markets and consequently arrest many drug users, but in another year the police may focus their attention on other crimes. As another example, during one year arrests for minor crimes may result in bookings and detention pending an arraignment, but in another year police may rely on citations for minor offenses. The consequence is that the mixture of

[6] In both DUF and the original ADAM there was no attempt to develop statistical trends from the data. In 2007 ONDCP required ADAM II to develop trend statistics.

the booking population changes over time. Although illegal drug use is widely distributed across the booking population, it is more heavily concentrated in certain types of offenses and offenders. Apparent trends in drug use may be nothing more than actual trends in arrest practices and pretrial processes.

To avoid confounding trends in drug use with trends in arrest practices and pretrial processes, ADAM II uses model-based estimates of trends. The utility of those models is that they allow data analysts to hold arrest types (and cycles, as noted earlier) constant and ask the question, "What would the trend in drug use have been had the same mix of offenses and offenders been booked into local jails?" ADAM II provides trends in drug use that can be attributed confidently to drug use among arrestees. One of the issues to be dealt with, however, in the gap between the ADAM and ADAM II data was the difference in the two data collection schedules. In ADAM sites collected data during all four quarters of the calendar year for 14 days each quarter. In ADAM II sites collect data in one 14-day collection period in each of two calendar quarters.

Even the jails themselves change. For ADAM in Atlanta, data were collected in 2000, 2002, and 2003. In 2000 data were collected from the Atlanta Detention Facility. Beginning in 2002 data were collected from both the Atlanta Detention Facility and Fulton County Jail. Since ADAM II collects data in both facilities, we wanted to present trends based upon comparable data. Therefore, we elected to compute trends for only 2002-2009, the years where data were collected in consistent facilities and ADAM II report tables may differ from those reported under NIJ.

How Does ADAM II Account for a Biannual Sample?

Moving from a quarterly sample to a biannual sample would not be important if there were no seasonal or cyclical patterns in drug use or arrests. Unfortunately, at least in some sites, cyclical patterns appear. Because ADAM II collects data during the same two periods every year, there is no problem comparing estimates from year to year and cyclical patterns do not matter; but the original ADAM program collected during different quarters. Often an ADAM program collected data during each of four quarters, but in later years the ADAM program collected data during only one, two, or three quarters. In this case, cyclical patterns do matter. Not only can one not readily compare ADAM II estimates to ADAM estimates, one cannot even compare ADAM estimates from year-to-year.

Currently, ADAM II deals with this problem by using a model-based routine that estimates weighted regressions, where urine test results are the dependent variable and year, the offense, seasonality factors, and other factors that vary from site to site (shifts in booking policy, addition of a jail, and so forth) are the independent or predictor variables. ADAM II refers to this adjustment as *annualizing the data* and uses these data for cross site comparisons reported here.

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2. Who Constitutes the ADAM II Sample?

One of the advantages of the ADAM program has been that, in addition to asking arrestees about drug use and local drug markets, it collects information on arrestee demographics (age, education, race, and marital status), immigration status, employment, insurance coverage, and housing status. The program supplements this with information from official records on the charges for which the respondent was booked. The interview also asks all arrestees about prior arrests and incarcerations as well as lifetime and recent substance abuse and mental health treatment experiences. This information helps describe the population entering the criminal justice system in each of the 10 sites. Chapter 2 describes the characteristics of the sampled population in each site, highlighting significant shifts in characteristics found in 2009 from those found in 2007 and 2008.[1] This section also presents significant differences in demographics and arrest and treatment histories between arrestees who test positive for drugs and those who do not.

What Are the Demographic Characteristics of ADAM II Arrestees?

Although each site participating in the ADAM II program reflects a unique region of the country, in many cases the populations of arrestees entering the criminal justice system are more similar than different. Tables 2.1 and 2.2 in Appendix A present demographic information on all arrestees in the 10 ADAM II counties from 2007 through 2009. In all sites, the average age of arrestees was between 32 and 37 years old in 2009. Over 60 percent of arrestees in all sites were single, ranging from 61 percent (Portland) to 82 percent (Washington, DC). Over 80 percent of arrestees in all sites were U.S. citizens, though there were significantly more non-US citizens arrested in three sites since 2008 (Charlotte, Minneapolis, and Sacramento) and significantly fewer in Portland. From 2007 to 2009 in Charlotte and Minneapolis there has been a significant increase in the percentage of arrestees who were not U.S. citizens.

In all ADAM II sites in 2009, over 65 percent of arrestees had a high school diploma or its equivalency, ranging from 66 percent (Chicago and Atlanta) to 75 percent (Portland and Washington, DC). Many arrestees were not employed and not insured. In 7 of the 10 sites half or more of arrestees reported they were not working at least part time, a significant decrease since either 2007 or 2008 in 8

[1] It should be noted that demographic shifts in the ADAM II sample do not necessarily reflect shifts in the demographics of those who commit crime; rather, some shifts may be attributed to policing practices and enforcement strategies.

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of the 10 sites. In 8 of 10 sites less than a half of all arrestees had any form of health insurance, including state-sponsored programs such as Medicaid and Medicare, employer-based, Veterans Affairs, union, or other plans. In the two other sites (Washington, DC and New York) one-half to three-quarters of arrestees were insured.

While the number of arrestees with stable living arrangements (living in own or someone else's house, mobile home, or apartment or in a residential hotel, dormitory, or group home) in the prior 30 days was over 70 percent or more in all sites, between 2 percent of arrestees (Chicago) and 28 percent (Portland) were living either in institutional settings or were homeless. In Chicago, Sacramento, and Washington, DC, the percentage of arrestees with stable living arrangements increased significantly from 2008 to 2009, while in Minneapolis and Portland the percentage decreased significantly.

For the most part, there was little change between 2008 and 2009 in the demographic makeup of arrestees across sites. However, one site stands out as having experienced a greater shift in the arrestee population than others. Since 2008, arrestees in Portland have been significantly older, more likely to be U.S. citizens, and less likely to be working at least part-time, have any form of health insurance, or have stable living situations.

Given the geographic diversity of sites, it is not surprising to find that the racial/ethnic makeup of arrestees varies across geographic areas (Table 2.2). Less than a third of arrestees identified themselves as Hispanic in 8 of the 10 sites in 2009. The exceptions were Denver (45 percent Hispanic) and New York (46 percent). In Charlotte, Minneapolis, and Sacramento, the proportion of arrestees who identified themselves as Hispanic rose significantly between 2008 and 2009, as well as between 2007 and 2009. In 4 of the 10 sites, over half of the arrestees identified themselves as African American, ranging from 57 percent in Charlotte to 85 percent in Atlanta. The proportion of African-American arrestees decreased significantly between 2008 and 2009 in Minneapolis, increased significantly in Atlanta, and remained unchanged elsewhere. The proportion of arrestees that identified themselves as White ranged from 11 percent in Atlanta and Chicago to 49 percent in Portland.

What Are Arrestees' Histories with the Criminal Justice System?

Across all sites, arrestees' experience with the criminal justice system prior to the current arrest was common. In 2009, more than three-quarters of arrestees in each site reported at least one arrest prior to the current one, ranging from 78 percent in Charlotte and New York to 93 percent in Chicago. Four

of the 10 sites (Chicago, Denver, Indianapolis, and Portland) have remained stable over the past two or three years, with 80 percent or more arrestees having reported at least one arrest prior to the current one. Charlotte and Minneapolis both returned to 2000 - 2003 levels after peaking in 2007 and 2008. Atlanta, New York, and Washington, DC continued an upward trend that began between 2000 and 2003, and the proportion of arrestees reporting an arrest prior to the current one has been fluctuating since 2000 in Sacramento, with a significant decline in 2009 after peaking in 2003 (see Table 2.3).

Among arrestees who admitted any drug use during the prior year, users in all sites were also more likely to have been arrested two or more times in that year, with the proportion of users with multiple arrests ranging from 4 percent (Washington, DC) to 19 percent (Atlanta) (see Table 2.4). Seven of the 10 sites (the exceptions are Atlanta, New York and Washington, DC) have experienced a decline over the past two or three years in the proportion of users arrested multiple times in the past year. With the exception of Sacramento the downward trend began between 2000 and 2003.

Interviewers record the three most serious charges for all arrestees from the official booking record of each arrestee. In 2009, the percentage of arrestees charged with violent crimes was over 15 percent in 9 of the 10 sites (the exception is Washington, DC), ranging from 17 percent of cases in Atlanta to 31 percent in Chicago. The percentage of arrestees charged with drug crime charges was over 20 percent in all sites, reaching almost 50 percent in Chicago and Washington, DC. Arrests for property crimes ranged from 11 percent of arrestees in Washington, DC to 34 percent in New York, while assorted "other" crimes, including probation/parole violations, disturbing the peace, traffic-related offenses, and other more minor crimes, made up over 40 percent of charges in 6 of the 10 sites (Table 2.5).

There were some significant changes from 2008 to 2009 in the types of charges for which offenders were arrested. While the proportion of arrestees with violent charges increased significantly in only two sites in 2009 (Chicago and Sacramento), drug violations decreased significantly in two sites (Chicago and Minneapolis) and increased significantly in Sacramento. When extended to 2007, a similar pattern emerges. Only one additional site (Washington, DC) experienced a significant change (decrease) in the proportion of arrestees with violent charges between 2007 and 2009. Charlotte experienced a significant decrease and New York a significant increase in the proportion of arrestees charged with drug violations between 2007 and 2009.

How Do Arrestees Testing Positive for Any Drugs Compare with All Other Arrestees?

The fact that the ADAM II program samples all males arrested (not just those using drugs or with drug charges) allows for comparisons between persons involved in the criminal justice system who test positive for any illicit drug with arrestees who do not test positive for any illicit drug at the time of their arrest. This section compares these two populations on demographic characteristics and criminal history.

Table 2.6 presents demographic information for both arrestees who tested positive for some illicit substance at arrest and those who tested negative. There are some significant differences between these two groups in many sites. In half of the sites, users were significantly younger than non-users, and in six sites they were more likely to be single. In 9 of the 10 sites, users were significantly more likely than non-users to be U.S. citizens, and in 6 of the sites they were less likely to be working at least part-time. Compared to arrestees not using drugs, significantly fewer users in 4 of the 10 sites were insured and in Minneapolis, New York, and Portland users were less likely to be in a stable living situation. Finally, in 9 of the 10 sites, arrestees who tested positive for drugs also were more likely than non-users to have been arrested before the current arrest (see Table 2.7 in Appendix A).

What Are the Substance Abuse and Mental Health Treatment Experiences among ADAM II Arrestees?

The ability to understand treatment needs among current and recent drug users who have recently been arrested is another important advantage of the ADAM II program. Given the large number of drug users arrested, the criminal justice system is a potentially important point of identification of the need for treatment among a hard-to-reach population. In the ADAM II interview, all arrestees are asked whether they have ever been admitted to inpatient and/or outpatient treatment programs for drugs or alcohol or a facility for mental health treatment.[2] Arrestees admitting to any drug use in the prior year also are asked specifically about types of drug and alcohol treatment (inpatient, outpatient) over the year, the number of times they had been admitted to each type, and the number of nights they spent in inpatient or mental health treatment.

[2] Respondents are told not to include self-help outpatient programming such as Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous.

Across ADAM II sites in 2009, the proportion of *all* arrestees who reported *any* prior outpatient drug or alcohol treatment ranged from a low of 10 percent in Washington, DC to a high of 36 percent in Portland (see Table 2.8). Questions about more recent (prior 12 months) outpatient treatment were asked of arrestees who reported using drugs in the past year. In 2009, the percentage of these arrestees who had participated in outpatient treatment in the prior year ranged from 1 percent in Washington, DC to 10 percent in Portland (see Table 2.9). Similar numbers of arrestees admitting drug use in the past year also reported receiving inpatient drug or alcohol treatment in the past year, ranging from 2 percent in Indianapolis and Sacramento to 10 percent in Denver and Minneapolis.

Recent treatment utilization numbers among arrestees admitting drug use in the past year have remained stable since 2007 and 2008 in all sites except Chicago, Charlotte, and Sacramento. Charlotte arrestees reported significantly fewer recent outpatient treatment experiences between 2009 and 2008 and fewer inpatient treatment experiences between 2009 and both 2008 and 2007 as well as a lower average number of reported nights of inpatient treatment between 2009 and 2007. Sacramento arrestees reported significantly fewer recent inpatient treatment experiences and a lower average number of nights in treatment between 2009 and both 2008 and 2007. Chicago arrestees reported fewer recent inpatient treatment experiences and a lower average number of nights of treatment between 2007 and 2009 (Tables 2.9 and 2.12).

All arrestees are also asked whether they had ever stayed at least overnight for mental health treatment at a psychiatric unit of a hospital or special mental health facility. The proportion of all arrestees who reported any overnight stay in a mental health facility during their lifetime ranged from 7 percent in Washington, DC to 16 percent in Portland (Table 2.8). Arrestees who reported drug use in the past 12 months also were asked about mental health treatment in the prior year. Across all sites, 3 percent or fewer arrestees who admitted past-year drug use said they received inpatient mental health treatment in the past year (Table 2.9).

3. What Is the Drug Use and Drug Market Activity among Arrestees?

Are Arrestees Telling the Truth about Drug Use?

Congruence between Self-report and Test Results

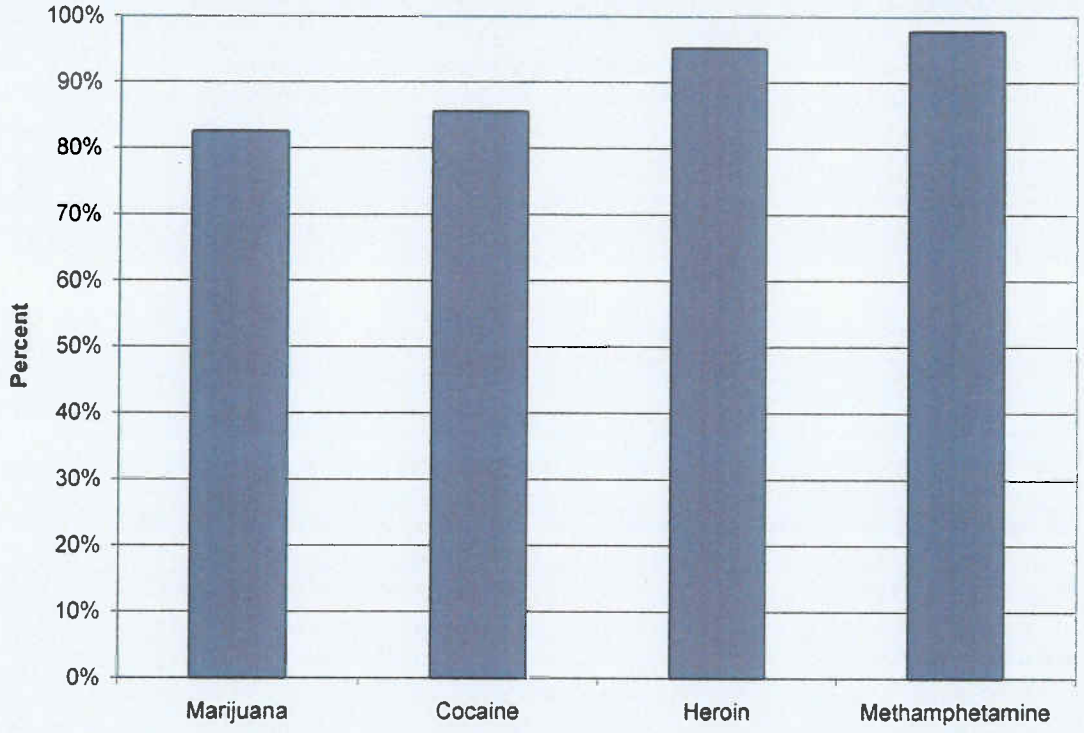
Debate over the reliability and validity of self-reported drug use has gone on for decades. Because illegal drug use is a highly stigmatized behavior, many respondents are likely to deny use, particularly in settings where they may feel vulnerable. One of the most significant features of the ADAM II survey is that it is designed to substantiate self-report responses about recent drug use with an independent biological test to detect the presence of each drug within the time periods respondents are asked about. Each drug has a unique window of detection: the time period in which it or its metabolites can be detected in the urine of the user. Some drugs, like marijuana, remain detectable for weeks or even as long as a month, depending on the frequency and intensity of use. Other drugs, like cocaine and methamphetamines, are metabolized more quickly, and those metabolites are detectable for a far shorter period of time, one to three days, again depending on the frequency and intensity of use. ADAM and ADAM II rely on two sources of information on recent drug use: a urine sample taken at the end of each interview that tests for a panel of drugs and the arrestee's self-reported use of a number of drugs over several different time frames (3 days, 7 days, 30 days, and 12 months). The advantage of two sources is that each source can be used to verify or validate the other, resulting in a more accurate picture of actual use of illegal substances.

Across all 10 ADAM II sites, there is a high congruence between the self-report of drug use and the urinalysis results. One might expect a high rate of refusal to provide a sample, given the nature of the behavior, and, among those who do provide a sample, less than truthful answers about recent use of illegal drugs. In fact, the ADAM II data collection process produces high rates of consent to providing a sample as well as high congruence between the arrestees' self-reports and urine test results. Overall, 86 percent of arrestees interviewed in 2009 consented to provide a sample. With the exception of arrestees in Washington, DC (63 percent), from 78 to 92 percent of interviewed arrestees in the other sites provided a sample for testing (Table B.3).

Figure 3.1 (see also related Table 3.1) indicates the percentage of overall truthful answers on drug use by specific drug for 2009; that is, the total of arrestees who used a drug and admitted it, and those

who did not use and answered negatively.[1] In 2009, over 80 percent of arrestees responded truthfully regarding the use of marijuana and cocaine; over 95 percent responded truthfully about heroin and methamphetamine when compared to matched urinalysis results.

Figure 3.1: Rate of Congruence between Self-reports and Urine Tests for Selected Drug Use, 2009



The more interesting question is how many of the current users of drugs admitted use when asked. If there is a large number of non-users (as with heroin, for example), the level of overall truthfulness for that drug or the congruence rate will be higher. Figure 3.2 (see Table 3.2 in Appendix A) indicates the percentage of arrestees in 2009 who used each drug recently (tested positive) *and* admitted it. Users of the more highly stigmatized drugs like heroin, cocaine, and methamphetamine were less likely to admit use than were users of marijuana, even when they knew they were going to be drug tested. As Table 3.2 indicates, in 2009 response accuracy varied both by drug and by site. Marijuana was more

[1] Drugs have different windows of detection in urinalyses. Cocaine, heroin, and stimulants in general pass out of a reliable window of detection fairly quickly (within 2 to 4 days) while marijuana and many sedatives can be detectable for up to 30 days, depending on the amount and frequency of use. When determining "truth telling," each drug is matched with the appropriate self-report time frames (past 3 days, past 7 days, past 30 days) to best match the test detection window.

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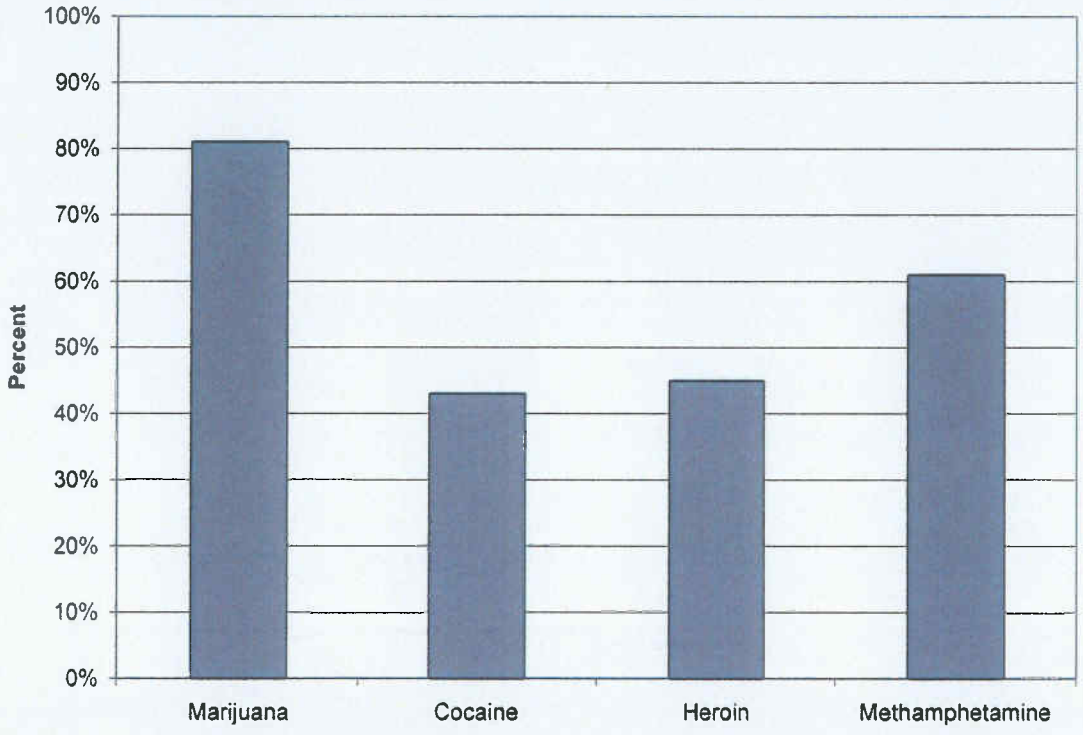
universally admitted (overall 81 percent, and over 75 percent congruence among users in 9 of the 10 sites), but admission of cocaine use varied from 30 percent of users testing positive in Indianapolis to over half of users in Portland, Washington, DC, and Denver. Opiate use admission was even more variable—only 15 percent of those testing positive in Charlotte (where opiate use is fairly rare) admitted to use compared to over half of the opiate users in Chicago and New York and 81 percent of users in Portland, where use is more common. This may not be surprising given that the population had just been arrested, perhaps on a drug-related charge, and may not be inclined to respond truthfully even though they agreed to be tested. In all cases, however, it is important to note that estimates of use of any of these illegal drugs based on self-report alone would substantially underestimate the true numbers and misrepresent trends. For example, if we were to use only self-report for cocaine we would on average have missed accurate information from about half of the users in 2009.

Figure 3.2: Percent Admitting to Use When Testing Positive, 2009



The two data sources (urinalysis and self report matched for the appropriate detection window) agree in tracking trends in use over time, though admitted use still remains about half of detected use in most sites for cocaine, heroin and methamphetamine. For example, there are significant declines in

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cocaine positives in Atlanta from 2002 to 2009 (46 percent to 37 percent of arrestees) and significant declines in admitting crack use (23 percent to 15 percent) and cocaine powder use (5 percent to 2 percent). This pattern is repeated in 8 of the 10 sites for cocaine, e.g., decreasing positive tests and decreasing 3-day self report, though at half the rate.

Admitting heroin use and testing positive follows a similar pattern. In Chicago positive opiate tests declined from 2000 to 2009 (36 percent to 18 percent) as did 3-day self reports, albeit at a lower level (19 percent to 11 percent).

Methamphetamine positives in Portland declined from a high of 27 percent in 2003, declining to 20 percent in 2007 and 13 percent in 2009; self report data on prior 3 day and 7 day use from 2007 to 2009 showed the same significant decline, though at a somewhat more reluctant admission level.

The data collection setting in ADAM II is quite different from that found in other drug surveys. First, the arrestee is told at the beginning of the interview that he will be asked to voluntarily provide a urine sample for testing. This may make falsifying answers about use less likely than in settings where the respondent knows there is no potential independent check on his answers. In addition, ADAM II interviewers collect no information about who specifically the arrestee is or where he lives. Interviewers are often asked by arrestees how their name was selected out of all of the people in the holding area; interviewers then explain that selection is simply a random draw based on the time people are arrested. It may also be that the arrestee population is more experienced with drugs and criminal activity than the general population and that discussing use is less stigmatizing for them than for respondents in general population surveys. Whatever the reason, ADAM II respondents appear willing to provide a urine sample for testing and, even when using, to tell the truth about drug use about half the time.

What Are the Test Results for the Presence of Illicit Drugs?

The sections that follow present data on the drug use and drug market participation of arrestees from the 10 ADAM II sites for 2009. In these sections we present data on the use of any illegal drug by interviewed arrestees and then examine drug test results, self-report information, and reports of drug market activity, focusing on each of the major drugs of interest one at a time.

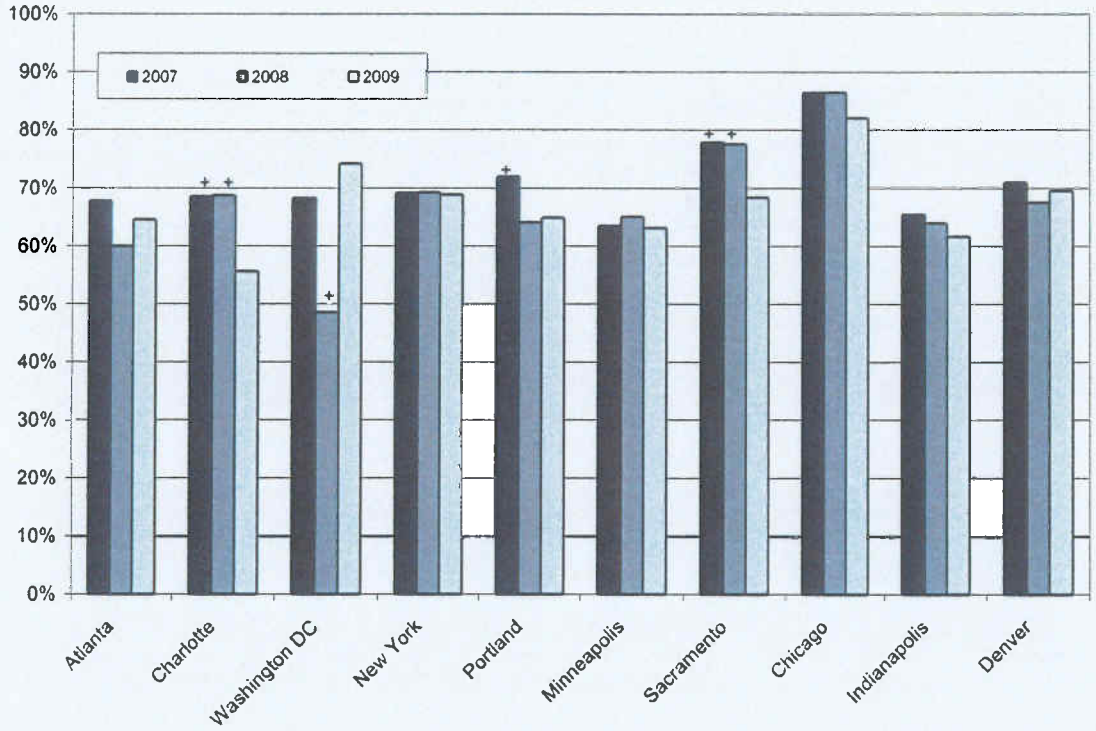
Arrestees eligible for ADAM II are arrested on the full spectrum of charges, ranging from a traffic violation to burglary to homicide. These charges may include drug possession, manufacture, and

distribution, but are not limited to drug-related charges. For each arrestee, the interviewer records the top (most serious) three charges that appear on the arrestee's booking sheet. As is evident from ADAM data, over the years (regardless of charge), a large number of arrestees in all sites have tested positive for at least one substance in their system at the time of arrest, and many have tested positive for more than one.

Figure 3.3 shows the results of urinalysis indicating the presence of *any* test substance for male arrestees for 2007, 2008 and 2009. (Table 3.3 in Appendix A displays all years, 2000–2003 and 2007–2009.) In 2009, anywhere from 56 percent (Charlotte) to 82 percent (Chicago) of arrestees across sites tested positive for the presence of some substance at the time of arrest. In 9 out of the 10 sites in 2009, 60 percent or more of arrestees tested positive. Since 2007, the proportion of arrestees testing positive for illicit drugs in their system at arrest has declined in Charlotte, Portland, and Sacramento, but increased in Washington, DC (from 2008 to 2009). Over the entire nine-year period of ADAM collection (see Table 3.3) there have been significant decreasing trends in Atlanta, Chicago, Indianapolis, Minneapolis, and New York. For example, New York has shown a consistently steady decline—from 84 percent of arrestees testing positive in 2000 to 69 percent in 2009.

Many arrestees have more than one drug in their system at the time of arrest. In 2009, anywhere from 12 percent (Charlotte) to 28 percent (Chicago) of arrestees tested positive for multiple drugs, though for both of these sites this represents a significant decline in arrestees with multiple positive tests from 2007 and 2008 (Figure 3.4, Table 3.3). Five of the sites that participated in 2000 had significantly fewer arrestees testing positive for multiple drugs in 2009. The percentage in Chicago, for example, fell from 56 percent in 2000 to 28 percent in 2009.

Figure 3.3: Percent Testing Positive for Any Drug



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less.

The sections that follow discuss drug test and self-report results for arrestees in the 10 ADAM II sites for 2009 and trends in use from 2000 to 2009. The most common drugs used in combination across sites were marijuana and cocaine, followed by nearly 70 other combinations present across sites and users. The results (Figure 3.4, Table 3.3) indicate that many arrestees were using more than one substance, so that clean delineations of a "type" of user (for example, a "pure" cocaine user versus a "pure" marijuana user) are not always possible. Nonetheless, for presentation purposes, the report describes use and market activity for each of the five major drugs of interest (marijuana, cocaine powder, crack cocaine, heroin, and methamphetamine), one drug at a time. In addition, the report provides test results and self-report information on a number of other drugs included in the interview and in testing.[2]

[2] The laboratory test screens for marijuana, cocaine, opiates, barbiturates, PCP, methamphetamine, amphetamine, methadone, oxycodone, propoxyphene (Darvon), and benzodiazepines. In addition to these substances, the interview asks about use of other synthetic narcotics, MDMA, LSD and other hallucinogens, inhalants, antidepressants, and other substances.

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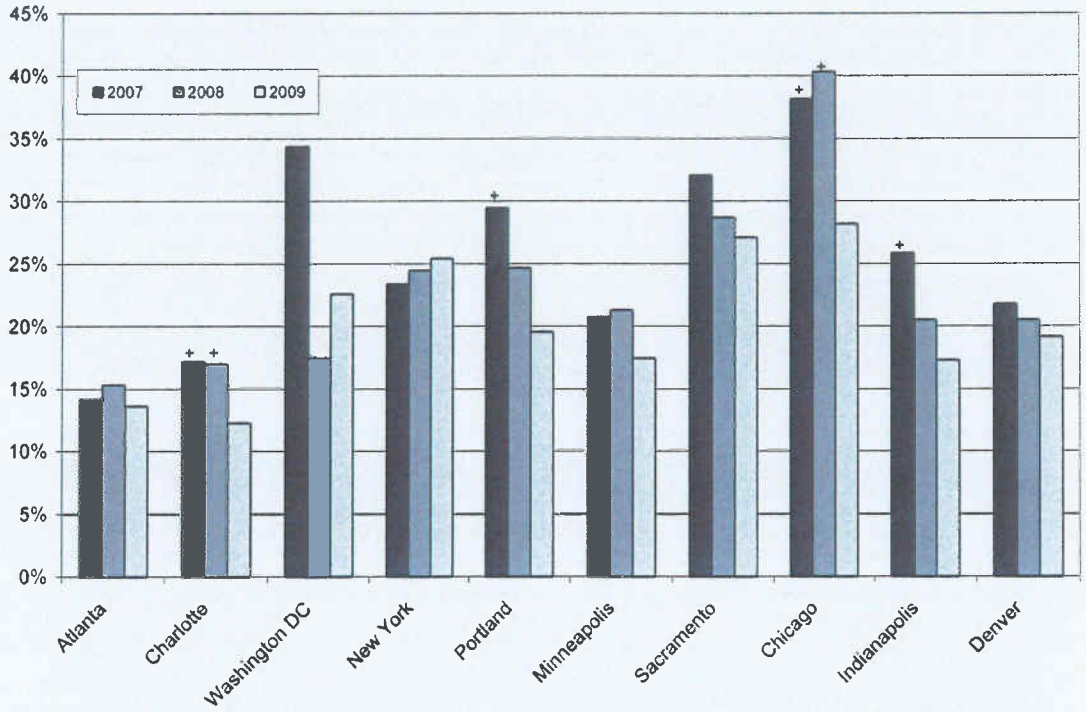
Figure 3.4: Percent Testing Positive for Multiple Drugs



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less.

Marijuana

Prevalence of Use: Marijuana

Marijuana continued to be the most commonly used illegal substance among booked arrestees in 2009 in all sites except Atlanta, where the same percentage of arrestees tested positive for cocaine. As Figures 3.5a and 3.5b (Table 3.4) show, marijuana is probably the most enduring drug used by arrestees over the nine years in all sites. Its use has been relatively stable at high levels since ADAM collection began in 2000. Depending on the site, from about a third to over half of all male arrestees have tested positive for recent (prior 30 days) marijuana use for almost a decade. Two sites (Minneapolis, Sacramento) showed a significant declining trend since 2000, while Denver and Portland experienced a significantly increasing trend. Charlotte has shown fluctuations in use, but from 2001 through 2008 the percentage of arrestees testing positive was significantly higher than found in 2009.

In the ADAM II interview respondents are asked whether they used marijuana in the prior 3, 7, and 30 days and within the past year. Since marijuana can be detectable in urine samples for up to 30 days, the 30 day self-report window is particularly relevant. In 2009, the responses on whether the arrestee had used marijuana during the last 30 days were similar to urine test data (Table 3.6). Anywhere from 35 percent of male arrestees in Charlotte and Minneapolis to 48 percent in Denver admitted prior 30-day use, and from 21 percent (Charlotte) to 35 percent (Sacramento) admitted use in the 3 days prior to their arrest (Table 3.7). Many more arrestees admitted to use in the past 12 months—over 40 percent in all sites and close to 50 percent or more in 5 sites (New York, Chicago, Portland, Sacramento, and Denver). Arrestees who admitted that they used marijuana in the prior 30 days also admitted frequent use, ranging from on average 12 out of the prior 30 days in Charlotte to 18 out of 30 in Chicago and New York. In 6 of the 10 sites, users were using on half or more of the prior 30 days.

Arrestees are also asked at what age they first used each of the drugs of interest (Table 3.8), and marijuana continued to be the drug with the youngest first users. In 2009, the average age at first use was 15 years old in 7 of the 10 sites and 16 years old in the other three.

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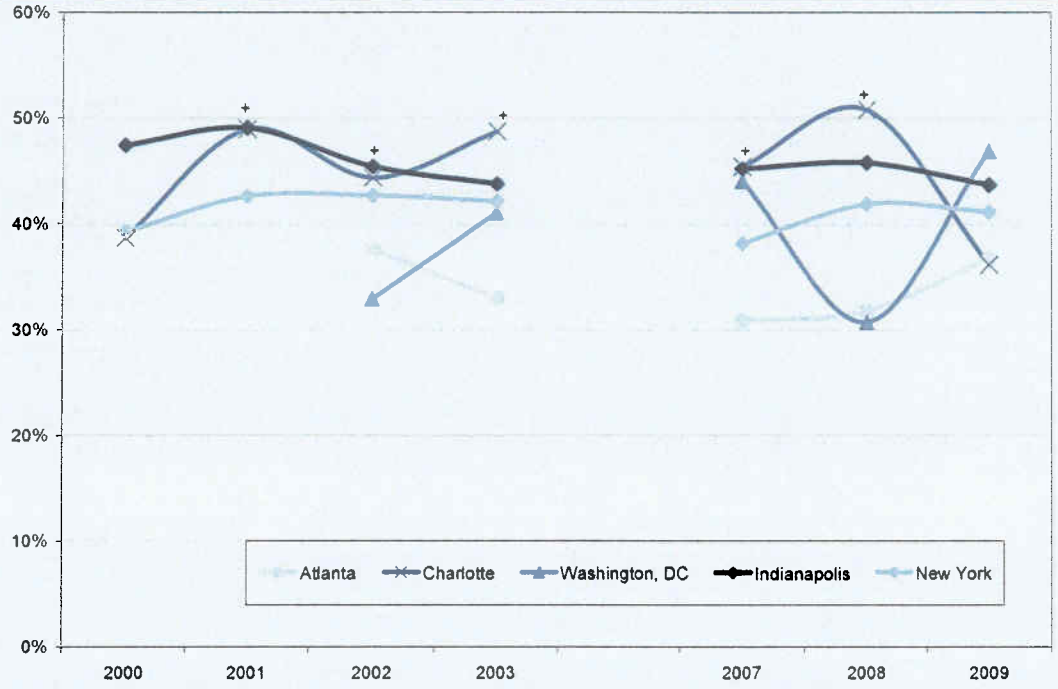
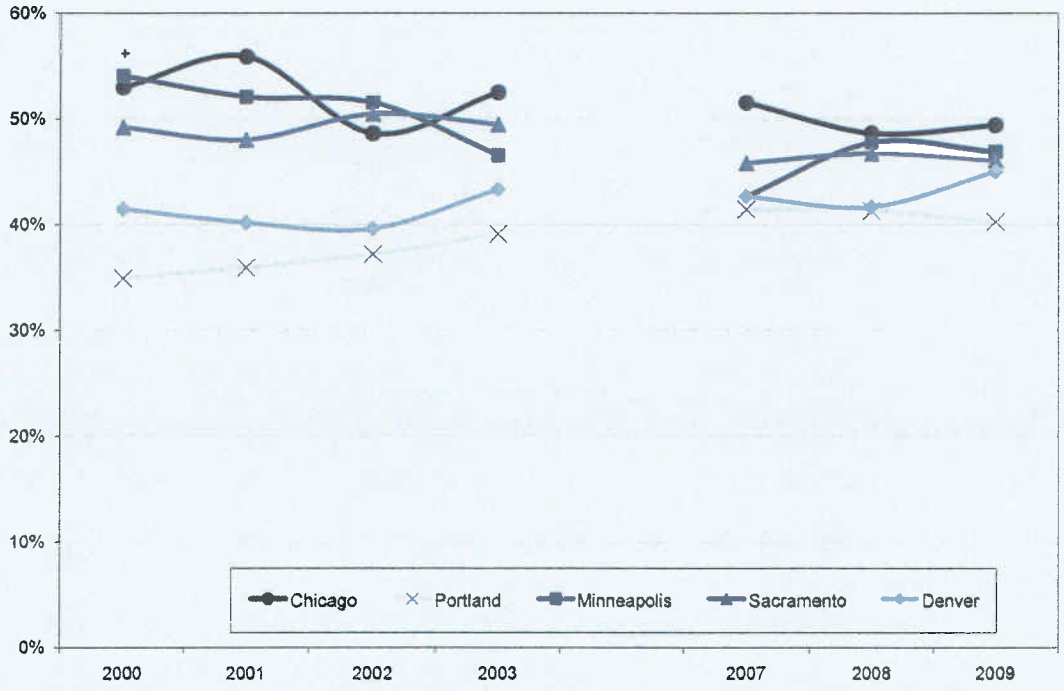
Figure 3.5a: Percent Testing Positive for Marijuana—East and South



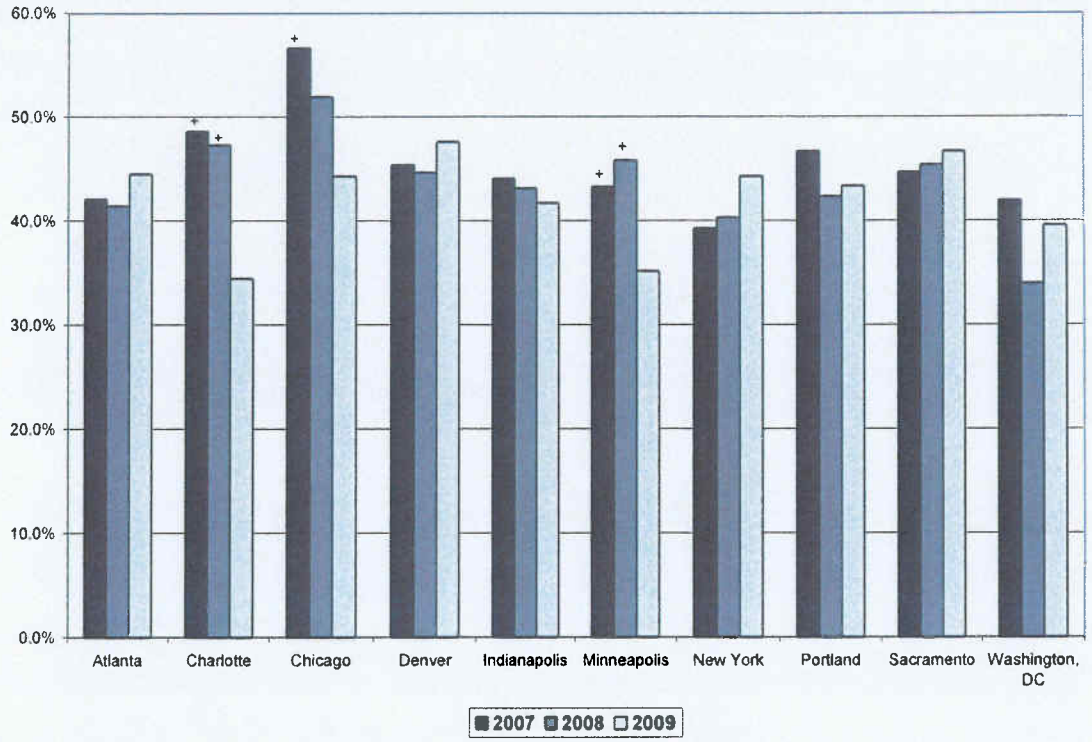
+ Differences between each year and 2009 are reported as significant at the 0.10 level or less.

Figure 3.5b: Percent Testing Positive for Marijuana—Midwest and West



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

Figure 3.6: Percent Self-reporting Use of Marijuana, Past 30 Days



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

Buying and Selling: Marijuana Markets[3]

All arrestees are asked if they acquired each of the five major drugs in the prior 30 days, regardless of their own use. If the answer is "yes," they are then asked a series of questions about how, where, and from whom (regular source, new source, etc.) they acquired the drug, the unit purchase, and the price paid (or value of barter).

Marijuana remained the most commonly acquired of the five ADAM drugs in 2009, with over 30 percent of arrestees in all sites reporting that they had acquired it in the prior 30 days (Table 3.10). Overall participation in the marijuana market (cash and noncash transactions) in the past 30 days by arrestees has remained constant in eight sites, with two sites showing significant fluctuations since 2000—from a high of 49 percent of arrestees reporting acquisition of marijuana in Charlotte in 2003 to 33 percent in 2009, and from 54 percent in 2001 to 31 percent in 2009 in Minneapolis. There is

[3] The term *marijuana* includes hashish, a compressed marijuana product.

both an active cash and non-cash market for marijuana. Acquiring through a cash transaction is self explanatory—money changed hands. Acquiring through a non-cash transaction involves trading goods or services, sharing or receiving the drug as a gift. More than half of arrestees in nine sites reported acquiring it through cash purchases (Table 3.13). Arrestees in Atlanta, Minneapolis, Chicago, Washington, DC, and New York reported the most cash purchases in 2009, 70 percent or higher in each. Arrestees in Denver (56 percent), Sacramento (43 percent), and Portland (52 percent) reported fewer cash purchases of marijuana, which is consistent with data from prior years. As Table 3.13 shows, the cash market for marijuana in Charlotte, Chicago, and Sacramento declined significantly from 2007 levels and Indianapolis from 2008 levels. Portland, Sacramento, and Denver (the sites with the lowest proportion of cash marijuana transactions) also had the highest proportions of arrestees who reported noncash transactions.

Between 49 and 81 percent of all arrestees in 2009 reported a noncash marijuana acquisition in the past 30 days (Table 3.14). Only Minneapolis had a significant change in noncash transactions, from 74 percent in 2008 to 55 percent of arrestees reporting a noncash transaction in the past 30 days in 2009. The number of days during the past month that arrestees reported acquiring marijuana remained stable in most sites from 2008 to 2009, ranging between 7 in Denver and 15 in Washington, DC for cash purchases and from 5 in Atlanta and 9 in Washington, DC for noncash acquisitions (Table 3.15). The average number of all acquisitions (cash and noncash) in the past month also remained steady in all sites between 2008 and 2009, from a low of 6 in Denver to 12 in Washington, DC (Table 3.16).

Special Case: Sacramento's drug market

The drug market in Sacramento shares few characteristics with those of other ADAM II sites. In 2009, only 43 percent of arrestees who obtained marijuana reported paying cash for it; of the 77 percent of marijuana obtainers who reported a noncash transaction, 12 percent reported growing it themselves. No other site had detectable levels of self-reported marijuana cultivation, indicating that this difference may be due to differences in legal statutes governing marijuana in California. The differences in Sacramento extended beyond marijuana, however. In 2009, Sacramento had the smallest proportion of arrestees who reported acquiring crack cocaine (5 percent), down significantly from 10 percent in 2008. Sacramento also had low levels of powder cocaine and heroin acquisition (4 percent and 2 percent, respectively) but had the highest level of methamphetamine market participation of any site (26 percent in 2008 and 2009). Despite some declines since 2003 when 36 percent of arrestees reported some acquisition of methamphetamine, in 2009 Sacramento remained the only ADAM II site with such a high level of methamphetamine market participation. This drug market highlights the reality of localized drug markets, and the stark differences among them.

Dealers were reported as the source of marijuana over 80 percent of the time across 9 of the 10 sites since 2007 (Table 3.18). The exception was Washington, DC, where over half the prior 30 day buys were from dealers since 2007. In five sites (Atlanta, Charlotte, Indianapolis, New York, and Sacramento) in 2009 the dealer was the regular source for over 50 percent of marijuana purchasers (Table 3.20). In Sacramento in 2009, the proportion of arrestees who bought from their regular source at their last transaction was up 16 percent to 56 percent from 40 percent in 2008. In Denver and Washington, DC, that figure was down significantly, to 37 percent and 32 percent, respectively. In 2009, the most common way arrestees reported contacting their dealer was by phone (over 40 percent in eight sites) followed by approaching the dealer in a public place (one-third or higher in six sites). In Sacramento in 2009 there was a significant shift in the preferred mode of contact for obtaining marijuana from contact in a public place (40 percent in 2008) to contact by phone (41 percent in 2009). Smaller proportions of arrestees reported contacting their dealer by text message, a visit to a house or apartment, or word of mouth.

Arrestees are also asked about "failed buys" for each drug. A "failed buy" is defined as an instance when they wanted the drug, had money, and tried to obtain it but could not. In Chicago and Sacramento the number of arrestees who reported having a "failed buy" in the prior 30 days dropped significantly in 2009 from 35 percent to 19 percent in Chicago and from 37 percent to 25 percent in Sacramento, suggesting easier access and potentially greater availability in those areas (Table 3.24).

Cocaine: Crack and Powder

Cocaine can be used either in its powder form or transformed into crack. Cocaine powder is most commonly inhaled or injected and crack is most commonly smoked. The ADAM II urinalysis test cannot differentiate between cocaine in powder or in crack form, so positive test results could indicate the use of either form of the drug. Self-report is used in ADAM to distinguish patterns of use (30-day, 12-month, etc.) and purchase between these two forms of the drug.

Cocaine either in the form of powder or crack was the second most commonly used substance among arrestees in 2009 in all but Sacramento and Atlanta (Table 3.4). In Sacramento in 2009, 11 percent of arrestees tested positive for cocaine while 31 percent tested positive for methamphetamine; in Atlanta, the same proportion of arrestees tested sportive for marijuana. Atlanta (37 percent) leads the sites in 2009 in the proportion of arrestees who tested positive, followed by Chicago (33 percent) and New York (32 percent). It was considerably less common in arrestees in the two Western sites (16 percent in Portland and 11 percent in Sacramento).

While still common in all sites, cocaine use has declined significantly since 2000 ADAM collection in all eight sites that were participating at that time (Figures 3.7a and 3.7b). Chicago and New York experienced some of the most dramatic declines when comparing 2000 and 2009 urine tests. Over 50 percent of arrestees tested positive for cocaine in both Chicago and New York in 2000 compared to around a third in 2009. These two sites joined two others in showing a significant downward trend across the nine years—Atlanta, Chicago, Indianapolis, and New York (Table 3.4).

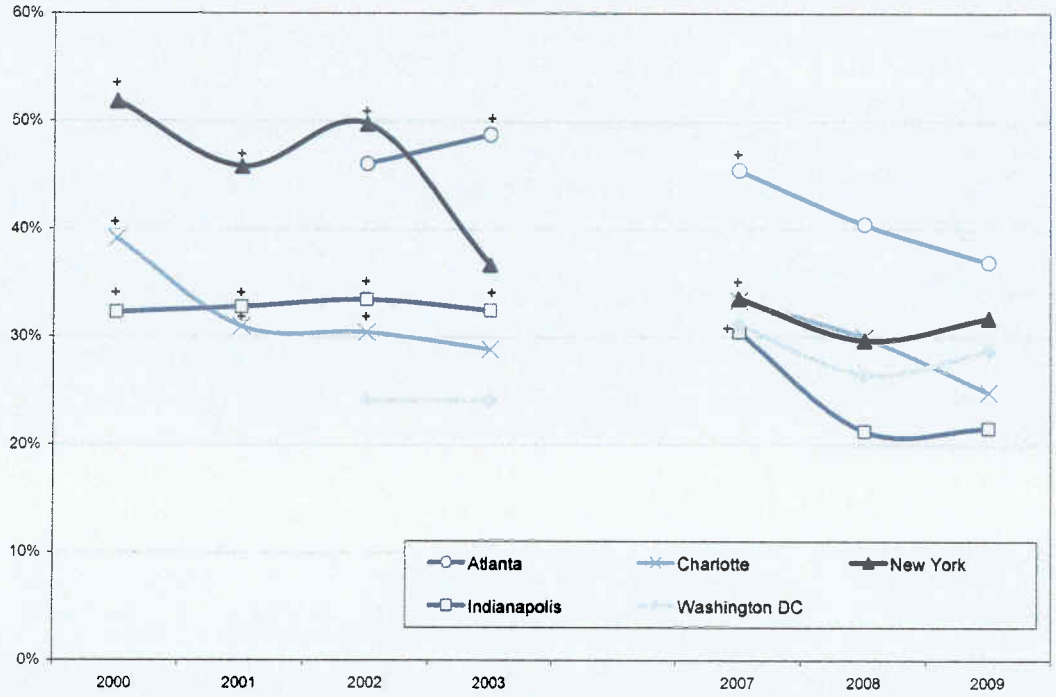
It is important to note again that the test results shown in these figures represent cocaine in both powder and crack form, as either form produces a positive drug test result. However, across all sites, the majority of arrestees who tested positive for cocaine in 2009 reported being crack users; 32 percent of all those with positive cocaine urine screens reported using crack in the past three days (the approximate detection window) versus 8 percent who said they used powder cocaine. To further differentiate users of crack from cocaine powder, ADAM II utilizes self-report data on each form of the drug, discussed separately below.

Prevalence of Use: Self-reported Crack Use

The popularity of crack varied across sites in 2009 (Figure 3.8, Table 3.6), though use decreased or remained stable in 9 of the 10 sites from 2007. Only New York reported use in 2009 significantly higher than in 2008. There were significant drops in prior 30 day reported crack use in Charlotte (from 14 percent in 2008 to 9 percent in 2009), Sacramento (from 9 to 5 percent), Minneapolis (from 15 to 9 percent) and in Chicago (from 23 to 14 percent).

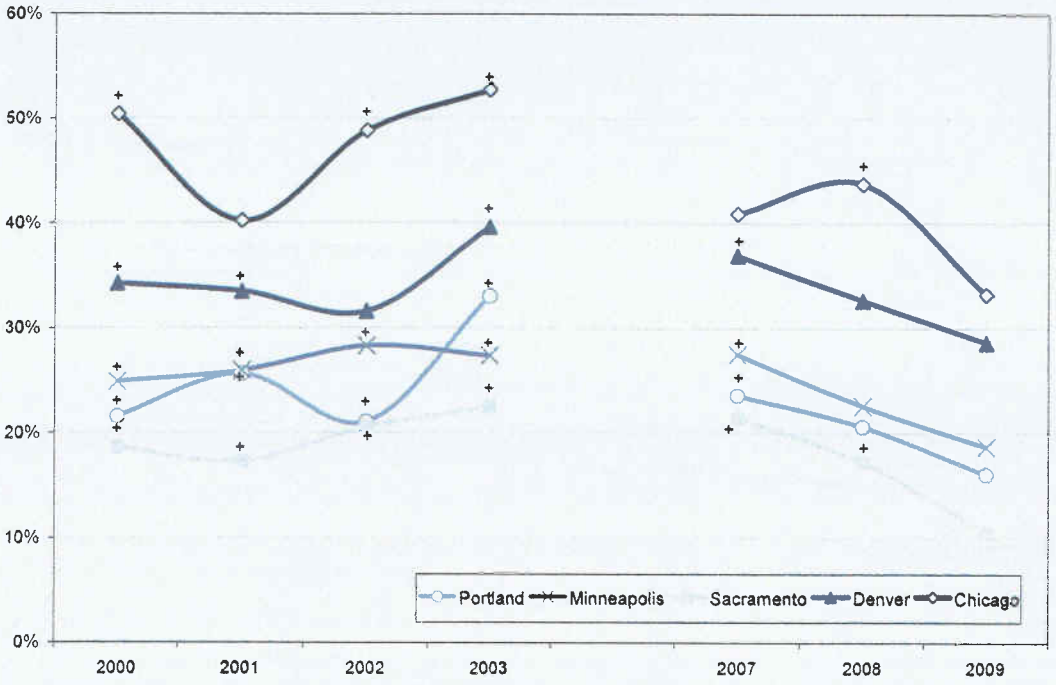
In 2009, the Atlanta site had the greatest proportion of arrestees who reported using crack in each of the report windows (3-day, 7-day, 30-day, and 12-month). Twenty-one percent of Atlanta arrestees reported using in the prior year, 17 percent in the prior week, and 15 percent in the 3 days prior to arrest (Table 3.27). Denver and Chicago followed with 10 and 12 percent of arrestees reporting use in the past 3 days, as well as 14 and 15 percent in the prior 30 days and 16 and 19 percent, respectively for use in the prior 12 months (Tables 3.6 and 3.27).

Figure 3.7a: Percent Testing Positive for Cocaine—East and South



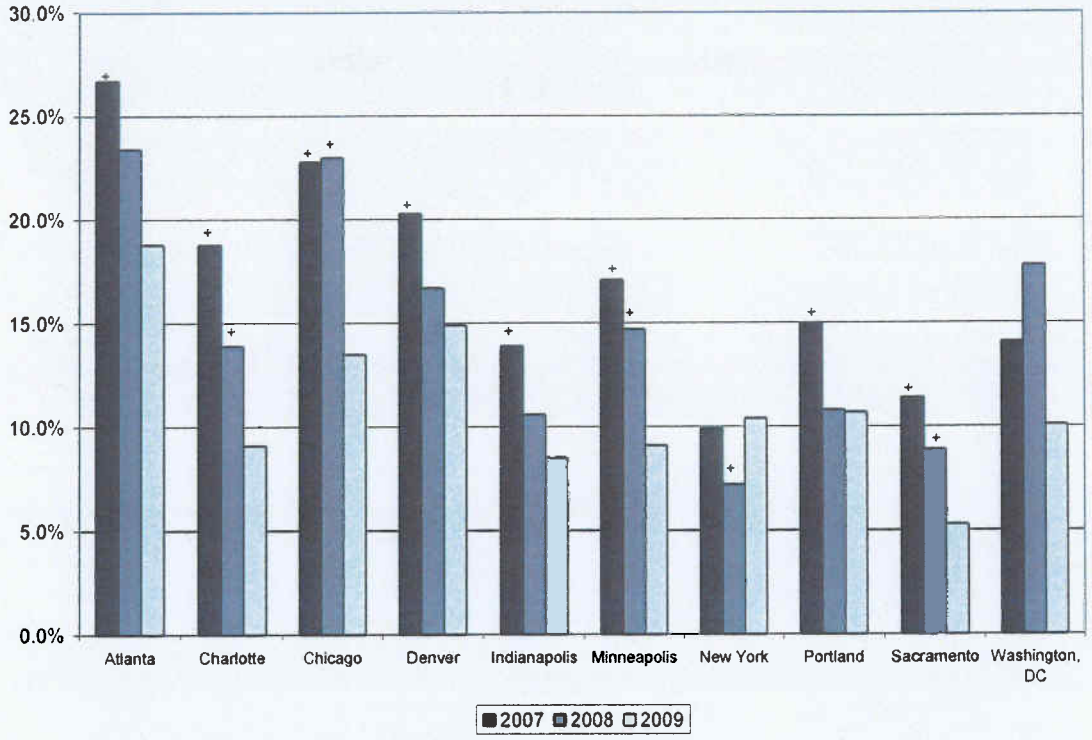
+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

Figure 3.7b: Percent Testing Positive for Cocaine—Midwest and West



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

Figure 3.8: Percent Self-reporting Use of Crack Cocaine, Past 30 Days



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

As with marijuana, crack users in 2009 reported that they consumed the drug frequently. The average number of days in the prior 30 for which users reported consuming the drug ranged from 7 out of the past 30 in Sacramento to 19 out of 30 in Atlanta (Table 3.27). Portland, Sacramento, and Charlotte arrestees showed a significant decline in the number of days on which they used compared to 2007 levels, though Washington, DC crack users reported use on significantly more days per month in 2009 than in 2008 (Table 3.27).

Current crack users reported their first use to have been at a later age than found for first marijuana use (Table 3.8). The average age of first crack use ranged from 23 in Minneapolis to 28 in Atlanta. This has remained roughly the same since 2000 in most sites, with the exceptions of Chicago and Indianapolis, where the age of first crack use dropped in 2009.

Buying and Selling: Crack Markets

In 7 of the 8 sites that collected information in 2000 there were significant decreases compared to 2009 in the proportion of arrestees reporting they acquired crack in the prior 30 days (Table 3.10). Since 2008 Charlotte dropped from 15 percent to 8 percent of arrestees who reported acquiring crack cocaine in the past month; Chicago dropped from 26 percent to 17 percent; Minneapolis dropped from 16 percent to 9 percent; and Sacramento dropped from 10 percent to 5 percent. The crack cocaine market is largely a cash market (Table 3.13). In 9 of the 10 sites in 2009, over 75 percent of those who acquired crack reported making at least one cash transaction in the past month. In 2009, the proportion of noncash buys was consistently lower in all but Minneapolis (74 percent), ranging from 9 percent in Washington, DC to 61 percent in Portland (Table 3.14). In 2009, the average number of purchases (Table 3.16) in the prior 30 days (cash and noncash) declined over 2008 in many sites, dropping significantly in Atlanta (18 to 14), Indianapolis (11 to 7), Portland (10 to 7), and Sacramento (10 to 7). In Minneapolis the average rose, from 10 to 14 purchases in the past 30 days. The decline in purchases does not seem to be related to failed buys or problems obtaining crack cocaine; no site recorded a significant increase in failed buys for crack cocaine in 2009. New York had a significant decrease in reported failed buys, from 63 percent to 37 percent, suggesting somewhat greater availability (Table 3.24).

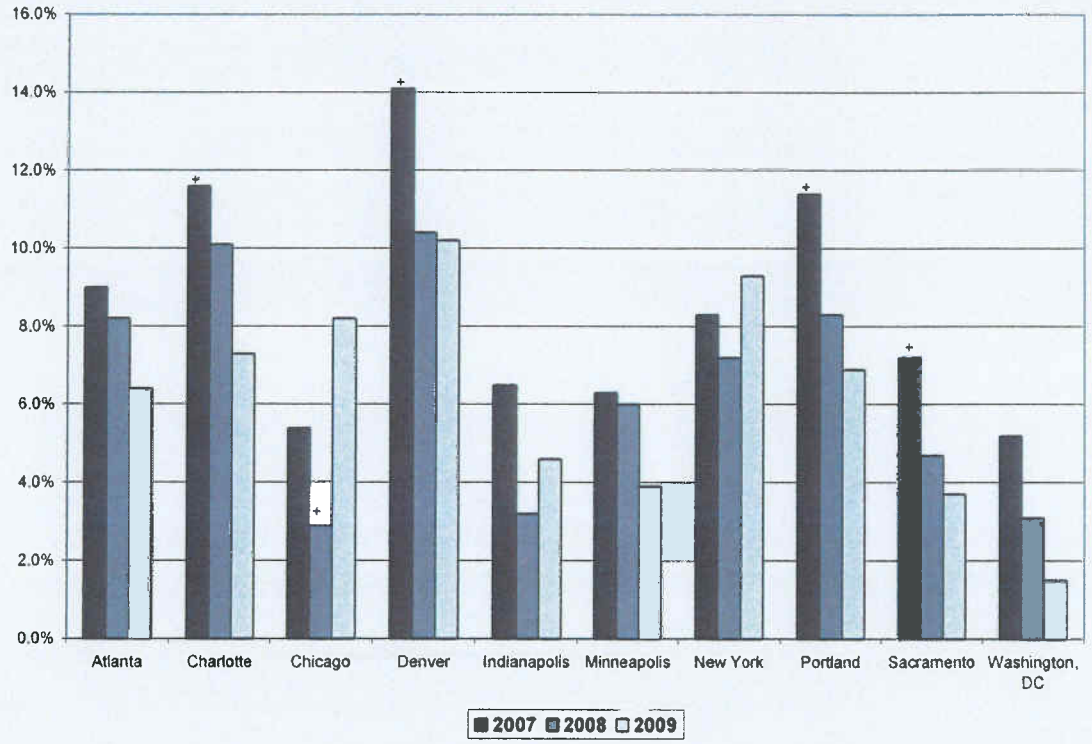
For those who did acquire crack cocaine in 2009, most reported buying directly from a dealer (70–96 percent across sites), rather than through a go-between (Table 3.18), and in many sites the majority reported buying crack cocaine from a regular source (Table 3.20). In 2009, in six sites, outdoor purchases were the most common; in four (Charlotte, Indianapolis, Portland, and Sacramento) less than 40 percent of arrestees reported that their most recent purchase was made outside. There were significantly more outdoor sales of crack in 2009 compared to those reported in 2007 in three sites (Atlanta, Denver, and Washington, DC) and significantly fewer in Charlotte (Table 3.21). In those sites where outdoor purchases were most common (Atlanta, Chicago, Denver, New York, and Washington, DC), arrestees reported contacting a dealer most frequently by approaching him/her in public, indicating that the market may still be an open air, retail market for crack cocaine.

Prevalence of Use: Self-reported Powder Cocaine Use

Self reported use of cocaine powder was less prevalent in all sites than crack use. The range of self-reports of use of powder cocaine in the prior three days was from 1 percent or less in Indianapolis and Washington, DC to 7 percent in Denver (Table 3.28). As compared to 2007, fewer powder cocaine users reported use in the prior 30 days in 2009, in 4 of the 10 sites (Figure 3.9, Table 3.6). In 2009,

New York, Chicago, and Denver had higher proportions of arrestees who reported cocaine powder use than other sites for each of the time periods.

Figure 3.9: Percent Self-reporting Use of Powder Cocaine, Past 30 days



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

In 2009, the proportion of arrestees who reported that they had used cocaine powder in the prior 30 days ranged from 2 percent in Washington, DC to 10 percent in Denver (see Table 3.6). These reports represented a significant increase in use in Chicago (from 3 percent to 8 percent) from 2008 to 2009. More arrestees admitted use of cocaine powder sometime in the past year—from 2 percent in Washington, DC to over 10 percent in 5 of the 10 sites. The highest proportion of arrestees reporting some use in the past year was again found in Denver (17 percent). However, self reported use over the prior 12 months was significantly lower in 2009 than found in 2007 in 6 of the 10 sites, and had not significantly increased in any site (Table 3.28).

For those arrestees who reported that they used cocaine powder in the prior 30 days, the frequency of use was less than found with crack cocaine. In 2009, on average, cocaine powder users reported they

used from only 1 day in the past month (Sacramento) to 10 days in the month (New York) (Table 3.28).

Buying and Selling: Cocaine Powder Markets

In 2009, between 4 and 11 percent of arrestees across 9 of 10 sites reported acquiring powder cocaine, with significant declines observed in 5 sites from 2007 (Table 3.11). Four sites (Charlotte, Denver, Sacramento and Minneapolis) showed the highest percentage of arrestees acquiring cocaine powder in 2007, all with significant decreases in 2009. All other sites except Chicago showed their greatest market participation in 2000-2003. For example, in 2000, 17 percent of arrestees in New York reported they had acquired cocaine powder within the prior 30 days, declining to 9 percent in 2009.

In 2009, those who reported obtaining powder cocaine participated in the market less frequently than did those who acquired crack cocaine, with the average number of purchases in the past month ranging from two in Sacramento to nine in New York.[4] In Chicago and Minneapolis the average purchases rose from two to seven in each, but for the remaining sites the numbers were not significantly different when compared to 2008 (Table 3.16). Unlike the case with crack cocaine, which arrestees reported obtaining with cash most commonly, less than 75 percent of arrestees reported making any cash purchase for powder cocaine in 6 of the 10 sites. New York and Indianapolis are the only sites where more than 80 percent of arrestees who obtained powder cocaine did so with a cash transaction (Table 3.13). Conversely, in six sites over 50 percent of those who obtained powder cocaine reported at least one noncash transaction (Table 3.14). New York was the only site where that proportion was less than 40 percent.

The proportion of arrestees who reported any failed buy in the past 30 days (Table 3.24) also remained steady in all sites but New York, where it fell from 63 to 43 percent. Among arrestees who obtained powder cocaine, the primary mode of initial contact with a dealer was by phone (over 50 percent in seven sites). Most users reported buying powder cocaine directly from a dealer (Table 3.18), though the proportion that reported that the dealer was their regular source varies across sites, as was the case in 2007 and 2008. In most sites, the majority of arrestees who bought powder cocaine reported making the purchase indoors (Table 3.20).

[4] We have not included the Washington purchase data (29) as it represents only one case.

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Heroin

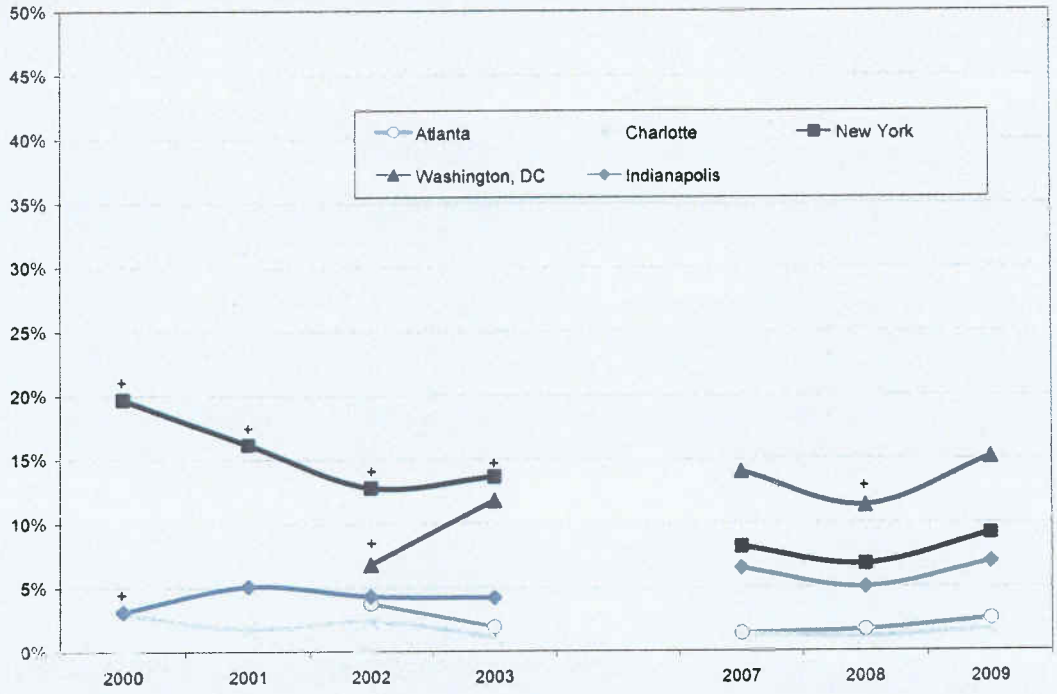
Prevalence of Use: Heroin[5]

Figures 3.10a and 3.10b (Table 3.5) indicate trends in positive tests for opiates for each site from 2000 to 2009. Chicago again led the 10 sites in 2009 (18 percent test positive), though there was a significant decline from 29 percent testing positive in 2008 and from a highest point (36 percent) in 2000. Washington, DC and Indianapolis were the only sites that showed a significant increase in the proportion of opiate positives compared to 2000-2002. In 2009, Charlotte had the lowest proportion testing positive for opiates (2 percent), followed by Atlanta (3 percent).

While many sites have remained relatively constant since 2000, (from 5 percent to 7 percent of arrestees testing positive for opiates) notable exceptions are Portland, New York, and Chicago. Twenty percent of New York arrestees tested positive for opiates in 2000, dropping to 14 percent in 2003 and 9 percent in 2009. Chicago began with 36 percent of arrestees testing positive in 2000, dropped to between 20 and 30 percent in the subsequent seven years, and dropped significantly again in 2009 to 18 percent.

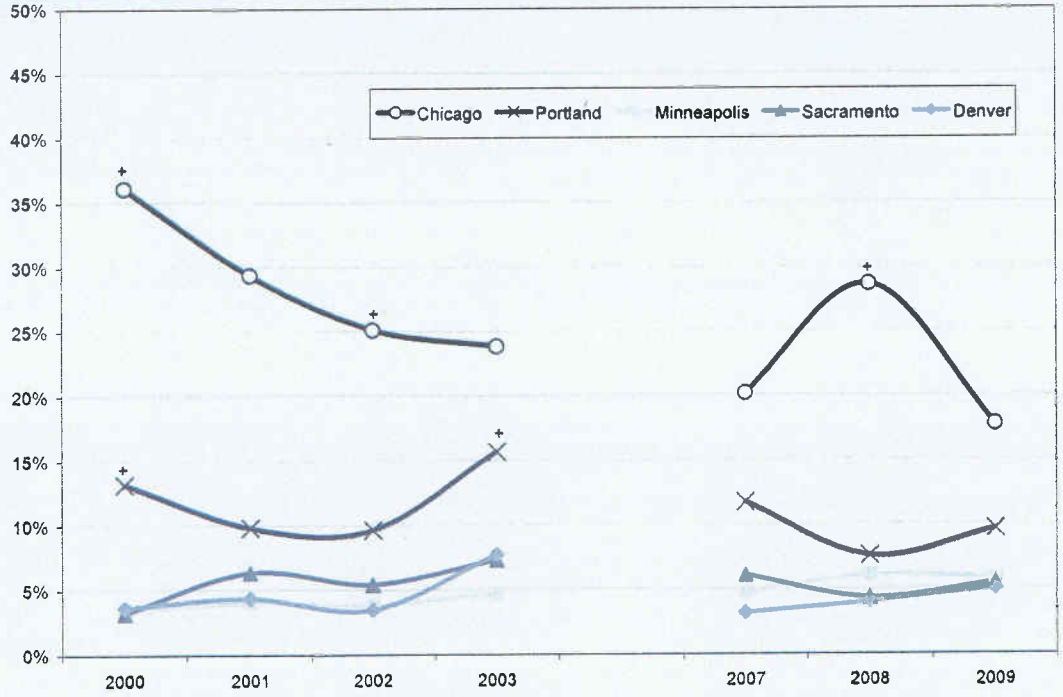
[5] Drug testing referenced here detects natural opiate derivatives: heroin, morphine, and codeine. Tests for synthetic narcotics such as oxycontin or methadone are conducted separately and not included in the discussion of heroin. All questions on *self-reported* behavior refer to heroin.

Figure 3.10a: Percent Testing Positive for Opiates—East and South



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

Figure 3.10b: Percent Testing Positive for Opiates—Midwest and West



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

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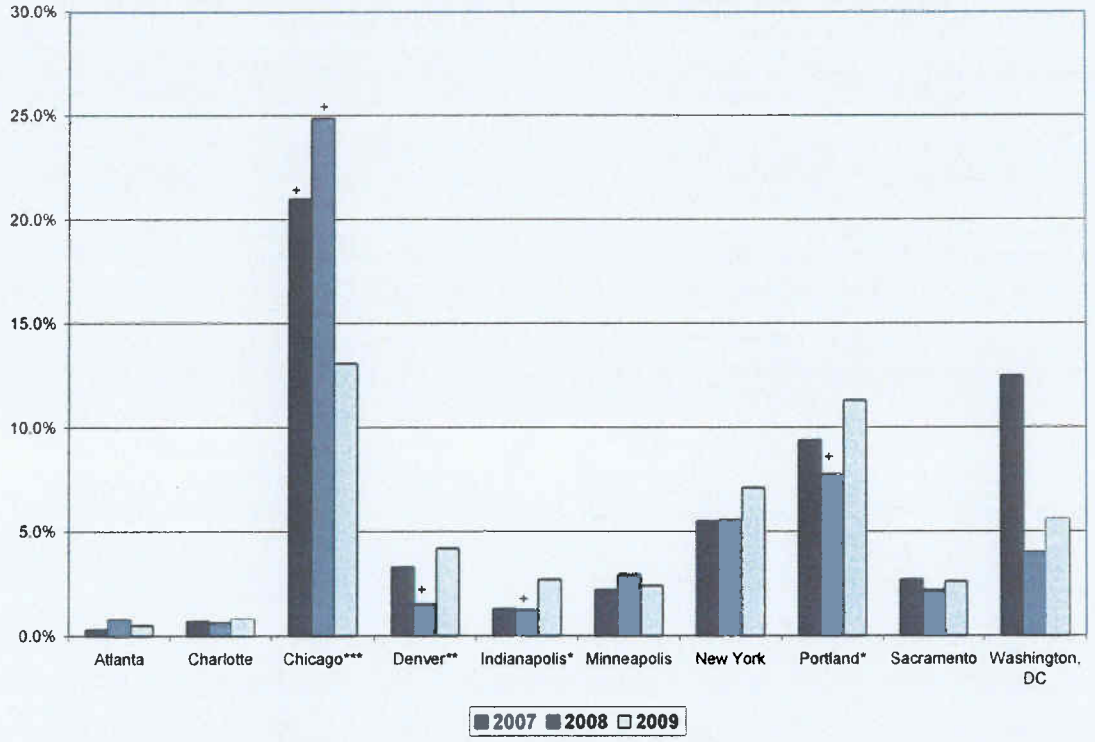
Figure 3.11: Percent Self-reporting Use of Heroin, Past 30 Days



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

Self-report data on heroin (Figure 3.11, Table 3.6) showed that the proportion of arrestees admitting heroin use within the past 30 days varied considerably among sites—from 1 percent or less in Atlanta and Charlotte to 13 percent in Chicago. Although Chicago led the sites in the proportion of arrestees who admitted use in this time period, the 2009 self reports were significantly lower than those reported in 2008, when 25 percent of arrestees in Chicago reported they had used in the prior 30 days. On the other hand, Portland's and Denver's 2009 numbers were significantly higher: 8 percent to 11 in Portland and 2 to 4 percent in Denver from 2008 to 2009.

In 2009, Atlanta, the ADAM II site with the heaviest cocaine and crack use, had the lowest proportion of arrestees reporting heroin use—1 percent or less for the prior 3 days, 30 days, or 12 months (Table 3.29). Its regional neighbor Charlotte had similarly low numbers of heroin users in 2009. Other sites varied from 2 percent in Minneapolis to 7 percent in New York for self-reports of prior 30-day heroin use.

Arrestees who reported that they had ever used heroin began that use, on average, in their early to mid-twenties, a pattern like that found with cocaine (Table 3.9). In Chicago the average age of first heroin use dropped significantly, from 25 years old in 2000, to 20 years old in 2009 (Table 3.9) but rose in 2009 in Minneapolis and Portland from 2002-2004 levels. Arrestees who reported current heroin use were also frequent consumers in 2009. Heroin users reported they had used on 20 days or more out of the prior 30 in five sites, and as many as 26 days in the past 30 in Chicago in 2009 (Table 3.29).

Buying and Selling: Heroin Markets

The proportion of arrestees who reported acquiring heroin in the past month continued to vary across sites. In some sites (Atlanta and Charlotte) in 2009 only, 1 percent reported acquiring heroin, while in others (Chicago and Portland) the proportion was over 10 percent. In Chicago, reported heroin acquisition continued to decline significantly, falling from 32 percent in 2000 to 15 percent in 2009 (Table 3.11). New York showed a similar steep decline—from 18 percent of arrestees reporting they acquired heroin in the prior 30 days in 2000 to 7 percent in 2009.

While the proportion of arrestees reporting acquisition fluctuated in some sites, the average number of purchases among those who acquired heroin remained steady across all sites (Table 3.17), with the exception of Atlanta (this estimate, however, reflects less than 1 percent of the arrestee sample). For most sites, the average number of purchases for heroin was much higher than for other drugs (between 9 and 21 in the past month), indicating very heavy market participation for these arrestees, despite their relatively small representation in the sample as a whole. Like that for crack cocaine, the market for heroin is largely a cash market. In 2009, in the three sites with the highest proportion of arrestees who reported heroin market participation, the average number of days in the past 30 for which arrestees paid cash for the drug was also high—26 in Chicago, 22 in New York, and 19 in Portland (Table 3.15). In 2009, in Chicago and Portland, over 95 percent of arrestees who reported acquiring heroin reported making a cash heroin purchase in the preceding month, and in New York 84 percent reported a recent cash purchase (Table 3.13). These numbers have remained basically unchanged since 2007. The percentage that reported a noncash heroin transaction in 2009 remained steady in most sites, with the exception of Portland, where it fell from 74 percent in 2008 to 56 percent in 2009 (Table 3.14). Over 75 percent of arrestees in all sites with active heroin markets reported purchasing heroin directly from a regular source (Table 3.21). With the exception of arrestees in Chicago (38 percent), the majority of arrestees reported purchasing it outdoors (Table 3.23).

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Heroin may be relatively available in markets where there are a number of users. Only 20 percent of heroin market participants in Chicago reported a failed buy in the past month; as did 35 percent in New York and 30 percent in Portland. No site shows a significant change in failed buys between 2008 and 2009 (Table 3.24).

Methamphetamine

Prevalence of Use: Methamphetamine

Methamphetamine use in 2009 remained concentrated in the two Western ADAM II sites (Figures 3.12a and 3.12b, Table 3.5). Positive tests for the presence of methamphetamine were highest in Sacramento (31 percent test positive) and Portland (13 percent). Results were 1 percent or less in Indianapolis, Atlanta, Charlotte, Chicago, Washington, DC, and New York. The proportion testing positive rose in Denver and Minneapolis to 4 percent, though the increase was not statistically significant.

Though still high, the proportion of arrestees testing positive for methamphetamine in Portland and Sacramento peaked in 2003, declined significantly in 2007, and remained at the lower levels through 2009. For example, 46 percent of arrestees in Sacramento tested positive for methamphetamine in 2003 compared to 31 percent in 2009. Portland, Atlanta, Charlotte and New York also showed a significant consistently downward trend over the nine years.

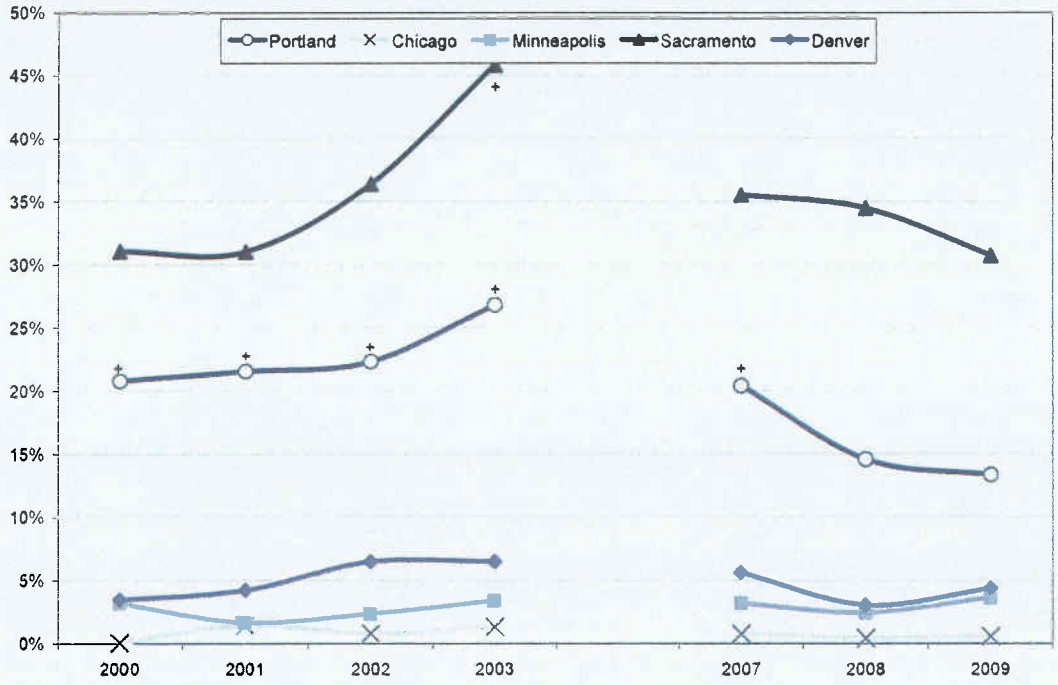
Self-reported methamphetamine use in 2009 was still highest in the two Western sites (Table 3.6, Figure 3.13): 25 percent of arrestees in Sacramento and 13 percent in Portland admitted to use in the prior month, and 28 percent and 17 percent, respectively, in those sites admitted use in the prior year (Table 3.30). Only Denver came even marginally close to those figures: 5 percent in Denver admitted prior 30-day use and 7 percent admitted prior year use. There was no significant change in any self-reported use in any site from 2008 to 2009, but there was a significant decline in Portland from 2007 levels.

In 2009, those who admitted that they used methamphetamine in the prior month in Portland and Sacramento used on average from 12 to 14 days a month, levels not significantly different from those reported in 2008, but in Sacramento these were significantly fewer days than in 2007 (Table 3.30). In 2009, users initiated methamphetamine use most often in their early 20s, though the range for age at first use was from 19 years old in Chicago to 27 years old in Denver (Table 3.9).

Figure 3.12a: Percent Testing Positive for Methamphetamine—East and South

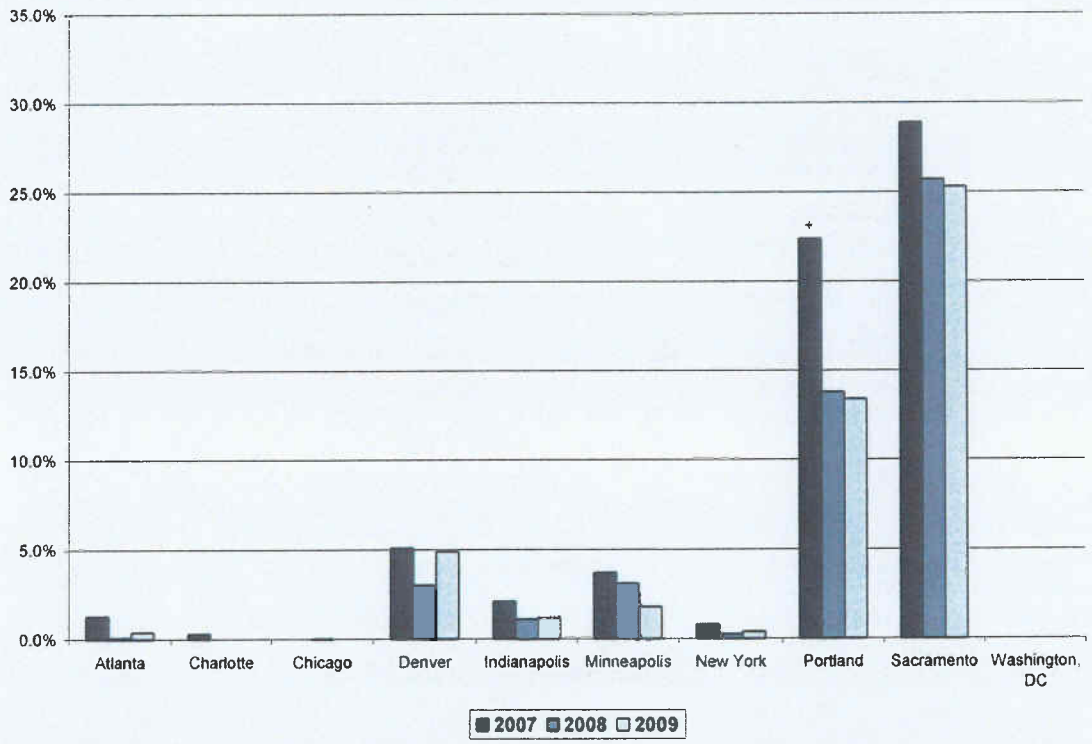
+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

Figure 3.12b: Percent Testing Positive for Methamphetamine—Midwest and West



+ Differences between each year and 2009 are reported as significant at the 0.10 level or less

Figure 3.13: Percent Self-Reporting Use of Methamphetamine, Past 30 Days



Differences between each year and 2009 are reported as significant at the 0.10 level or less

Buying and Selling: Methamphetamine Markets

In 2009, methamphetamine market participation remained limited in most ADAM sites. In six sites fewer than 1 percent of arrestees reported obtaining methamphetamine in the previous month; in two other sites, Denver and Minneapolis, 5 percent or less reported any past month acquisition. In Portland (14 percent) and Sacramento (26 percent), there has been a decline since the high point in 2003 of 26 percent and 36 percent respectively in arrestee reports of methamphetamine acquisition (Table 3.12). As with data on use, methamphetamine market activity was also highest in 2003 in Minneapolis and Indianapolis and significantly lower for those sites in 2009.

In 2009, Portland, arrestees who reported methamphetamine acquisition obtained the drug on an average of seven days in the previous month (Table 3.17), and 62 percent reported at least one cash transaction in that period, down from 77 percent in 2008 (Table 3.13). There was a commensurate rise in the proportion of arrestees who reported a noncash transaction in 2009, up from 61 percent in 2008

to 76 percent (Table 3.14). Eighty-two percent of Portland arrestees who bought methamphetamine in 2009 did so directly from a dealer (Table 3.19), though only 45 percent reported that the dealer was their regular source for the drug (Table 3.21). Seventeen percent reported purchasing methamphetamine outdoors (Table 3.23), and the primary mode of initial contact with the dealer was either by phone or at a house or apartment. The proportion of arrestees who reported a failed buy for methamphetamine fell from 47 percent in 2008 to 23 percent in 2009 (Table 3.24).

In Sacramento in 2009, arrestees reported purchasing methamphetamine on fewer days in the past month, dropping from an average of 10 in 2008 to 7 in 2009 (Table 3.17). Sixty-three percent of arrestees in Sacramento who reported obtaining methamphetamine reported a cash purchase in the previous month, significantly lower than 2007 levels; 65 percent reported a noncash transaction in that period. Most (75 percent) reported that their last purchase was made directly from a dealer, and 43 percent said this dealer was their regular source (Tables 3.19 and 3.21). Thirty-two percent reported making that purchase outdoors, and approaching a dealer in public was the primary way 29 percent of arrestees reported contacting the dealer. Forty-one percent of arrestees who reported participating in the methamphetamine market in the past month also reported a failed buy during that period, a figure consistent with 2008 (Table 3.24).

Injection

Three of the major drugs of interest can be injected (heroin, methamphetamine, and cocaine), presenting the added public health issue of disease transmission. In ADAM II, arrestees are asked to identify each of the drugs they admitted using in the prior 12 months and to report how they used each at the last use (smoke, sniff or snort, inject, or eat/swallow). The most commonly *injected* substance (Table 3.31) in all years of ADAM was heroin. Four sites (Charlotte, Indianapolis, Portland, and Sacramento) reported over 75 percent of heroin users injecting in 2009. New York and Chicago, sites with a substantial number of arrestees testing positive for opiates, show considerably less injection in 2009 at last use (44 and 28 percent, respectively), indicating use by another route, such as inhalation or smoking.

In sites where methamphetamine use was prevalent there was also variation in method of ingestion. In 2009, in Portland 38 percent of users injected at last use, while in Denver 17 percent reported injecting. In Sacramento, where the greatest number of methamphetamine users were found, only 8 percent reported injecting in 2009, compared to 29 percent in 2000.

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Cocaine in powder form was injected less than 10 percent of the time in 2009 in all but two sites. In Portland 19 percent of users reported injection at last use (though this was significantly lower than the highs of over 50 percent in earlier years), and in Minneapolis 12 percent reported injection at last use. The New York site showed a statistically significant decline in the number of injectors of powder cocaine from 2008—dropping from 27 percent to 8 percent.

Other Drugs

In addition to the five major drugs mentioned above, arrestees were tested for the presence of other drugs (barbiturates, Darvon, methadone, oxycodone, PCP, and benzodiazepines) and also asked to identify which drugs from a series of drugs they have used without a prescription in the prior month.[6]

Tables 3.32 and 3.33 indicate the results of testing for other drugs among arrestees in each site. Compared to the five major drugs of interest, there were fewer positive tests for the other drug categories in all sites. Methadone was most often found in New York (7 percent), a city with many public methadone programs. PCP, a drug once popular in many areas and one of the NIDA-5 test drugs, was detected in only a few individuals in half of the ADAM II sites. Oxycodone, the synthetic narcotic that has gained popularity as a street drug, appeared in 8 of the 10 sites, and in New York the proportion rose significantly to 2 percent. There were no significant changes in any of the other drugs for which ADAM II tests from 2008 to 2009

Self-report of other drugs (Table 3.34) indicated that other opiate painkillers (Percodan, Vicodin, Percocet, Dilaudid, Codeine) were the most commonly named "other drugs" in most sites.[7] Arrestees mentioned the use of other opiate painkillers in the prior 30 days in all of the 10 sites, ranging from 2 percent in New York to 10 percent in Portland and Indianapolis.

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6 The list contains both prescription drugs that may be abused (barbiturates, sedative/tranquilizers, and oxycodone) and nonprescription drugs of abuse (GBH, MDMA, LSD, and PCP).

7 A number of arrestees report use of a range of drugs that are recorded as "other." The drugs recorded in this category include legal substances like Tylenol, cough medicines, Advil, and aspirin.

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4. Summary and Conclusions

This report documents and analyzes the 2009 data collection for the ADAM II program, which is in its third year of operation under ONDCP auspices. Since 2000, ADAM and ADAM II have served as an important source of information on the basic characteristics, drug use, and drug market participation of arrestees, a population often more heavily involved in drugs than other groups surveyed. Males entering the criminal justice system—on a wide variety of charges—both report using and test positive for a range of illegal drugs in proportions many times greater than results revealed in general population surveys.

Like the original 35 sites that participated in ADAM from 2000 to 2003, the 10 ADAM II counties were purposively selected. However, the criminal justice facilities within each county and the arrestees within each facility constitute a probability-based sample that provides a sound basis for local estimates of drug use and related behaviors. In 2009, over 4,700 interviews and over 4,000 urine specimens were collected and weighted to represent over 33,000 arrests in 2009 across all 10 sites. Adding to the 2000 forward samples, the program has collected over 36,000 arrestee interviews representing over 350,000 arrests.

The ADAM II program continues to provide an important window into the characteristics and behaviors of a group that is often not reached by general population surveys. Many arrestees are homeless, living in institutional settings, or living transiently; and not easily captured in telephone or household samples. This issue is highlighted in the number of arrestees in each site who reported in 2009 they had no stable housing in the 30 days prior to arrest—from 2 to 29 percent across the 10 sites. Other arrestees are serious users who may be unwilling to provide information about illegal behaviors in settings where their identity and location are known. Their situation is highlighted in the number of users of each drug who deny use, but test positively in urinalysis. In 2009, depending on the site from 69 to 88 percent of persons testing positive for marijuana admit their use; from 30 to 67 percent of cocaine users admitted their use; and from 15 to 81 percent of heroin users admitted their use. Relying on self-report alone, particularly in some sites and for some drugs, would seriously underestimate the prevalence of use in this population, some of the Nation's heaviest users.

In general, arrestees in the 10 ADAM II sites in 2009 were heavily involved in drugs, as were the arrestees in the original ADAM program. In 2009, from a low of 56 percent of arrestees in Charlotte to a high of 82 percent of arrestees in Chicago, the majority of arrestees tested positive for at least one of 10 substances in their system at the time of arrest. The most common substance detected was

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marijuana in all sites (from 36 to 49 percent testing positive) except for Atlanta, where cocaine use is equally prevalent.

ADAM II data also point to regional variations in drug use. Cocaine was detected in 30 percent or more of arrestees in Atlanta, New York, and Chicago, but in 16 percent or less of arrestees in the two Western sites, the only two sites where the percentage of methamphetamine positives was substantial: 31 percent positive in Sacramento and 13 percent positive in Portland, compared to 1 percent or less in half of the sites.

In spite of the heavy use reflected in ADAM II 2009 data, there is encouraging news. The proportion of arrestees testing positive for cocaine has declined significantly in all sites but Washington, DC since earlier peak points, and continued a significant downward trend in 5 of the 10 sites. The two sites with the historically highest proportion of arrestees testing positive for opiates (New York and Chicago) have both experienced a 50 percent drop from 2000 to 2009. Finally, methamphetamine use does not appear to have remained concentrated in the western part of the county. Even in Portland and Sacramento data on methamphetamine use in 2009 is significantly lower than peaks in 2003.

As this report indicates, drug use and drug market activity can be misleading if only national estimates are examined. Local supply and local demand can vary even within the same region of the country, making local estimates vital for local law enforcement and treatment planning.

The program now moves into its fourth year and continues as a critical complement to other drug surveys. All 10 ADAM II sites will again collect data in two quarters beginning in April 2010, using the same protocols described in this report. Data for 2010 for comparison with prior years will be available in early 2011.

Appendix A: Data Tables

Table 1.1: ADAM Completed Interviews, Urine Specimens, and Weighted Case Numbers† (2000-2009)

	2000			2001			2002			2003		
Primary City	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]
Atlanta, GA	n/a	n/a	n/a	n/a	n/a	n/a	571	527	4,714	869	812	8,169
Charlotte, NC	109	96	1,221	495	421	3,187	538	469	3,692	599	520	3,754
Chicago, IL[b]	441	378	1,645	302	287	8,825	1,234	1,137	37,767	930	852	28,672
Denver, CO	731	683	5,191	771	729	4,187	814	768	4,301	580	555	2,573
Indianapolis, IN	793	746	8,614	814	784	8,850	676	658	8,859	498	487	6,842
Minneapolis, MN[b]	571	528	4,018	837	764	5,042	904	836	5,181	677	624	3,437
New York, NY[b]	1,091	1,054	18,037	742	699	10,409	942	917	13,485	730	695	10,529
Portland, OR	779	693	3,883	820	760	4,538	697	652	3,731	564	534	2,703
Sacramento, CA	603	513	7,540	718	675	6,816	737	708	6,844	540	530	5,223
Washington, DC	n/a	n/a	n/a	n/a	n/a	n/a	255	190	754	358	293	1,148
Total	5,118	4,690	50,149	5,499	5,118	51,854	6,797	6,335	89,328	5,476	5,089	73,050

Notes:

[a] Reflects all arrestees booked during 14-day periods in the facilities.

[b] Case numbers are higher for these sites in some 2000-2003 years as sites collected in all four quarters of the year in those years.

† Data from 2000-2003 were re-estimated for greater accuracy using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 1.1: ADAM II Completed Interviews, Urine Specimens, and Weighted Case Numbers† (2000-2009)

	2007			2008			2009		
Primary City	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]
Atlanta, GA	386	280	1,880	419	354	1,994	484	417	2,173
Charlotte, NC	459	258	2,455	468	396	2,637	472	371	2,427
Chicago, IL	457	384	7,504	485	426	6,697	483	449	6,665
Denver, CO	501	422	2,338	511	460	2,220	541	480	2,315
Indianapolis, IN	557	456	3,430	578	524	3,526	556	493	3,601
Minneapolis, MN	439	363	2,383	433	383	1,996	475	432	2,166
New York, NY	446	266	4,859	515	365	4,444	697	541	4,550
Portland, OR	455	386	1,906	526	453	1,450	464	413	1,821
Sacramento, CA	508	440	4,579	562	508	4,649	494	430	3,767
Washington, DC	126	90	4,327	95	55	6,774	80	51	4,240
Total	4,334	3,345	35,661	4,592	3,924	36,387	4,746	4,077	33,725

Notes:

[a] Reflects all arrestees booked during both 14-day periods in the facilities.

† Data from 2000-2003 were re-estimated for greater accuracy using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.1: ADAM II Characteristics of Adult Male Arrestees, 2007 to 2009: Age, Marital Status, Citizenship, Employment, Education, Insurance, Housing

	Average Age			Single (%)			U.S. Citizen (%)			Working[a] (%)		
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	37.1	36.7	37.1	70.7**	71.2**	79.4	94.5	90.7	95.5	52.2**	51.8**	42.8
	(0.8)	(0.7)	(0.7)	(3.1)	(3.3)	(2.4)	(1.8)	(3.2)	(1.5)	(3.5)	(3.6)	(3.2)
Charlotte, NC	33.0	33.4	33.1	65.1	64.9	68.8	96.6***	92.2**	86.5	62.1***	55.3	49.2
	(0.6)	(0.6)	(0.7)	(2.8)	(2.8)	(3.0)	(0.9)	(1.6)	(2.6)	(2.8)	(2.9)	(3.2)
Chicago, IL	32.2	31.9	32.2	71.2	74.9	77.7	95.1	91.6	89.2	54.7	52.2	53.4
	(1.1)	(0.7)	(1.0)	(3.7)	(3.2)	(3.9)	(2.1)	(2.4)	(3.7)	(4.1)	(3.7)	(4.8)
Denver, CO	34.0	34.6	33.7	55.3***	57.7**	64.8	82.0	86.2	84.7	57.0***	59.3***	48.1
	(0.6)	(0.6)	(0.6)	(2.5)	(2.5)	(2.4)	(2.1)	(1.8)	(1.9)	(2.5)	(2.5)	(2.6)
Indianapolis, IN	33.3*	33.1*	31.8	66.6	65.3	66.0	94.7**	91.1	89.3	64.1**	61.0	56.5
	(0.6)	(0.5)	(0.5)	(2.5)	(2.5)	(2.6)	(1.3)	(1.9)	(2.2)	(2.5)	(2.5)	(2.7)
Minneapolis, MN	32.2	32.5	33.0	74.0	71.8	71.1	92.6***	91.3**	85.2	44.3	48.5*	41.5
	(0.5)	(0.6)	(0.6)	(2.4)	(2.5)	(2.5)	(1.5)	(1.7)	(2.2)	(2.7)	(2.7)	(2.7)
New York, NY	32.0**	32.7*	33.9	74.9	77.2	75.1	86.4	84.1	87.6	58.8*	58.4*	52.7
	(0.6)	(0.6)	(0.5)	(2.4)	(2.2)	(2.0)	(2.1)	(2.2)	(1.7)	(2.7)	(2.7)	(2.4)
Portland, OR	34.8*	34.8*	36.3	58.7	65.5	60.5	94.5	88.1*	91.9	45.0***	44.2***	26.6
	(0.6)	(0.5)	(0.6)	(2.7)	(2.3)	(2.7)	(1.1)	(1.7)	(1.6)	(2.7)	(2.4)	(2.4)
Sacramento, CA	32.1***	33.8	34.2	62.5	63.5	62.1	88.3	90.3**	84.3	47.4*	46.6	41.5
	(0.5)	(0.5)	(0.6)	(2.7)	(2.5)	(2.8)	(2.0)	(1.7)	(2.7)	(2.8)	(2.6)	(2.9)
Washington, DC	33.4	35.9	32.4	77.4	83.0	82.4	90.9**	89.9	98.6	49.6	58.5	50.8
	(1.0)	(1.7)	(1.8)	(4.4)	(5.9)	(5.1)	(3.1)	(6.3)	(1.1)	(5.6)	(7.9)	(7.7)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

[a] Indicates working full-time, part-time, or on active military status.

Table 2.1: ADAM II Characteristics of Adult Male Arrestees, 2007 to 2009: Age, Marital Status, Citizenship, Employment, Education, Insurance, Housing

	High School Diploma, GED, or Higher (%)			Health Insurance, Past Year (%)			Stable Housing, Past 30 Days (%)		
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	65.0	67.3	65.5	37.0**	29.8	29.4	79.8	77.3	80.4
	(3.3)	(3.5)	(3.2)	(3.3)	(3.2)	(2.9)	(2.8)	(3.1)	(2.5)
Charlotte, NC	67.4**	69.2	74.1	40.3***	32.8	29.3	85.9	89.4	87.1
	(2.7)	(2.7)	(2.7)	(2.9)	(2.7)	(2.8)	(2.0)	(1.7)	(2.2)
Chicago, IL	70.7	64.6	66.0	26.8	23.7	25.4	89.5***	93.2**	98.3
	(3.8)	(3.5)	(4.6)	(3.7)	(3.1)	(4.1)	(2.5)	(1.8)	(1.2)
Denver, CO	68.8	72.1	67.5	33.7	32.5	30.2	82.4	81.8	80.1
	(2.4)	(2.3)	(2.5)	(2.4)	(2.4)	(2.4)	(1.9)	(1.9)	(2.0)
Indianapolis, IN	66.7	65.9	68.0	31.0**	36.3	37.6	90.4	89.8	92.7
	(2.4)	(2.4)	(2.4)	(2.4)	(2.4)	(2.6)	(1.5)	(1.6)	(1.4)
Minneapolis, MN	77.6	72.8	73.6	50.3	51.6	49.3	86.7	89.8*	85.2
	(2.2)	(2.4)	(2.4)	(2.8)	(2.8)	(2.7)	(1.8)	(1.6)	(1.9)
New York, NY	67.4	71.7	68.2	53.6	57.7	52.1	85.4*	85.8	89.0
	(2.6)	(2.5)	(2.2)	(2.8)	(2.7)	(2.4)	(1.9)	(1.8)	(1.3)
Portland, OR	72.7	74.1	74.5	29.7	32.1*	26.5	73.3	76.7*	71.1
	(2.3)	(2.2)	(2.4)	(2.4)	(2.3)	(2.4)	(2.4)	(2.1)	(2.6)
Sacramento, CA	68.0	65.2	67.1	31.9*	35.8	37.7	84.4*	83.7**	88.8
	(2.6)	(2.5)	(2.8)	(2.6)	(2.5)	(2.8)	(2.0)	(1.9)	(1.7)
Washington, DC	78.5	77.9	74.8	62.6	63.3	74.8	92.0	78.6*	93.8
	(4.4)	(6.5)	(6.6)	(5.4)	(7.9)	(6.6)	(2.4)	(7.9)	(3.0)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 2.2: Race/Ethnicity of Adult Male Arrestees, 2007 to 2009

	Hispanic (%)			Non-Hispanic								
				White (%)			Black (%)			Other (%)		
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	10.5	10.5	6.9	9.3	12.2	10.6	81.8	77.4**	84.7	0.2	0.8	0.4
	(2.4)	(2.7)	(1.9)	(2.0)	(2.5)	(2.2)	(2.6)	(3.1)	(2.3)	(0.1)	(0.4)	(0.2)
Charlotte, NC	5.9***	10.6*	16.0	29.3**	23.2	22.1	61.8	60.0	56.6	3.2	5.2*	2.6
	(1.3)	(1.9)	(2.7)	(2.8)	(2.4)	(2.7)	(2.9)	(2.9)	(3.2)	(1.0)	(1.3)	(0.9)
Chicago, IL	19.2	23.0	27.2	6.3	10.6	11.2	72.3**	64.7	58.5	2.8	1.2	1.5
	(3.4)	(3.5)	(4.7)	(1.8)	(2.1)	(2.9)	(3.7)	(3.6)	(4.9)	(1.2)	(0.7)	(1.1)
Denver, CO	43.5	43.5	44.9	22.5	22.7	22.3	26.8	26.3	26.8	6.7	6.9	6.1
	(2.5)	(2.5)	(2.6)	(2.1)	(2.1)	(2.2)	(2.3)	(2.2)	(2.3)	(1.2)	(1.3)	(1.2)
Indianapolis, IN	9.8**	11.5	15.7	42.7**	42.0**	34.9	40.3	39.8	41.8	5.6	5.0	6.4
	(1.7)	(1.9)	(2.5)	(2.6)	(2.6)	(2.6)	(2.5)	(2.5)	(2.6)	(1.3)	(1.1)	(1.6)
Minneapolis, MN	8.5***	10.5**	16.4	27.4	24.5	27.5	54.7**	53.5*	46.7	9.0	10.6	9.6
	(1.5)	(1.8)	(2.2)	(2.5)	(2.4)	(2.5)	(2.7)	(2.8)	(2.7)	(1.5)	(1.6)	(1.6)
New York, NY	37.8**	45.8	46.3	15.2	13.0	12.4	42.3	37.1	38.7	4.6	3.7	3.0
	(2.8)	(2.8)	(2.5)	(2.2)	(2.0)	(1.9)	(2.8)	(2.6)	(2.4)	(1.2)	(1.1)	(0.8)
Portland, OR	10.1**	16.9	16.1	52.1	47.0	49.0	21.0	21.5	19.8	16.6	13.6	15.2
	(1.6)	(2.0)	(2.2)	(2.7)	(2.5)	(2.8)	(2.2)	(2.1)	(2.2)	(2.1)	(1.7)	(2.1)
Sacramento, CA	25.9*	24.4**	31.4	29.4	38.4	33.2	31.2***	25.6	22.3	13.3	11.0	11.9
	(2.5)	(2.3)	(2.9)	(2.5)	(2.6)	(2.8)	(2.6)	(2.2)	(2.2)	(1.9)	(1.7)	(1.9)
Washington, DC	4.9	7.7	1.5	7.4	1.0**	23.3	85.3	85.3	79.0	2.6	5.3	0.0
	(2.0)	(5.6)	(1.6)	(2.8)	(0.7)	(10.6)	(3.5)	(6.0)	(8.6)	(1.4)	(3.0)	(n/a)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Hispanic and non-Hispanic ethnicities are mutually exclusive as per standard data collection protocols suggested by the Office of Management and Budget in which the respondent first self identifies as Hispanic or non-Hispanic.

Data will not add to 100% because arrestees may identify themselves as multiple races.

Table 2.3: Arrest History of Adult Male Arrestees, 2000 to 2003† and 2007 to 2009, Any Prior Arrest

Primary City	All Arrestees						
	Prior Arrest History (%)[a]						
	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			84.6 (2.6)	79.4** (2.5)	74.1*** (3.2)	81.4* (3.0)	87.2 (2.1)
Charlotte, NC	77.7 (5.3)	78.8 (2.2)	79.0 (2.0)	79.6 (2.0)	87.3*** (1.8)	84.2* (2.1)	78.3 (2.6)
Chicago, IL	67.0*** (4.1)	78.9*** (4.0)	82.6*** (1.1)	84.7*** (1.4)	92.2 (2.1)	93.6 (1.7)	92.8 (2.3)
Denver, CO	84.8 (1.5)	84.6 (1.4)	82.0 (1.5)	85.4 (1.7)	84.8 (1.8)	87.0 (1.7)	85.8 (1.8)
Indianapolis, IN	86.4 (1.6)	86.4 (1.5)	90.8*** (1.4)	88.3** (1.7)	82.3 (2.0)	84.2 (1.9)	82.4 (2.1)
Minneapolis, MN	83.7 (1.9)	83.3 (1.4)	84.2 (1.3)	84.4 (1.6)	87.4** (1.9)	90.0*** (1.6)	80.8 (2.2)
New York, NY	84.7** (1.4)	87.7*** (1.4)	82.6 (1.3)	78.9 (1.7)	68.5*** (2.7)	72.6* (2.5)	78.4 (2.0)
Portland, OR	86.9 (1.3)	88.3 (1.2)	87.6 (1.4)	88.5 (1.4)	89.8* (1.5)	85.6 (1.7)	85.4 (2.0)
Sacramento, CA	90.7*** (1.3)	85.9 (1.4)	84.2 (1.5)	90.2** (1.4)	81.9 (2.0)	88.3* (1.6)	83.4 (2.2)
Washington, DC			66.9** (4.3)	73.8 (3.2)	61.2** (5.6)	58.8** (9.0)	81.6 (5.9)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

[a] Does not include juvenile arrests.
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.4: Arrest History of Adult Male Arrestees Who Reported Drug Use in Prior Year, 2000 to 2003† and 2007 to 2009: Two or More Arrests in Past 12 Months

Primary City	Arrestees Reporting Drug Use in the Past 12 Months						
	Arrested 2 or More Times in Past Year (%)[a]						
	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			12.3 (2.5)	6.9*** (1.5)	18.7 (3.0)	18.4 (3.2)	19.3 (2.9)
Charlotte, NC	16.8 (5.2)	19.2*** (2.2)	14.3*** (1.7)	10.9 (1.6)	13.2** (1.9)	15.1*** (2.1)	8.0 (1.5)
Chicago, IL	12.0 (2.8)	28.2** (5.2)	14.9 (1.1)	9.8 (1.1)	17.3 (3.1)	23.3** (3.2)	12.9 (3.1)
Denver, CO	20.7*** (1.6)	15.9*** (1.4)	11.3* (1.2)	12.6** (1.5)	15.2*** (1.9)	8.2 (1.3)	7.9 (1.4)
Indianapolis, IN	13.0 (1.4)	9.2 (1.2)	5.9* (0.9)	9.9 (1.6)	11.0 (1.7)	13.5* (1.9)	9.3 (1.6)
Minneapolis, MN	18.0** (2.0)	15.2* (1.4)	16.4** (1.4)	16.8** (1.6)	15.8* (2.0)	18.6*** (2.1)	11.7 (1.6)
New York, NY	13.5** (1.3)	14.9*** (1.5)	15.4*** (1.3)	11.3 (1.4)	10.2 (1.6)	12.4 (1.9)	9.4 (1.3)
Portland, OR	17.1 (1.7)	20.1 (1.6)	24.1** (1.8)	28.3*** (2.2)	22.7** (2.2)	14.1 (1.7)	17.0 (2.0)
Sacramento, CA	14.4 (1.8)	13.6 (1.4)	10.9 (1.4)	13.3 (1.8)	17.7*** (2.2)	12.9 (1.8)	10.5 (1.8)
Washington, DC			3.6 (1.3)	2.7 (1.1)	1.6 (0.8)	n/a	4.4 (2.2)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

[a] Does not include juvenile arrests.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.5: ADAM II Adult Male Arrestee Arrest Charges, 2007 to 2009

	One of three recorded arrest charges is... (%)											
	Violent Crime			Drug Crime			Property Crime			Other Crime		
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	17.9	18.5	16.6	31.3	23.9	29.5	34.1	33.2	28.2	37.6***	40.1*	48.5
	(2.5)	(2.7)	(2.3)	(3.5)	(3.3)	(3.2)	(3.3)	(3.4)	(2.9)	(3.4)	(3.6)	(3.3)
Charlotte, NC	26.0	24.6	26.6	32.8**	27.2	24.4	27.3	24.6	24.8	41.9*	52.6	48.8
	(2.5)	(2.4)	(2.7)	(2.8)	(2.7)	(2.8)	(2.5)	(2.4)	(2.6)	(2.9)	(2.9)	(3.2)
Chicago, IL	18.6**	19.4**	31.1	62.1**	60.4**	48.1	20.9	31.4**	21.2	16.3	8.8	15.0
	(3.5)	(2.9)	(4.8)	(4.2)	(3.7)	(5.0)	(3.5)	(3.6)	(3.9)	(3.2)	(2.1)	(3.5)
Denver, CO	23.7	24.0	22.6	24.0	24.9	24.5	19.3	19.4	19.2	53.9	50.5	52.2
	(2.1)	(2.1)	(2.1)	(2.2)	(2.2)	(2.2)	(2.0)	(2.0)	(2.0)	(2.5)	(2.5)	(2.6)
Indianapolis, IN	19.3	16.8	18.2	26.7	27.6	23.9	19.3	18.2*	23.2	65.2	65.1	60.5
	(2.0)	(1.7)	(1.9)	(2.4)	(2.3)	(2.2)	(2.1)	(1.8)	(2.2)	(2.6)	(2.4)	(2.6)
Minneapolis, MN	24.5	25.7	24.4	34.9***	27.6*	21.6	22.3	20.1	20.3	28.8	27.7	33.3
	(2.4)	(2.4)	(2.3)	(2.8)	(2.5)	(2.2)	(2.5)	(2.2)	(2.2)	(2.7)	(2.6)	(2.7)
New York, NY	27.2	24.7	22.8	24.8*	26.1	30.8	24.2***	28.9	33.5	32.7	34.3	32.4
	(2.7)	(2.7)	(2.1)	(2.4)	(2.5)	(2.3)	(2.4)	(2.5)	(2.3)	(2.6)	(2.6)	(2.2)
Portland, OR	29.0	24.3	26.4	35.0***	22.7	23.0	27.3	16.7***	30.8	33.4***	56.1***	44.1
	(2.4)	(2.1)	(2.4)	(2.7)	(2.1)	(2.4)	(2.4)	(1.8)	(2.6)	(2.6)	(2.5)	(2.8)
Sacramento, CA	17.6	14.9**	21.2	37.5*	37.2*	43.4	19.6	17.7	18.1	56.5***	59.9***	45.7
	(1.8)	(1.5)	(2.1)	(2.7)	(2.6)	(3.0)	(2.0)	(1.8)	(2.1)	(2.7)	(2.5)	(2.9)
Washington, DC	17.9*	7.8	8.8	38.0	43.0	49.9	8.3	4.3	10.5	43.7	44.3	31.6
	(3.9)	(3.0)	(3.9)	(5.6)	(7.9)	(9.0)	(3.0)	(2.4)	(4.7)	(5.6)	(8.0)	(8.2)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 2.6: ADAM II Arrestee Characteristics for Arrestees Testing Positive for Any Illicit Substance and Arrestees Testing Negative, 2009: Age, Marital Status, Citizenship, Employment, Education, Insurance, Housing

Primary City	Average Age	Single (%)	U.S. Citizen (%)	Working[a] (%)	Any degree (%)	Health Insurance, Past Year (%)	Stable Housing, Past 30 Days (%)
Atlanta, GA							
Any positive UA	36.5 (0.9)	81.0 (3.0)	97.3*** (1.6)	41.3* (4.1)	61.8*** (4.2)	29.1 (3.8)	79.8 (3.2)
No positive UA	38.1 (1.3)	80.4 (4.4)	90.0 (4.4)	51.3 (6.8)	76.5 (5.1)	30.9 (5.6)	85.5 (4.0)
Charlotte, NC							
Any positive UA	33.0 (0.9)	77.2*** (3.8)	92.9*** (2.8)	44.6 (4.6)	67.1*** (4.4)	24.6** (3.8)	86.5 (3.3)
No positive UA	34.1 (1.2)	57.2 (5.5)	79.7 (5.3)	50.7 (5.7)	83.9 (3.6)	33.8 (5.2)	89.1 (3.5)
Chicago, IL							
Any positive UA	31.2 (1.2)	79.6 (4.5)	94.1*** (3.3)	51.6 (5.8)	65.9 (5.5)	25.2 (5.0)	97.9 (1.6)
No positive UA	32.3 (2.2)	75.8 (9.0)	68.2 (13.4)	55.3 (10.5)	67.6 (10.2)	23.3 (8.3)	n/a
Denver, CO							
Any positive UA	32.7* (0.7)	65.9 (3.1)	89.0*** (2.1)	43.8*** (3.3)	64.9 (3.2)	27.4* (3.0)	80.9 (2.5)
No positive UA	34.3 (1.1)	62.1 (4.7)	70.8 (4.5)	57.7 (4.9)	68.8 (4.5)	34.2 (4.7)	78.4 (4.0)
Indianapolis, IN							
Any positive UA	30.9*** (0.7)	70.1*** (3.2)	93.7*** (2.3)	53.5 (3.6)	63.1*** (3.4)	33.9*** (3.3)	95.3*** (1.3)
No positive UA	33.3 (1.0)	55.4 (4.8)	78.6 (4.8)	59.0 (4.9)	75.5 (3.9)	46.4 (4.7)	88.6 (3.1)
Minneapolis, MN							
Any positive UA	31.5*** (0.7)	76.4*** (3.1)	93.7*** (1.8)	33.2*** (3.3)	68.6*** (3.3)	51.5* (3.6)	83.5* (2.6)
No positive UA	35.1 (1.0)	63.8 (4.7)	69.7 (5.1)	52.6 (4.9)	78.2 (3.9)	43.7 (4.8)	88.6 (2.9)

Table 2.6: ADAM II Arrestee Characteristics for Arrestees Testing Positive for Any Illicit Substance and Arrestees Testing Negative, 2009: Age, Marital Status, Citizenship, Employment, Education, Insurance, Housing

Primary City	Average Age	Single (%)	U.S. Citizen (%)	Working[a] (%)	Any degree (%)	Health Insurance, Past Year (%)	Stable Housing, Past 30 Days (%)
New York, NY							
Any positive UA	34.8 (0.7)	75.2** (2.7)	93.4*** (1.7)	39.9*** (3.2)	63.8*** (3.1)	54.0 (3.3)	85.1*** (2.2)
No positive UA	33.7 (1.0)	68.2 (4.5)	80.4 (4.0)	67.3 (4.5)	73.6 (4.2)	57.5 (4.7)	95.3 (1.4)
Portland, OR							
Any positive UA	34.1*** (0.8)	68.2*** (3.5)	95.2*** (1.7)	21.7*** (3.0)	73.6* (3.2)	21.8*** (3.0)	69.2* (3.5)
No positive UA	38.6 (1.1)	50.6 (4.9)	87.2 (3.2)	34.5 (4.5)	80.1 (4.0)	31.2 (4.4)	76.6 (4.2)
Sacramento, CA							
Any positive UA	34.0 (0.7)	66.0** (3.5)	88.3*** (2.9)	31.3*** (3.4)	67.4 (3.5)	36.7 (3.6)	87.5 (2.4)
No positive UA	33.1 (1.2)	56.5 (5.8)	72.0 (7.4)	60.4 (5.7)	65.9 (5.8)	42.3 (5.7)	91.5 (2.9)
Washington, DC							
Any positive UA	29.5** (2.5)	84.8 (6.7)	n/a	53.5* (11.0)	68.9 (10.6)	76.1 (9.4)	93.2 (4.0)
No positive UA	37.2 (5.1)	89.7 (8.6)	n/a	27.2 (17.3)	82.7 (13.1)	68.9 (18.1)	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between the two subpopulations are reported as significant at the 0.10 level (*), 05 level (**) or 0.01 level (***).

[a] Indicates working fulltime, part-time or an active military status.

Table 2.7: ADAM II Housing and Prior Arrests for Arrestees Testing Positive for Any Illicit Substance and Arrestees Testing Negative, 2009: Housing Detail and Prior Arrests

Primary City		Housing				Prior Arrests[a] Reporting Ever (%)
		Stable (%)	Group Living (%)	Jail (%)	Homeless or Shelter (%)	
Atlanta, GA						
	Any positive UA	79.9 (3.2)	3.8 (1.4)	1.3*** (1.2)	15.8 (3.1)	26.7*** (4.2)
	No positive UA	85.5 (4.0)	n/a	77.9 (11.5)	17.5 (5.8)	7.4 (3.7)
Charlotte, NC						
	Any positive UA	86.5 (3.3)	3.8 (1.5)	n/a	7.7 (2.9)	13.5*** (2.9)
	No positive UA	90.5 (3.2)	2.0 (1.2)	n/a	4.4 (2.2)	2.9 (1.7)
Chicago, IL						
	Any positive UA	97.9 (1.6)	n/a	1.5 (1.7)	0.7 (0.7)	16.5*** (4.1)
	No positive UA	n/a	n/a	n/a	n/a	4.1 (4.2)
Denver, CO						
	Any positive UA	81.2 (2.5)	4.7 (1.4)	1.3 (0.7)	13.0 (2.1)	11.0*** (2.1)
	No positive UA	78.4 (4.0)	5.0 (1.9)	n/a	16.7 (4.0)	2.7 (1.5)
Indianapolis, IN						
	Any positive UA	95.2*** (1.4)	1.6** (0.9)	n/a	3.2 (1.2)	13.7*** (2.6)
	No positive UA	89.0 (3.1)	4.6 (2.2)	0.8 (0.6)	6.5 (2.8)	4.9 (2.0)
Minneapolis, MN						
	Any positive UA	83.9* (2.6)	4.3*** (1.4)	0.3 (0.3)	12.1 (2.4)	19.3*** (2.8)
	No positive UA	88.6 (2.9)	0.9 (0.7)	n/a	11.8 (3.5)	2.4 (1.2)

Table 2.7: ADAM II Housing and Prior Arrests for Arrestees Testing Positive for Any Illicit Substance and Arrestees Testing Negative, 2009: Housing Detail and Prior Arrests

Primary City		Housing				Prior Arrests[a] Reporting Ever (%)
		Stable (%)	Group Living (%)	Jail (%)	Homeless or Shelter (%)	
New York, NY						
	Any positive UA	85.1*** (2.2)	4.5*** (1.3)	n/a	10.8*** (1.9)	14.0*** (2.2)
	No positive UA	95.6 (1.4)	0.1 (0.1)	n/a	5.5 (1.8)	2.5 (1.3)
Portland, OR						
	Any positive UA	70.2* (3.4)	4.3 (1.4)	2.5 (1.1)	23.3** (3.3)	22.8*** (3.0)
	No positive UA	76.6 (4.2)	6.5 (2.6)	1.4 (1.1)	15.3 (3.7)	6.7 (2.3)
Sacramento, CA						
	Any positive UA	88.0* (2.4)	1.7* (0.8)	1.7* (0.9)	8.1 (2.0)	14.8*** (2.7)
	No positive UA	92.1 (2.8)	0.5 (0.4)	0.3 (0.3)	6.8 (2.7)	3.5 (2.0)
Washington, DC						
	Any positive UA	94.3 (3.7)	n/a	n/a	8.2 (5.2)	n/a
	No positive UA	n/a	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between the two subpopulations are reported as significant at the 0.10 level (*), 0.05 level (**) or 0.01 level (***).

[a] Does not include juvenile arrests

Table 2.8: Lifetime Drug, Alcohol, and Mental Health Treatment Status among All Arrestees, 2007 to 2009

	Drug or Alcohol Treatment (%)						Inpatient Mental Health/ Psychiatric Treatment (%)		
	Outpatient			Inpatient or Residential					
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	8.9 (1.8)	10.3 (2.0)	12.7 (2.2)	16.4 (2.5)	16.7 (2.5)	18.3 (2.4)	13.5 (2.6)	9.1 (2.2)	10.4 (2.1)
Charlotte, NC	21.4 (2.4)	19.9 (2.3)	16.9 (2.3)	26.9 (2.6)	25.3 (2.5)	22.2 (2.6)	10.8 (1.8)	8.9 (1.5)	8.1 (1.6)
Chicago, IL	22.7 (3.5)	22.7 (3.1)	22.9 (4.1)	24.9 (3.6)	25.2 (3.1)	22.7 (4.0)	10.7 (2.4)	10.6 (2.1)	13.4 (3.3)
Denver, CO	20.9 (2.1)	21.1 (2.1)	19.5 (2.1)	32.2 (2.4)	29.9 (2.3)	30.1 (2.4)	13.0 (1.7)	11.2 (1.5)	11.8 (1.7)
Indianapolis, IN	23.8 (2.3)	30.0 (2.4)	25.4 (2.4)	15.8* (1.8)	13.6 (1.6)	11.9 (1.6)	7.4** (1.4)	9.0 (1.5)	12.0 (1.8)
Minneapolis, MN	31.9** (2.6)	34.7*** (2.7)	24.5 (2.3)	39.1 (2.7)	34.5 (2.7)	34.1 (2.6)	14.3 (2.0)	12.6 (1.9)	13.6 (1.9)
New York, NY	17.8 (2.0)	23.9 (2.3)	20.6 (1.9)	20.0 (2.1)	21.3 (2.1)	22.0 (1.9)	9.7 (1.6)	9.0 (1.6)	8.8 (1.4)
Portland, OR	37.4 (2.6)	28.6** (2.2)	36.0 (2.7)	36.5 (2.6)	29.0 (2.2)	34.2 (2.6)	13.0 (1.8)	13.1 (1.7)	16.2 (2.2)
Sacramento, CA	13.8 (1.9)	17.7 (2.0)	14.1 (2.0)	21.1 (2.3)	19.5 (2.1)	16.6 (2.2)	12.1 (1.8)	10.7 (1.5)	12.0 (1.9)
Washington, DC	13.9 (3.6)	9.0 (3.6)	9.8 (4.1)	22.8 (4.9)	12.9 (4.2)	18.2 (5.6)	8.1 (3.0)	3.1 (1.8)	7.0 (3.5)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 2.9: Drug, Alcohol, and Mental Health Treatment Received in the Past 12 Months among Arrestees Reporting Prior 12 Month Drug Use, 2007 to 2009

	Drug or Alcohol Treatment (%)						Inpatient Mental Health/ Psychiatric Treatment (%)		
	Outpatient			Inpatient or Residential					
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	1.5 (0.9)	0.6 (0.4)	2.3 (1.4)	5.3 (1.6)	3.9 (1.3)	3.2 (1.1)	2.0 (1.1)	0.8 (0.5)	1.0 (0.6)
Charlotte, NC	5.3 (1.5)	5.8* (1.6)	2.8 (1.2)	7.0*** (1.5)	6.7** (1.5)	2.8 (0.9)	1.0 (0.5)	1.9 (0.8)	0.8 (0.3)
Chicago, IL	6.1 (2.1)	3.6 (1.4)	6.3 (2.4)	9.8*** (2.5)	5.9 (1.7)	2.9 (1.5)	4.3 (1.6)	1.5 (0.8)	3.2 (1.6)
Denver, CO	4.3 (1.1)	4.3 (1.0)	5.9 (1.4)	9.7 (1.6)	7.7 (1.4)	10.0 (1.6)	1.2 (0.5)	1.2 (0.5)	1.4 (0.6)
Indianapolis, IN	4.9 (1.4)	6.2 (1.5)	7.5 (1.8)	3.1 (0.9)	2.0 (0.7)	1.7 (0.6)	0.6* (0.4)	2.0 (0.9)	2.1 (0.8)
Minneapolis, MN	7.8 (1.6)	7.0 (1.5)	5.0 (1.2)	13.8 (2.0)	9.8 (1.7)	9.9 (1.7)	3.2 (1.0)	3.2 (1.0)	2.5 (0.8)
New York, NY	7.0 (1.4)	9.1 (1.6)	6.2 (1.1)	5.2 (1.2)	7.2 (1.4)	6.1 (1.1)	2.3 (0.9)	2.4 (0.8)	2.3 (0.7)
Portland, OR	11.4 (1.8)	7.7 (1.4)	10.4 (1.8)	10.8 (1.7)	8.6 (1.4)	8.4 (1.6)	4.3 (1.2)	2.0 (0.7)	2.7 (0.9)
Sacramento, CA	4.9 (1.3)	4.3 (1.0)	3.4 (1.0)	7.7*** (1.8)	5.4** (1.3)	1.9 (0.8)	2.0* (0.7)	1.6 (0.6)	0.7 (0.4)
Washington, DC	1.5 (1.0)	77.4 (n/a)	1.1 (0.9)	1.9 (1.1)	0.4 (0.3)	4.5 (3.3)	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Question asked only of arrestees who reported prior 12-month drug use.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 2.10: Past 12 Month Drug and Alcohol Treatment Admissions among Arrestees Reporting Prior 12 Month Drug Use, 2000 to 2003† and 2007 to 2009

Primary City	Average Number of Admissions to Outpatient Drug or Alcohol Treatment						
	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			n/a	0.0*** (0.0)	0.1 (0.0)	0.0** (0.0)	0.1 (0.0)
Charlotte, NC	0.0 (0.0)	0.1 (0.0)	0.1 (0.0)	0.0 (0.0)	0.1 (0.0)	0.1 (0.0)	0.1 (0.0)
Chicago, IL	0.1 (0.1)	0.1 (0.0)	0.1 (0.0)	0.1 (0.0)	0.1 (0.0)	0.2 (0.1)	0.4 (0.3)
Denver, CO	0.1 (0.0)	0.0 (0.0)	0.1 (0.0)	0.1 (0.0)	0.1 (0.0)	0.0 (0.0)	0.1 (0.0)
Indianapolis, IN	0.1 (0.0)	0.2* (0.0)	0.0 (0.0)	0.1 (0.0)	0.1 (0.1)	0.1 (0.0)	0.1 (0.0)
Minneapolis, MN	0.1 (0.0)	0.1 (0.0)	0.1** (0.0)	0.1 (0.0)	0.2*** (0.0)	0.2 (0.1)	0.1 (0.0)
New York, NY	0.2 (0.0)	0.2 (0.0)	0.1 (0.0)	0.1 (0.0)	0.1 (0.0)	0.2 (0.0)	0.2 (0.1)
Portland, OR	0.1 (0.0)	0.2 (0.0)	0.2 (0.0)	0.2* (0.0)	0.1 (0.0)	0.2 (0.1)	0.1 (0.0)
Sacramento, CA	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Washington, DC			0.1 (0.0)	0.0 (0.0)	0.0 (0.0)	n/a	0.0 (0.0)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question asked only of arrestees who reported 12-month drug use.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.11: Past 12 Month Drug, Alcohol, and Mental Health Inpatient Treatment Nights among Arrestees Reporting Prior 12 Month Drug Use, 2000 to 2003† and 2007 to 2009

Primary City	Average of Total Number of Reported Nights of Inpatient or Residential to Drug or Alcohol Treatment						
	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			4.4 (1.8)	4.0* (1.4)	2.6 (1.9)	0.0 (1.2)	0.8 (1.3)
Charlotte, NC	0.7 (1.2)	2.3*** (0.6)	1.4 (0.5)	2.2** (0.6)	1.5* (0.7)	1.4 (0.6)	0.3 (0.5)
Chicago, IL	1.7 (2.8)	2.2 (1.4)	1.9 (0.5)	2.9 (0.7)	6.9*** (1.7)	2.0 (1.0)	0.7 (1.3)
Denver, CO	3.9 (0.7)	2.0** (0.7)	2.3* (0.7)	1.9** (1.0)	4.2 (1.0)	2.7* (0.8)	5.3 (1.2)
Indianapolis, IN	0.8 (0.3)	0.9 (0.3)	0.6 (0.3)	1.0 (0.4)	1.1 (0.5)	1.0 (0.6)	0.4 (0.3)
Minneapolis, MN	5.4 (1.1)	5.7 (1.0)	5.4 (0.9)	6.1 (1.2)	7.7 (1.5)	4.4 (1.1)	5.6 (1.5)
New York, NY	5.7 (0.9)	5.7 (1.2)	4.9 (1.0)	7.1** (1.2)	1.4 (1.8)	1.9 (1.0)	3.5 (1.2)
Portland, OR	5.5** (1.1)	5.9*** (1.0)	6.4*** (1.1)	4.1 (1.3)	5.3* (1.6)	4.4* (1.1)	2.2 (0.9)
Sacramento, CA	1.3** (0.5)	2.1*** (0.5)	1.1* (0.5)	1.4* (0.6)	3.2*** (0.7)	4.3*** (1.2)	0.1 (0.3)
Washington, DC			n/a	4.3 (1.9)	2.3 (1.5)	n/a	1.2 (2.0)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question asked only of arrestees who reported 12-month drug use.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.12: Past 12 Month Mental Health Inpatient Treatment Nights among Arrestees Reporting Prior 12 Month Drug Use, 2000 to 2003† and 2007 to 2009

Primary City	Average of Total Number of Nights of Inpatient Mental Health/ Psychiatric Treatment						
	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			0.8 (0.5)	0.6 (0.4)	0.6 (0.6)	0.4 (0.3)	1.2 (0.5)
Charlotte, NC	0.1 (0.5)	0.6** (0.3)	0.2 (0.2)	0.4 (0.3)	n/a	n/a	n/a
Chicago, IL	0.2 (1.5)	0.7 (0.7)	0.8** (0.3)	0.2 (0.4)	0.7 (0.9)	n/a	n/a
Denver, CO	0.3 (0.2)	0.6 (0.2)	0.4 (0.2)	0.2 (0.3)	0.5 (0.4)	0.5 (0.3)	1.0 (0.8)
Indianapolis, IN	0.2 (0.1)	0.1 (0.1)	0.0 (0.1)	0.2 (0.1)	0.1 (0.2)	0.4 (0.2)	0.1 (0.1)
Minneapolis, MN	0.3 (0.3)	0.7* (0.2)	0.1 (0.2)	0.4 (0.3)	1.6*** (0.3)	0.4 (0.2)	0.3 (0.2)
New York, NY	1.1 (0.3)	0.7 (0.4)	0.6 (0.3)	0.3 (0.4)	0.6 (0.5)	1.5 (0.7)	0.7 (0.3)
Portland, OR	0.8 (0.3)	0.6 (0.2)	0.5 (0.3)	0.3 (0.3)	0.7 (0.4)	0.9 (0.5)	0.3 (0.2)
Sacramento, CA	0.2 (0.1)	0.2 (0.1)	0.1 (0.1)	0.3 (0.1)	0.1 (0.1)	0.2 (0.1)	0.5 (0.6)
Washington, DC			n/a	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question asked only of arrestees who reported 12-month drug use.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.1: Proportion of All Arrestees with Agreement in Self-report and Urine Test by Site, 2009

Site	Marijuana	Cocaine	Opiates	Methamphetamines
Atlanta, GA	82.0%	77.6%	97.6%	99.8%
Charlotte, NC	83.4%	82.5%	97.0%	100.0%
Chicago, IL	82.0%	82.4%	93.5%	99.8%
Denver, CO	81.1%	86.8%	96.4%	98.5%
Indianapolis, IN	81.6%	84.3%	92.2%	99.4%
Minneapolis, MN	79.4%	89.7%	95.2%	98.4%
New York, NY	83.5%	83.7%	94.2%	99.6%
Portland, OR	84.8%	91.8%	97.6%	94.4%
Sacramento, CA	85.1%	91.1%	93.5%	89.6%
Washington, DC	88.2%	90.2%	94.1%	98.0%
Overall congruence	82.6%	85.6%	95.2%	97.8%

Table 3.2: Proportion of Arrestees Testing Positive and Self-reporting Use by Site, 2009

Site	Marijuana	Cocaine	Opiates	Methamphetamines
Atlanta, GA	80%	43%	17%	67%
Charlotte, NC	75%	39%	15%	n/a
Chicago, IL	81%	39%	52%	0%
Denver, CO	82%	54%	47%	74%
Indianapolis, IN	77%	30%	29%	40%
Minneapolis, MN	69%	46%	38%	33%
New York, NY	85%	45%	53%	n/a
Portland, OR	88%	54%	81%	58%
Sacramento, CA	88%	37%	21%	63%
Washington, DC	88%	67%	50%	n/a
Overall congruence	81%	43%	45%	61%

Table 3.3: Urine Test Results on Any or Multiple Drug among Adult Male Arrestees, 2000 to 2003† and 2007 to 2009

	Percent of Arrestees Testing Positive for:															
	Any of 10 Drugs [a]								Multiple Drugs (Any of 10) [a]							
Primary City	2000	2001	2002	2003	2007	2008	2009	Trend[b] p-value	2000	2001	2002	2003	2007	2008	2009	Trend[b] p-value
Atlanta, GA			72.3 (3.6)	69.9 (3.9)	67.8 (4.5)	60.0 (4.9)	64.6 (4.7)	0.002			19.9 (3.6)	17.0 (3.5)	14.2 (3.1)	15.3 (3.2)	13.7 (3.0)	<0.001
Charlotte, NC	61.4 (6.7)	69.5*** (2.7)	61.9 (2.7)	65.7** (3.1)	68.6*** (3.2)	68.8*** (3.4)	55.7 (3.7)	0.569	29.0** (6.8)	17.5* (2.3)	19.4*** (2.2)	17.7** (2.4)	17.2* (2.7)	17.0* (2.7)	12.3 (2.2)	0.042
Chicago, IL	89.3 (4.4)	89.6 (4.5)	87.4 (1.3)	89.1* (1.4)	86.5 (2.7)	86.5 (2.9)	82.1 (4.2)	0.047	56.1*** (8.2)	32.1 (7.0)	36.5* (1.9)	40.8** (2.3)	38.2* (4.2)	40.4** (4.4)	28.2 (4.8)	0.644
Denver, CO	68.5 (1.9)	66.0 (1.9)	66.7 (1.9)	73.3 (2.2)	71.1 (2.5)	67.6 (2.7)	69.6 (2.5)	0.414	21.6 (1.7)	21.4 (1.6)	21.9 (1.7)	29.5*** (2.4)	21.8 (2.3)	20.5 (2.2)	19.2 (2.2)	0.450
Indianapolis, IN	66.3 (2.0)	68.3 (2.0)	67.1 (2.5)	63.7 (2.8)	65.5 (2.8)	64.0 (2.8)	61.7 (3.3)	0.012	23.9** (1.8)	25.1** (1.9)	23.5* (2.1)	25.5*** (2.3)	25.9*** (2.6)	20.5 (2.2)	17.3 (2.3)	0.057
Minneapolis, MN	67.4 (2.4)	68.1 (2.5)	71.4* (2.4)	65.0 (2.2)	63.5 (3.2)	65.1 (3.0)	63.1 (3.6)	0.046	22.3 (2.1)	20.1 (2.2)	18.8 (2.0)	19.7 (1.8)	20.8 (2.5)	21.3 (2.6)	17.5 (2.7)	0.483
New York, NY	83.8*** (1.6)	80.8*** (1.9)	83.2*** (1.6)	73.7 (1.9)	69.2 (3.1)	69.2 (2.9)	68.9 (3.1)	<0.001	34.0** (2.0)	32.3* (2.2)	29.3 (2.0)	26.1 (1.8)	23.4 (2.9)	24.5 (2.9)	25.4 (2.7)	0.002
Portland, OR	66.7 (2.0)	70.4 (1.8)	69.3 (2.0)	74.3*** (2.3)	72.0** (2.9)	64.1 (2.8)	64.9 (3.0)	0.452	27.4*** (2.0)	24.8* (1.7)	26.4** (1.9)	36.0*** (2.6)	29.5*** (3.0)	24.7 (2.4)	19.6 (2.5)	0.422
Sacramento, CA	74.6* (2.4)	75.6* (2.2)	79.9*** (1.7)	84.0*** (2.0)	77.9** (2.5)	77.6*** (2.4)	68.4 (3.2)	0.512	29.6 (2.6)	28.8 (2.3)	35.8** (2.1)	39.6*** (2.8)	32.1 (3.0)	28.7 (2.7)	27.1 (2.9)	0.491
Washington, D.C.			55.8* (6.9)	68.5 (4.4)	68.3 (6.1)	48.6** (9.9)	74.3 (7.9)	0.743			21.2 (5.6)	21.6 (3.9)	34.4 (6.8)	17.5 (7.1)	22.6 (9.2)	0.647

Notes

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Empty cells indicate years in which the site did not collect data.

[a] Ten drugs tested include marijuana, cocaine, opiates, amphetamine, phencyclidine (PCP), benzodiazepines, propoxyphene, methadone, barbiturates, and oxycodone.

[b] The p-value from a test for a linear trend in estimates over 2000 – 2009.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.4: Urine Test Results for Marijuana and Cocaine Use Among Adult Male Arrestees, 2000 to 2003† and 2007 to 2009

	Percent of Arrestees Testing Positive for:															
	Marijuana								Cocaine [a]							
Primary City	2000	2001	2002	2003	2007	2008	2009	Trend[b] p-value	2000	2001	2002	2003	2007	2008	2009	Trend[b] p-value
Atlanta, GA			37.7 (4.2)	33.0 (4.4)	30.9 (4.3)	31.8 (4.4)	36.8 (4.7)	0.874			46.1 (4.3)	48.8** (4.5)	45.5** (4.8)	40.5 (4.9)	36.9 (4.7)	0.049
Charlotte, NC	38.7 (6.2)	49.0*** (3.0)	44.4** (2.8)	48.8*** (3.1)	45.5** (3.7)	50.8*** (3.6)	36.2 (3.4)	0.480	39.2* (6.5)	31.0* (2.8)	30.5* (2.6)	28.9 (2.9)	33.5*** (3.3)	30.0 (3.4)	24.9 (3.0)	0.235
Chicago, IL	53.0 (8.0)	55.9 (7.6)	48.6 (1.9)	52.5 (2.2)	51.5 (4.2)	48.6 (4.4)	49.4 (5.3)	0.613	50.4** (8.6)	40.2 (7.5)	48.9*** (1.9)	52.8*** (2.2)	40.9 (4.2)	43.8** (4.2)	33.2 (5.0)	0.107
Denver, CO	41.4 (2.0)	40.1 (1.9)	39.6 (2.0)	43.3 (2.5)	42.7 (2.7)	41.6 (2.7)	45.0 (2.8)	0.054	34.3* (2.0)	33.5* (1.8)	31.6 (1.9)	39.7*** (2.6)	37.0** (2.7)	32.7 (2.6)	28.6 (2.5)	0.519
Indianapolis, IN	47.5 (2.1)	49.1 (2.2)	45.5 (2.6)	43.8 (2.7)	45.3 (3.0)	45.8 (2.9)	43.7 (3.2)	0.086	32.3*** (2.0)	32.8*** (2.1)	33.5*** (2.5)	32.5*** (2.6)	30.5** (2.8)	21.3 (2.3)	21.6 (2.6)	<0.001
Minneapolis, MN	54.1* (2.5)	52.1 (2.6)	51.5 (2.6)	46.6 (2.3)	42.7 (3.1)	47.8 (3.0)	46.9 (3.6)	0.010	24.9* (2.1)	25.9* (2.3)	28.3** (2.5)	27.4** (2.1)	27.5** (2.8)	22.5 (2.5)	18.7 (2.8)	0.084
New York, NY	39.3 (2.1)	42.7 (2.3)	42.7 (2.2)	42.2 (2.0)	38.2 (3.3)	41.9 (3.2)	41.2 (3.1)	0.879	51.9*** (2.1)	45.8*** (2.4)	49.8*** (2.2)	36.7 (2.0)	33.6 (3.3)	29.7 (3.1)	31.8 (2.9)	<0.001
Portland, OR	34.9 (2.0)	35.9 (1.9)	37.2 (2.1)	39.1 (2.6)	41.4 (3.1)	41.3 (2.8)	40.3 (3.1)	<0.001	21.5** (1.8)	25.6*** (1.8)	21.0* (1.8)	33.1*** (2.7)	23.6** (2.8)	20.6 (2.3)	16.0 (2.2)	0.307
Sacramento, CA	49.2 (2.7)	48.0 (2.6)	50.5 (2.1)	49.5 (2.8)	45.8 (3.0)	46.7 (2.9)	46.1 (3.2)	0.015	18.6*** (2.1)	17.3** (1.9)	20.6*** (1.8)	22.5*** (2.4)	21.4*** (2.5)	17.2*** (2.1)	10.5 (1.7)	0.234
Washington, D.C.			33.0 (6.2)	41.1 (4.8)	44.1 (6.6)	30.8 (9.1)	46.9 (10.0)	0.547			24.2 (4.9)	24.2 (3.9)	31.2 (4.0)	26.6 (3.6)	28.7 (4.1)	0.987

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Empty cells indicate years in which the site did not collect data.

[a] Arrestees tested positive for either crack or powder cocaine.

[b] The p-value from a test for a linear trend in estimates over 2000 – 2009.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.5: Urine Test Results for Opiates and Methamphetamine Use Among Adult Male Arrestees, 2000 to 2003† and 2007 to 2009

	Percent of Arrestees Testing Positive for:															
	Opiates								Methamphetamine							
Primary City	2000	2001	2002	2003	2007	2008	2009	Trend[b] p-value	2000	2001	2002	2003	2007	2008	2009	Trend[b] p-value
Atlanta, GA			3.7 (2.0)	1.9 (1.1)	1.4 (1.0)	1.6 (1.1)	2.5 (1.5)	0.563			2.7* (1.4)	1.3 (0.8)	0.7 (0.6)	0.4 (0.4)	0.2 (0.2)	<0.001
Charlotte, NC	2.9 (2.9)	1.7 (0.7)	2.3 (0.8)	1.1 (0.5)	1.3 (0.6)	1.1 (0.6)	1.7 (0.7)	0.311	2.2 (2.4)	0.9 (0.5)	1.2* (0.6)	1.6* (0.9)	0.9 (0.5)	0.5 (0.3)	0.1 (0.1)	0.014
Chicago, IL	36.1** (8.6)	29.4 (7.2)	25.1* (1.7)	23.8 (1.9)	20.2 (3.3)	28.6** (3.9)	17.8 (3.9)	0.193	0.0 (0.3)	1.4 (2.3)	0.8 (0.3)	1.3 (0.5)	0.7 (0.6)	0.4 (0.4)	0.6 (0.7)	0.819
Denver, CO	3.6 (0.7)	4.3 (0.8)	3.4 (0.7)	7.7 (1.5)	3.2 (0.8)	4.0 (1.0)	5.0 (1.2)	0.782	3.4 (0.7)	4.2 (0.8)	6.5 (0.9)	6.5 (1.2)	5.7 (1.4)	3.1 (0.9)	4.4 (1.2)	0.893
Indianapolis, IN	3.1** (0.7)	5.1 (1.0)	4.3 (1.1)	4.2 (1.1)	6.5 (1.5)	5.0 (1.3)	7.0 (1.7)	0.010	1.7 (0.5)	1.9 (0.5)	3.5** (1.0)	3.5** (1.0)	2.6 (1.0)	1.6 (0.7)	1.0 (0.6)	0.386
Minneapolis, MN	3.4 (0.8)	4.0 (0.9)	3.8 (0.9)	4.7 (0.9)	4.7 (1.3)	6.1 (1.3)	5.8 (1.7)	<0.001	3.2 (0.9)	1.7 (0.5)	2.4 (0.6)	3.4 (0.7)	3.2 (0.9)	2.4 (0.9)	3.6 (1.5)	0.325
New York, NY	19.7*** (1.7)	16.2*** (1.7)	12.8* (1.4)	13.6** (1.4)	8.2 (1.8)	6.8 (1.6)	9.2 (1.5)	<0.001	0.2 (0.1)	0.3 (0.1)	0.6** (0.2)	0.3* (0.1)	0.1 (0.1)	0.1 (0.1)	0.0 (0.1)	0.036
Portland, OR	13.2* (1.5)	9.8 (1.2)	9.6 (1.3)	15.7*** (2.0)	11.7 (2.1)	7.6 (1.4)	9.7 (1.7)	0.313	20.8*** (1.7)	21.5*** (1.6)	22.3*** (1.8)	26.8*** (2.4)	20.4** (2.5)	14.6 (1.8)	13.3 (2.0)	0.021
Sacramento, CA	3.2 (0.9)	6.3 (1.2)	5.4 (0.9)	7.3 (1.4)	6.1 (1.5)	4.3 (1.0)	5.5 (1.3)	0.827	31.1 (2.4)	31.0 (2.3)	36.4 (2.1)	45.8*** (2.8)	35.6 (3.1)	34.5 (2.9)	30.7 (3.0)	0.976
Washington, D.C.			6.8** (2.0)	11.8 (3.0)	14.1 (3.1)	11.5* (2.7)	15.2 (3.6)	0.398			2.1 (1.9)	1.8 (1.1)	5.8** (2.8)	1.8* (0.9)	0.4 (0.3)	0.155

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Empty cells indicate years in which the site did not collect data.

[a] Arrestees tested positive for either crack or powder cocaine.

[b] The p-value from a test for a linear trend in estimates over 2000 – 2009.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.6: Self- Reported Drug Use for Past 30 Days, 2007 to 2009

	Marijuana			Crack Cocaine			Powder Cocaine			Heroin			Methamphetamine		
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	42.1	41.4	44.5	26.7**	23.4	18.8	9.0	8.2	6.4	0.3	0.5	0.5	1.3	0.1	0.4
	(3.4)	(3.6)	(3.3)	(3.1)	(3.0)	(2.5)	(2.0)	(1.9)	(1.5)	(0.3)	(0.4)	(0.4)	(0.7)	(0.1)	(0.3)
Charlotte, NC	48.6***	47.2***	34.5	18.8***	13.9*	9.1	11.6**	10.1	7.3	0.7	0.6	0.8	0.3	0.4	0.0
	(2.9)	(2.9)	(3.1)	(2.3)	(2.0)	(1.7)	(2.0)	(1.8)	(1.6)	(0.5)	(0.4)	(0.4)	(0.4)	(0.4)	(n/a)
Chicago, IL	56.6**	51.9	44.3	22.8**	23.0**	13.5	5.4	2.9*	8.2	20.6*	24.8***	13.1	0.0	0.0	0.0
	(4.1)	(3.7)	(4.8)	(3.5)	(3.1)	(3.3)	(1.9)	(1.2)	(2.7)	(3.3)	(3.2)	(3.0)	(0.0)	(0.0)	(n/a)
Denver, CO	45.4	44.6	47.6	20.3**	16.7	14.9	14.1*	10.4	10.2	3.3	1.5**	4.2	5.1	3.0	4.9
	(2.5)	(2.5)	(2.6)	(2.1)	(1.9)	(1.9)	(1.8)	(1.5)	(1.6)	(0.9)	(0.5)	(1.1)	(1.2)	(0.9)	(1.2)
Indianapolis, IN	44.1	43.0	41.7	13.9**	10.6	8.5	6.5	3.2	4.6	1.3	1.2*	2.7	2.1	1.0	1.2
	(2.6)	(2.5)	(2.7)	(1.8)	(1.5)	(1.4)	(1.3)	(0.8)	(1.1)	(0.6)	(0.5)	(0.8)	(0.8)	(0.5)	(0.6)
Minneapolis, MN	43.3**	45.7***	35.2	17.1***	14.7**	9.1	6.3	6.0	3.9	2.2	2.9	2.4	3.7	3.0	1.8
	(2.7)	(2.8)	(2.6)	(2.1)	(2.0)	(1.5)	(1.3)	(1.4)	(1.0)	(0.7)	(0.9)	(0.7)	(1.0)	(0.9)	(0.7)
New York, NY	39.3	40.2	44.3	9.9	7.2*	10.4	8.3	7.2	9.3	5.5	5.5	7.1	0.8	0.2	0.4
	(2.8)	(2.7)	(2.4)	(1.5)	(1.3)	(1.4)	(1.4)	(1.2)	(1.4)	(1.2)	(1.2)	(1.1)	(0.7)	(0.3)	(0.4)
Portland, OR	46.7	42.3	43.4	15.0*	10.8	10.7	11.4**	8.3	6.9	9.4	7.7*	11.3	22.4***	13.7	13.4
	(2.7)	(2.5)	(2.8)	(2.0)	(1.5)	(1.7)	(1.8)	(1.4)	(1.4)	(1.5)	(1.3)	(1.8)	(2.2)	(1.6)	(1.9)
Sacramento, CA	44.7	45.4	46.7	11.4***	8.9*	5.3	7.2**	4.7	3.7	2.7	2.1	2.6	28.9	25.6	25.3
	(2.8)	(2.6)	(2.9)	(1.8)	(1.5)	(1.2)	(1.5)	(1.1)	(1.0)	(0.8)	(0.7)	(0.8)	(2.6)	(2.3)	(2.5)
Washington, DC	42.0	34.2	39.6	14.1	17.8	10.1	5.2	3.1	1.5	12.5	4.4	5.6	n/a	n/a	n/a
	(5.8)	(8.5)	(7.9)	(4.0)	(6.6)	(3.9)	(3.0)	(2.3)	(1.2)	(4.5)	(2.6)	(3.1)			

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.7: Self-reported Use of Marijuana among Adult Male Arrestees, 2007 to 2009

	Arrestees Reporting Marijuana Use (%)									Average No. of Days in Past 30 Used Marijuana [a]		
	Past 3 Days			Past 7 Days			Past Year					
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	28.5	27.6	29.8	34.3	35.4	38.9	46.9	47.0	48.2	14.0	14.8	15.0
	(3.2)	(3.3)	(3.2)	(3.3)	(3.5)	(3.3)	(3.4)	(3.6)	(3.3)	(1.2)	(1.2)	(1.1)
Charlotte, NC	33.5***	29.2**	21.3	40.6***	38.2***	27.8	56.0***	54.8***	40.8	14.0	14.9*	12.2
	(2.7)	(2.6)	(2.5)	(2.9)	(2.8)	(2.8)	(2.8)	(2.9)	(3.1)	(1.0)	(1.0)	(1.1)
Chicago, IL	36.4	35.6	32.8	44.7	45.8	39.7	60.7**	58.6	49.2	13.8**	17.4	18.3
	(4.0)	(3.6)	(4.6)	(4.1)	(3.7)	(4.8)	(4.0)	(3.6)	(4.8)	(1.5)	(1.2)	(1.6)
Denver, CO	33.4	34.3	34.1	40.0	40.2	41.7	51.2	49.3	52.0	14.7	15.3	14.4
	(2.4)	(2.4)	(2.5)	(2.5)	(2.5)	(2.6)	(2.5)	(2.5)	(2.6)	(0.9)	(0.9)	(0.8)
Indianapolis, IN	33.4	30.2	28.4	39.4*	35.5	33.0	50.8	51.0	48.8	17.1*	15.8	15.0
	(2.5)	(2.4)	(2.4)	(2.6)	(2.4)	(2.5)	(2.6)	(2.5)	(2.7)	(1.0)	(0.9)	(0.9)
Minneapolis, MN	29.3	32.8	28.5	36.0	39.6**	31.2	50.5***	51.8***	40.6	15.4	15.0	16.7
	(2.5)	(2.5)	(2.4)	(2.6)	(2.7)	(2.5)	(2.7)	(2.8)	(2.7)	(0.9)	(0.9)	(1.0)
New York, NY	27.6	31.9	32.4	32.8	36.8	37.4	46.4	44.7	49.4	14.0***	18.5	17.5
	(2.5)	(2.6)	(2.3)	(2.6)	(2.7)	(2.4)	(2.8)	(2.7)	(2.4)	(1.1)	(0.9)	(0.8)
Portland, OR	30.1	28.2	29.9	40.0	35.4	35.9	56.6	51.5	51.4	11.6*	14.2	13.6
	(2.5)	(2.2)	(2.6)	(2.7)	(2.4)	(2.7)	(2.7)	(2.5)	(2.8)	(0.8)	(0.9)	(0.9)
Sacramento, CA	31.6	33.5	35.0	37.0	38.0	40.8	49.5	51.3	52.5	14.3	12.9	14.4
	(2.6)	(2.5)	(2.8)	(2.7)	(2.6)	(2.9)	(2.8)	(2.6)	(2.9)	(0.9)	(0.8)	(0.9)
Washington, DC	30.5	22.0	30.6	34.3	31.5	34.1	42.7	37.9	45.7	12.6*	4.9***	16.8
	(5.7)	(7.1)	(7.7)	(5.8)	(8.4)	(7.8)	(5.6)	(8.2)	(7.9)	(1.7)	(2.5)	(3.0)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

[a] Asked of arrestees reporting some marijuana use in the past 30 days.

Table 3.8: Average Age at First Use for Those Who Admit Use in Prior 30 Days, 2000 to 2003† and 2007 to 2009: Marijuana, Crack Cocaine, Powder Cocaine

	Marijuana							Crack Cocaine							Powder Cocaine						
Primary City	2000	2001	2002	2003	2007	2008	2009	2000	2001	2002	2003	2007	2008	2009	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			15.8	16.1	16.4	16.1	16.4			27.6	25.8*	27.9	26.2	27.5			23.0	20.7	22.5	21.6	21.5
			(0.3)	(0.2)	(0.3)	(0.3)	(0.3)			(0.9)	(0.7)	(1.0)	(0.9)	(0.9)			(0.7)	(0.5)	(0.7)	(0.7)	(0.7)
Charlotte, NC	15.5	15.7	15.3	15.3	15.3	15.2	15.6	24.7	25.1	24.4	25.5	24.1	25.8	25.0	20.5	21.3	20.4	21.5	21.4	21.9	20.9
	(0.4)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.3)	(1.5)	(0.8)	(0.7)	(0.8)	(0.9)	(0.9)	(1.0)	(1.0)	(0.5)	(0.5)	(0.5)	(0.6)	(0.6)	(0.7)
Chicago, IL	15.7	16.5***	15.4**	15.2*	14.9	14.6	14.5	28.1*	27.1*	26.2*	26.3*	25.7	24.2	23.9	24.7	22.3	21.8	22.7	22.0	21.9	21.0
	(0.7)	(0.3)	(0.1)	(0.2)	(0.4)	(0.3)	(0.3)	(2.3)	(1.1)	(0.4)	(0.5)	(1.4)	(0.9)	(1.2)	(2.4)	(1.0)	(0.4)	(0.5)	(1.1)	(0.9)	(1.0)
Denver, CO	15.3	15.1	15.5*	15.0	14.9	15.1	14.9	26.9	26.0	26.9	26.7	24.8	26.1	25.8	21.7	21.4	21.7	21.0	21.9	21.2	21.7
	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.5)	(0.5)	(0.5)	(0.7)	(0.7)	(0.8)	(0.8)	(0.3)	(0.4)	(0.4)	(0.5)	(0.5)	(0.4)	(0.5)
Indianapolis, IN	15.5*	15.5*	15.6*	15.4	15.3	15.3	15.0	27.3***	26.1*	27.9***	27.2***	26.7*	26.2	24.6	21.8	21.9	22.2	22.4*	22.0	21.3	21.3
	(0.2)	(0.2)	(0.2)	(0.2)	(0.3)	(0.2)	(0.2)	(0.6)	(0.5)	(0.5)	(0.6)	(0.9)	(0.8)	(0.8)	(0.4)	(0.4)	(0.4)	(0.4)	(0.6)	(0.4)	(0.5)
Minneapolis, MN	15.3	15.0	14.8	14.9	14.7*	15.1	15.2	23.7	25.2*	24.9	25.0	23.8	23.3	23.3	20.3	21.3	20.5	20.6	20.5	20.4	20.4
	(0.2)	(0.1)	(0.1)	(0.2)	(0.2)	(0.3)	(0.2)	(0.6)	(0.4)	(0.5)	(0.6)	(0.7)	(0.7)	(0.9)	(0.4)	(0.3)	(0.3)	(0.4)	(0.5)	(0.5)	(0.5)
New York, NY	15.0	15.0	14.8**	14.8**	15.4	14.6**	15.3	26.0	25.2	26.2	25.6	25.6	25.3	26.2	21.0	20.0*	20.2	19.7**	21.2	19.7*	21.2
	(0.1)	(0.2)	(0.1)	(0.2)	(0.3)	(0.2)	(0.2)	(0.4)	(0.5)	(0.5)	(0.6)	(1.1)	(0.9)	(0.8)	(0.3)	(0.4)	(0.3)	(0.4)	(0.7)	(0.6)	(0.5)
Portland, OR	15.1	14.7	14.6	14.4	14.1**	14.5	14.8	24.6	23.8	24.0	22.3*	22.9	24.2	23.9	20.7	20.1	20.4	19.6	20.2	20.8	20.5
	(0.2)	(0.1)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.4)	(0.4)	(0.5)	(0.6)	(0.7)	(0.6)	(0.7)	(0.3)	(0.3)	(0.3)	(0.4)	(0.4)	(0.4)	(0.4)
Sacramento, CA	14.6	14.5	14.5	14.9	14.7	14.9	14.5	25.9	25.7	24.0	25.0	24.3	24.4	25.4	20.6	20.0	20.2	19.9	19.6	21.0	20.6
	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.5)	(0.6)	(0.6)	(0.7)	(0.8)	(0.7)	(1.0)	(0.3)	(0.3)	(0.3)	(0.4)	(0.5)	(0.5)	(0.5)
Washington, DC			16.4	15.4	15.9	17.6*	15.6			26.2	25.1	25.2	27.4	26.8			22.0	20.3	18.9	29.0**	19.3
			(0.6)	(0.5)	(0.4)	(1.0)	(0.7)			(2.3)	(1.7)	(1.5)	(2.9)	(2.4)			(1.4)	(1.2)	(1.0)	(3.0)	(2.3)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.9: Average Age at First Use for Those Who Admit Use in Prior 30 Days, 2000 to 2003† and 2007 to 2009: Heroin and Methamphetamine

	Heroin							Methamphetamine						
Primary City	2000	2001	2002	2003	2007	2008	2009	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			21.9 (1.4)	21.4 (1.3)	21.9 (1.6)	23.8 (1.9)	23.1 (1.9)			24.8 (1.5)	20.6 (1.3)	24.5 (1.9)	21.1 (1.6)	23.1 (2.3)
Charlotte, NC	21.8 (2.5)	20.6 (1.2)	21.5 (1.2)	20.8 (1.3)	23.3 (1.2)	25.4* (1.2)	22.0 (1.4)	19.6 (2.1)	20.9 (1.2)	19.5 (1.0)	21.0 (1.2)	20.2 (1.3)	23.5 (1.7)	22.1 (1.7)
Chicago, IL	25.1** (2.0)	22.6 (1.1)	24.2*** (0.4)	24.8*** (0.5)	23.8** (1.3)	23.6** (0.9)	20.2 (1.0)	25.4 (10.4)	25.8 (7.4)	21.8 (1.4)	21.2 (1.5)	25.3* (2.6)	22.0 (2.5)	18.6 (2.8)
Denver, CO	24.6 (0.6)	22.6 (0.7)	24.2 (0.7)	23.2 (0.9)	27.7* (1.1)	25.0 (1.3)	24.7 (1.1)	21.4*** (0.5)	22.5*** (0.6)	21.9*** (0.6)	23.2*** (0.7)	24.2** (0.8)	23.7** (1.0)	27.2 (1.1)
Indianapolis, IN	23.5 (1.0)	24.3 (1.0)	24.3 (1.0)	25.0 (1.1)	24.0 (1.5)	24.4 (1.2)	26.2 (1.7)	22.3 (0.7)	21.7 (0.7)	24.3 (0.6)	25.9* (0.8)	25.3 (0.9)	25.5 (1.2)	23.5 (1.0)
Minneapolis, MN	22.3* (0.9)	23.8 (0.7)	21.7** (0.7)	22.5* (0.9)	22.1* (1.1)	24.8 (1.5)	25.3 (1.4)	22.1 (0.9)	21.4 (0.7)	22.2 (0.6)	22.3 (0.8)	22.0 (1.0)	24.5* (1.1)	21.9 (0.9)
New York, NY	22.0 (0.4)	21.3 (0.5)	20.5 (0.5)	20.8 (0.6)	23.7 (1.1)	21.9 (0.8)	21.5 (0.9)	22.7 (1.7)	23.7 (1.6)	20.9 (1.2)	20.6 (1.5)	27.4 (1.9)	23.3 (1.6)	24.2 (2.0)
Portland, OR	24.3 (0.5)	24.3 (0.5)	22.9* (0.5)	22.3** (0.6)	24.0 (0.8)	24.1 (0.8)	25.0 (0.9)	20.7** (0.4)	21.4 (0.4)	21.0* (0.4)	20.5** (0.5)	21.6 (0.6)	21.6 (0.6)	22.4 (0.7)
Sacramento, CA	22.1 (0.7)	23.6 (0.6)	23.7 (0.7)	23.2 (0.8)	23.7 (1.0)	23.3 (1.2)	22.7 (1.1)	20.5 (0.4)	20.6 (0.4)	20.9 (0.4)	21.0 (0.4)	21.3 (0.5)	21.4 (0.6)	21.5 (0.6)
Washington, DC			22.2 (3.0)	23.0 (2.6)	21.6 (2.1)	33.5 (4.2)	26.5 (4.1)			24.8 (5.5)	24.8 (3.9)	20.4 (3.5)	37.9*** (4.2)	18.3 (4.9)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.10: Acquisition of Marijuana and Crack Cocaine Drugs by Adult Male Arrestees, 2000 to 2003† and 2007 to 2009

Primary City	Acquired Marijuana in Past 30 days							Acquired Crack Cocaine in Past 30 days						
	% of Arrestees							% of Arrestees						
	2000	2001	2002	2003	2007	2008	2009	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			43.3	50.3	44.1	45.4	45.5			31.4**	24.7	28.7**	24.2	19.7
			(3.7)	(3.1)	(3.5)	(3.6)	(3.3)			(3.6)	(2.6)	(3.2)	(3.0)	(2.5)
Charlotte, NC	40.1	48.0***	43.2***	49.4***	43.8***	46.1***	32.7	26.7***	18.4***	17.8***	17.1***	19.9***	15.4***	8.0
	(6.5)	(2.7)	(2.5)	(2.5)	(2.9)	(2.9)	(3.0)	(6.6)	(2.1)	(1.9)	(1.9)	(2.3)	(2.1)	(1.5)
Chicago, IL	48.7	48.1	51.3	57.0**	55.6	55.5	46.2	27.3**	25.6*	31.3***	34.6***	22.3	25.5*	16.6
	(4.2)	(5.1)	(1.5)	(1.9)	(4.1)	(3.7)	(4.9)	(3.8)	(4.0)	(1.4)	(1.9)	(3.4)	(3.2)	(3.6)
Denver, CO	44.8	46.3	44.0	46.3	44.6	44.4	47.9	19.9*	19.5*	18.7	19.0	20.1*	17.2	15.3
	(2.0)	(1.9)	(1.9)	(2.3)	(2.5)	(2.5)	(2.6)	(1.6)	(1.5)	(1.5)	(1.8)	(2.1)	(1.9)	(1.9)
Indianapolis, IN	41.5*	47.2***	44.4**	44.1**	36.4	33.4	35.7	15.7***	15.8***	18.1***	18.6***	13.3*	10.4	9.6
	(2.1)	(2.0)	(2.4)	(2.5)	(2.5)	(2.4)	(2.5)	(1.5)	(1.5)	(1.7)	(2.0)	(1.7)	(1.5)	(1.5)
Minneapolis, MN	45.2***	53.7***	51.5***	45.3***	38.7**	43.9***	30.5	16.7***	16.2***	19.9***	13.1**	17.7***	15.6***	8.7
	(2.6)	(1.9)	(1.8)	(2.2)	(2.7)	(2.7)	(2.4)	(1.9)	(1.4)	(1.5)	(1.4)	(2.1)	(2.0)	(1.5)
New York, NY	49.4	48.3	49.6	41.2	42.2	39.8	44.8	21.1***	22.3***	24.4***	14.7**	10.8	7.4	10.0
	(1.9)	(2.2)	(1.8)	(2.2)	(2.8)	(2.7)	(2.4)	(1.5)	(1.8)	(1.5)	(1.6)	(1.6)	(1.3)	(1.4)
Portland, OR	31.8**	41.5	41.8	46.6**	44.0	37.9	38.4	10.5	17.2***	13.9	20.0***	15.8**	11.4	10.6
	(2.0)	(1.9)	(2.1)	(2.4)	(2.7)	(2.4)	(2.7)	(1.2)	(1.5)	(1.5)	(2.0)	(2.0)	(1.5)	(1.6)
Sacramento, CA	47.5	52.9**	52.4*	47.5	43.0	45.6	46.0	14.6***	12.7***	15.1***	14.6***	11.7***	9.9**	5.2
	(2.5)	(2.0)	(2.1)	(2.6)	(2.7)	(2.6)	(2.9)	(1.7)	(1.3)	(1.5)	(1.9)	(1.8)	(1.6)	(1.1)
Washington, DC			31.6	39.5	35.3	21.2	31.8			15.8	18.6**	15.3	11.0	8.8
			(4.1)	(3.6)	(6.0)	(7.2)	(7.2)			(3.0)	(3.0)	(4.2)	(3.6)	(3.2)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.11: Acquisition of Powder Cocaine and Heroin Drugs by Adult Male Arrestees, 2000 to 2003† and 2007 to 2009

Primary City	Acquired Powder Cocaine in Past 30 days							Acquired Heroin in Past 30 days						
	% of Arrestees							% of Arrestees						
	2000	2001	2002	2003	2007	2008	2009	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			11.2*	14.5***	8.7	8.9	6.0			2.6	2.0	0.5	1.3	0.8
			(2.3)	(2.2)	(1.8)	(1.9)	(1.4)			(1.4)	(0.9)	(0.4)	(0.7)	(0.6)
Charlotte, NC	14.1	10.4	12.1**	10.1	14.1***	10.1	7.4	n/a	1.5	2.1	0.9	0.8	0.9	0.8
	(4.9)	(1.7)	(1.7)	(1.5)	(2.1)	(1.7)	(1.6)		(0.6)	(0.8)	(0.4)	(0.5)	(0.5)	(0.4)
Chicago, IL	5.8	4.7	8.8	8.8	6.6	4.0	7.5	31.5***	29.2**	24.7***	24.4***	21.9	25.5**	15.0
	(1.8)	(1.9)	(0.9)	(1.1)	(2.1)	(1.4)	(2.5)	(3.9)	(4.5)	(1.3)	(1.7)	(3.4)	(3.2)	(3.2)
Denver, CO	12.7	14.9**	13.8	12.8	15.6**	10.7	10.6	3.3	4.0	3.6	5.7	3.3	1.6**	4.3
	(1.3)	(1.4)	(1.3)	(1.6)	(1.9)	(1.5)	(1.5)	(0.7)	(0.7)	(0.7)	(1.1)	(0.9)	(0.5)	(1.1)
Indianapolis, IN	9.4**	8.3*	9.4*	9.5**	7.0	3.4	5.6	1.9	1.6	1.5	2.6	0.9**	1.6	3.3
	(1.2)	(1.1)	(1.3)	(1.5)	(1.3)	(0.9)	(1.2)	(0.6)	(0.4)	(0.5)	(0.9)	(0.5)	(0.6)	(1.0)
Minneapolis, MN	8.6**	6.9**	8.5***	7.4**	8.9***	6.7	4.0	2.5	2.9	3.4	3.8	2.4	3.1	2.7
	(1.5)	(1.0)	(1.1)	(1.1)	(1.6)	(1.4)	(1.0)	(0.7)	(0.6)	(0.7)	(0.8)	(0.7)	(0.9)	(0.8)
New York, NY	16.7***	16.6***	14.6***	10.4	11.0	8.1	9.4	18.3***	15.9***	15.2***	11.7**	6.0	6.1	7.2
	(1.4)	(1.6)	(1.3)	(1.3)	(1.6)	(1.3)	(1.4)	(1.4)	(1.6)	(1.3)	(1.4)	(1.2)	(1.3)	(1.1)
Portland, OR	8.4	12.1***	10.1	15.6***	12.3**	8.6	7.2	9.7	10.7	9.9	13.3	9.4	7.8*	11.9
	(1.1)	(1.3)	(1.3)	(1.7)	(1.8)	(1.4)	(1.4)	(1.1)	(1.2)	(1.2)	(1.6)	(1.5)	(1.3)	(1.8)
Sacramento, CA	3.6	4.0	5.7	6.5	8.7***	5.8	4.1	5.2**	6.6***	6.0***	3.4	3.3	2.4	2.4
	(1.0)	(0.7)	(1.0)	(1.3)	(1.7)	(1.3)	(1.1)	(1.0)	(1.1)	(1.1)	(0.9)	(1.0)	(0.7)	(0.8)
Washington, DC			2.6	4.9**	7.9*	3.3	0.7			6.8	9.5**	12.7**	2.9	2.7
			(1.1)	(1.8)	(4.2)	(2.3)	(0.7)			(1.9)	(2.2)	(4.4)	(2.0)	(1.8)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.12: Acquisition of Methamphetamine by Adult Male Arrestees, 2000 to 2003† and 2007 to 2009

	Acquired Methamphetamine in Past 30 days						
	% of Arrestees						
Primary City	**2000**	**2001**	**2002**	**2003**	**2007**	**2008**	**2009**
Atlanta, GA			3.8** (1.6)	1.8** (0.7)	1.1 (0.6)	0.1 (0.1)	0.4 (0.3)
Charlotte, NC	0.9 (1.3)	0.2 (0.2)	0.8 (0.5)	0.7 (0.3)	n/a	0.2 (0.2)	n/a
Chicago, IL	n/a	n/a	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	n/a	0.0 (0.0)
Denver, CO	3.9 (0.8)	6.0 (0.9)	5.3 (0.8)	4.8 (1.0)	4.7 (1.1)	3.1 (0.9)	4.8 (1.1)
Indianapolis, IN	1.6 (0.5)	1.1 (0.3)	1.9 (0.6)	2.4* (0.8)	2.3* (0.8)	1.3 (0.6)	0.7 (0.4)
Minneapolis, MN	3.4** (0.9)	3.7** (0.8)	4.2*** (0.8)	4.3*** (0.9)	3.7** (1.1)	3.5* (1.0)	1.4 (0.6)
New York, NY	0.1 (0.1)	0.1 (0.1)	0.8 (0.3)	0.1 (0.1)	0.7 (0.6)	n/a	0.4 (0.3)
Portland, OR	18.9* (1.8)	21.0*** (1.6)	24.1*** (1.8)	25.9*** (2.1)	23.0*** (2.3)	13.2 (1.6)	14.0 (1.9)
Sacramento, CA	24.5 (2.1)	27.5 (1.8)	28.5 (1.9)	35.7*** (2.5)	28.0 (2.5)	25.7 (2.3)	25.7 (2.5)
Washington, DC			n/a	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.13: Percent of Arrestees Who Acquired Drugs Reporting Cash Buys in Past 30 Days, 2007 to 2009

Primary City	Marijuana			Crack Cocaine			Powder Cocaine			Heroin			Methamphetamine		
	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	66.5 (5.1)	71.8 (5.2)	71.4 (4.5)	94.7 (2.2)	97.2 (1.4)	93.0 (2.9)	69.7 (11.8)	44.0 (12.0)	50.0 (13.5)	n/a	92.7 (8.9)	68.7 (36.1)	n/a	n/a	n/a
Charlotte, NC	80.6*** (3.4)	66.9 (4.3)	65.5 (5.3)	93 9 (2.9)	95.8 (2.6)	93.2 (4.4)	79.1 (6.9)	79.5 (7.6)	76.2 (9.6)	50.5 (35.2)	75.0 (26.0)	n/a	n/a	n/a	n/a
Chicago, IL	82.1* (3.9)	73.5 (4.3)	69.9 (6.4)	92.6 (4.3)	87.9 (5.2)	95.4 (4.7)	89.3 (10.5)	37.6 (16.5)	61.4 (18.7)	84.4 (6.5)	92.5 (3.3)	95.6 (4.6)	n/a	n/a	n/a
Denver, CO	52.3 (3.8)	53.7 (3.8)	55.8 (3.7)	77.8 (4.9)	75.4 (5.1)	76.9 (5.7)	47.1 (6.7)	58.2 (7.9)	51.4 (7.9)	75.4 (12.9)	84.6 (14.4)	85.8 (8.3)	58.8 (12 5)	60.1 (14.3)	68 1 (11.6)
Indianapolis, IN	70.6 (3.9)	72.5* (3.8)	63.0 (4.1)	88.0 (4.3)	90.1* (4.2)	76.2 (7.0)	65.2 (9.3)	70.3 (12.1)	82.9 (7.0)	40.1 (32.2)	75.6 (18.2)	87.7 (9.5)	56.8 (20.6)	88.3 (11.9)	77.6 (25.3)
Minneapolis, MN	72.0 (3.9)	68.2 (3.8)	75.4 (3.9)	85.5 (4.7)	93.0 (2.9)	92.0 (4.1)	59.3 (9.7)	71.5 (10.4)	73.9 (10.7)	76.3 (15.0)	95.8 (4.5)	94.4 (6.3)	90.1 (7.1)	65.4 (14.7)	90 2 (8.5)
New York, NY	65.0 (4.5)	74.3 (4.0)	73.5 (3.4)	96.6** (3.4)	96.6** (3.4)	81.1 (6.4)	78.7 (5.8)	83.5 (5.9)	82.1 (5.9)	83.6 (7.2)	73.6 (10.4)	84.3 (6.7)	n/a	n/a	n/a
Portland, OR	49.9 (4.0)	53.9 (4.0)	51.8 (4.4)	82.8 (5.2)	82.1 (5.2)	85.4 (5.1)	67.0 (7.3)	68.1 (7.7)	72.6 (9.7)	84.3* (6.2)	86.4 (5.7)	95.7 (2.6)	70.9 (5.0)	77.3* (5.2)	61.6 (7.0)
Sacramento, CA	56.7*** (4.1)	39.0 (3.7)	42.6 (4.1)	79.0 (6.9)	76.0 (7.3)	88.6 (6.4)	55.0 (10.1)	41.4 (11.9)	43.6 (13.4)	83.8 (11.0)	74.1 (12.7)	70.6 (16.8)	75.0* (4.6)	60.4 (5.1)	63.1 (5.6)
Washington, DC	57.4 (12.2)	62.1 (16.3)	75.7 (11.6)	92.0 (8.2)	89.4 (9.4)	n/a	n/a	n/a	n/a	88.3 (10.0)	17.5 (21.1)	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.14: Percent of Arrestees Who Acquired Drugs Reporting Noncash Acquisitions in Past 30 Days, 2007 to 2009

Primary City	Marijuana			Crack Cocaine			Powder Cocaine			Heroin			Methamphetamine		
	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	52.7 (5.3)	49.0 (5.7)	48.5 (5.1)	31.3 (5.7)	33.1 (6.5)	39.4 (6.8)	49.2 (11.2)	61.3 (11.0)	63.0 (11.9)	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte, NC	44.0** (4.5)	64.8 (4.3)	56.7 (5.5)	42.7 (6.4)	44.2 (7.2)	36.3 (8.9)	49.5 (8.4)	58.4 (8.9)	63.5 (10.7)	20.8 (23.4)	7.0 (9.9)	n/a	n/a	n/a	n/a
Chicago, IL	59.4 (5.6)	61.3 (4.9)	72.1 (6.6)	47.7 (8.6)	43.7 (7.3)	38.9 (12.0)	61.0 (16.9)	57.9 (17.3)	56.9 (18.7)	48.7 (8.7)	35.5 (6.8)	39.5 (11.4)	n/a	n/a	n/a
Denver, CO	68.5 (3.5)	73.5 (3.3)	69.1 (3.6)	47.7 (5.8)	55.3 (6.1)	49.4 (6.9)	67.4 (5.9)	53.0 (7.8)	52.8 (7.9)	43.5 (13.4)	23.0 (16.1)	48.7 (13.5)	66.5 (12.3)	39.3 (14.3)	56.5 (12.5)
Indianapolis, IN	61.4 (4.1)	64.9 (4.3)	66.3 (4.0)	54.2 (7.0)	39.3* (7.2)	58.8 (8.0)	55.2 (9.5)	44.3 (13.6)	44.2 (11.1)	55.2 (27.3)	47.8 (20.8)	34.9 (15.2)	64.0 (19.7)	33.1 (22.5)	n/a
Minneapolis, MN	69.4*** (3.9)	74.2*** (3.4)	54.7 (4.6)	54.4** (6.6)	54.1** (7.1)	73.5 (7.2)	60.6 (9.3)	66.5 (10.3)	46.8 (12.7)	55.9 (14.7)	65.1 (14.7)	43.0 (16.0)	58.0 (14.2)	81.0 (13.5)	50.9 (23.2)
New York, NY	65.9 (4.1)	64.4 (4.3)	59.1 (3.7)	37.6 (7.7)	35.7 (9.8)	29.4 (6.7)	40.6 (7.6)	35.4 (8.4)	29.7 (6.8)	37.4 (10.2)	39.7 (12.4)	34.5 (8.3)	n/a	n/a	n/a
Portland, OR	78.4 (3.3)	80.6 (3.1)	81.0 (3.4)	46.4 (7.2)	68.6 (6.4)	60.9 (8.0)	53.7 (8.0)	69.8 (7.9)	63.1 (10.2)	39.3 (8.7)	73.9* (7.7)	56.1 (8.0)	65.6 (5.4)	60.8* (6.6)	76.3 (6.1)
Sacramento, CA	80.9 (3.3)	79.8 (3.0)	77.0 (3.4)	55.8 (8.1)	50.9 (8.6)	37.7 (11.0)	70.9 (9.1)	77.0 (9.0)	69.4 (12.2)	51.3 (14.0)	43.0 (16.9)	41.1 (17.2)	67.0 (5.2)	70.5 (4.7)	65.0 (5.6)
Washington, DC	59.0 (11.3)	42.0 (17.6)	51.8 (14.3)	29.2 (13.0)	35.9 (19.2)	9.1 (9.7)	n/a	n/a	n/a	50.1 (17.8)	93.4 (8.5)	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.15: Average Number of Days Acquiring Selected Drugs Through Cash and Noncash by Adult Male Arrestees, 2009

	Acquired Marijuana in Past 30 days Mean Number of Days [a] 2009		Acquired Crack Cocaine in Past 30 days Mean Number of Days [a] 2009		Acquired Powder Cocaine in Past 30 days Mean Number of Days [a] 2009		Acquired Heroin in Past 30 days Mean Number of Days [a] 2009		Acquired Methamphetamine in Past 30 days Mean Number of Days [a] 2009	
Primary City	Cash	Noncash	Cash	Noncash	Cash	Noncash	Cash	Noncash	Cash	Noncash
Atlanta, GA	10.2 (1.1)	4.8 (0.8)	16.4* (1.6)	9.4** (1.8)	8.5 (2.7)	5.0 (2.0)	35.7*** (5.4)	n/a	n/a	1.7 (2.3)
Charlotte, NC	8.1 (1.2)	5.5 (1.0)	15.2 (2.1)	11.2* (3.2)	6.5 (2.0)	2.4 (1.1)	11.6 (5.8)	n/a	n/a	n/a
Chicago, IL	14.0 (2.0)	7.5 (1.4)	8.8 (2.6)	4.8 (3.7)	9.1* (3.9)	3.1 (1.9)	25.5 (2.0)	5.6 (3.0)	n/a	n/a
Denver, CO	7.0 (0.8)	6.0 (0.6)	10.1 (1.4)	7.2 (1.5)	4.9 (1.3)	4.0 (1.3)	21.4 (3.4)	2.0 (2.9)	9.8* (2.9)	6.4 (2.3)
Indianapolis, IN	8.3 (0.9)	5.3 (0.8)	10.3 (1.9)	3.7*** (1.2)	8.2 (1.9)	5.5 (2.3)	22.8* (3.7)	5.8** (2.6)	13.7 (2.3)	8.7 (4.5)
Minneapolis, MN	10.4 (1.0)	5.4 (0.8)	16.2 (2.0)	8.5 (1.9)	8.9 (2.8)	1.0 (0.9)	12.3 (3.8)	15.2 (4.5)	8.1 (5.5)	10.3 (6.1)
New York, NY	13.4 (0.9)	7.3 (0.9)	16.5 (1.6)	7.3** (2.5)	11.2 (1.7)	2.5** (1.0)	22.1 (1.8)	6.2 (2.1)	n/a	n/a
Portland, OR	8.5 (1.1)	6.5* (0.7)	8.2** (1.6)	5.5 (1.5)	6.6 (2.0)	3.5 (1.0)	18.6 (1.9)	7.2 (1.6)	6.9 (1.3)	7.0 (1.3)
Sacramento, CA	9.6 (1.0)	6.5 (0.7)	7.9** (1.8)	2.3** (1.5)	2.0 (1.3)	1.5* (0.6)	15.4 (4.8)	4.1 (2.8)	11.5 (1.3)	4.8*** (0.8)
Washington, DC	14.9* (3.3)	9.0 (4.0)	15.5 (4.8)	28.5 (1.9)	n/a	30.5*** (0.3)	16.4 (9.2)	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

[a] Asked of those who said they obtained the drug in the past 30 days. Significance indicated results from a comparison of the parallel 2008 measure (not shown), i.e., 2008 "cash" with 2009 "cash" acquisition days, not "cash" versus "non cash" days for the same year.

Table 3.16: Average Number of Purchases by Drug in Past 30 Days, 2007 to 2009: Marijuana, Crack and Powder Cocaine

	Marijuana			Crack Cocaine			Powder Cocaine		
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	7.0	8.1	7.6	17.3*	18.2**	14.2	6.7	3.5	5.9
	(0.9)	(0.9)	(0.8)	(1.4)	(1.4)	(1.4)	(1.4)	(1.1)	(1.7)
Charlotte, NC	7.7	7.6	7.1	14.6	11.9	14.0	6.9	3.8	4.5
	(0.8)	(0.7)	(0.9)	(1.4)	(1.3)	(1.9)	(1.2)	(1.0)	(1.6)
Chicago, IL	8.5	10.5	10.3	10.6	10.9	7.8	3.9	2.3*	7.0
	(1.2)	(0.9)	(1.3)	(2.1)	(1.4)	(2.5)	(2.8)	(0.7)	(2.8)
Denver, CO	5.6	6.1	6.4	9.1	8.9	9.6	4.6	4.9	4.3
	(0.5)	(0.5)	(0.5)	(1.1)	(1.0)	(1.1)	(0.9)	(1.1)	(1.0)
Indianapolis, IN	7.1	6.9	7.0	9.8	10.7*	7.2	3.4**	10.7	8.0
	(0.8)	(0.6)	(0.7)	(1.6)	(1.4)	(1.4)	(1.5)	(2.8)	(1.7)
Minneapolis, MN	8.5	7.0	8.2	10.7	9.5*	13.7	4.3	2.1**	6.5
	(0.7)	(0.6)	(0.8)	(1.2)	(1.3)	(1.8)	(1.3)	(0.6)	(2.1)
New York, NY	7.3***	11.1	10.9	13.4	16.0	14.4	7.6	9.3	9.0
	(1.0)	(0.8)	(0.7)	(1.9)	(2.1)	(1.5)	(1.7)	(1.3)	(1.5)
Portland, OR	5.3**	6.0	7.0	12.0***	10.3*	7.0	6.6	5.7	5.1
	(0.5)	(0.6)	(0.6)	(1.4)	(1.4)	(1.3)	(1.3)	(1.3)	(1.4)
Sacramento, CA	8.3	6.9	7.2	9.6*	10.4*	6.5	2.4	3.5	1.8
	(0.6)	(0.5)	(0.6)	(1.4)	(1.5)	(1.4)	(0.8)	(1.0)	(0.7)
Washington, DC	12.3	7.6	11.8	13.4	8.4	14.3	1.4***	14.1**	28.7
	(1.6)	(3.1)	(3.1)	(2.4)	(3.5)	(4.2)	(1.9)	(5.8)	(2.8)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question was asked of arrestees who said they bought drugs with cash in the past 30 days.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.17: Average Number of Purchases by Drug in Past 30 Days, 2007 to 2009: Heroin and Methamphetamine

Primary City	Heroin			Methamphetamine		
	2007	2008	2009	2007	2008	2009
Atlanta, GA	21.4 (12.2)	6.4* (5.0)	25.6 (8.8)	7.6 (5.1)	3.9 (3.5)	5.9 (3.4)
Charlotte, NC	7.5 (7.4)	9.1 (6.4)	13.4 (5.6)	n/a	n/a	n/a
Chicago, IL	18.0 (2.2)	20.3 (1.5)	21.0 (2.2)	n/a	n/a	n/a
Denver, CO	14.6 (3.2)	14.2 (4.5)	15.1 (2.9)	8.4 (1.8)	6.1 (2.4)	7.4 (1.9)
Indianapolis, IN	12.2 (9.5)	16.5 (3.5)	18.0 (3.3)	3.3* (2.5)	14.4 (5.4)	10.0 (3.1)
Minneapolis, MN	11.6 (3.5)	13.8 (3.1)	12.7 (3.2)	5.7 (2.0)	6.6 (2.2)	12.0 (5.0)
New York, NY	15.2 (2.9)	15.3 (2.6)	18.5 (1.7)	n/a	n/a	n/a
Portland, OR	15.8 (2.0)	14.9 (1.8)	14.1 (1.5)	8.2 (0.9)	7.6 (1.0)	6.7 (1.0)
Sacramento, CA	13.8 (2.7)	8.6 (2.2)	9.4 (3.6)	9.5** (0.7)	10.0** (0.8)	7.4 (0.8)
Washington, DC	15.3 (3.8)	25.5 (7.0)	14.3 (8.9)	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question was asked of arrestees who said they bought drugs with cash in the past 30 days.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.18: Percent Reporting Last Drug Buy was Directly from Dealer, 2007 to 2009: Marijuana, Crack and Powder Cocaine

	Marijuana			Crack Cocaine			Powder Cocaine		
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	92.7 (3.0)	93.1 (3.0)	94.4 (2.4)	92.2 (4.7)	92.3 (4.3)	91.9 (4.4)	99.8 (0.2)	100.0 (2.2)	99.5 (0.6)
Charlotte, NC	89.7 (3.1)	85.1 (3.9)	92.6 (3.2)	93.6 (3.2)	87.9 (4.8)	86.7 (6.8)	97.2 (2.2)	88.0 (6.6)	88.9 (7.1)
Chicago, IL	82.0 (5.3)	88.7 (3.9)	91.1 (5.1)	66.7* (10.4)	90.5 (4.9)	90.1 (9.9)	51.5 (20.0)	n/a	n/a
Denver, CO	82.9 (4.1)	91.3 (2.9)	87.5 (3.3)	76.9 (5.9)	69.5 (7.1)	78.9 (6.5)	82.7 (7.0)	68.6 (11.0)	72.6 (11.0)
Indianapolis, IN	95.5 (1.6)	90.5 (2.8)	90.4 (3.0)	85.3 (5.4)	73.2* (7.5)	90.3 (5.7)	66.4 (12.0)	91.6 (8.7)	86.6 (8.4)
Minneapolis, MN	95.7 (1.9)	86.1 (3.5)	90.3 (3.1)	91.6 (3.7)	92.1 (3.3)	96.4 (2.7)	n/a	n/a	n/a
New York, NY	85.5 (3.7)	82.2 (4.0)	85.5 (3.1)	84.4 (6.5)	91.9 (6.2)	94.3 (3.2)	93.4 (4.2)	91.8 (4.8)	96.7 (2.0)
Portland, OR	85.6 (4.3)	83.5 (4.5)	89.3 (3.9)	96.2*** (2.4)	92.2** (4.1)	70.3 (9.4)	92.6 (4.8)	86.0 (8.5)	77.1 (11.8)
Sacramento, CA	89.5 (2.8)	89.5 (3.3)	88.0 (3.6)	80.1 (7.7)	88.2 (5.5)	78.6 (10.1)	95.3 (3.8)	81.4 (13.4)	80.3 (14.7)
Washington, DC	56.2 (16.3)	n/a	76.0 (16.6)	n/a	n/a	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Question was asked of arrestees who said they bought drugs with cash from a dealer in the past 30 days.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.19: Percent Reporting Last Drug Buy was Directly from Dealer, 2007 to 2009: Heroin and Methamphetamine

Primary City	Heroin			Methamphetamine		
	2007	2008	2009	2007	2008	2009
Atlanta, GA	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte, NC	n/a	n/a	n/a	n/a	n/a	n/a
Chicago, IL	81.0 (8.7)	86.5 (5.8)	89.9 (7.5)	n/a	n/a	n/a
Denver, CO	99.2 (0.7)	100.0 (0.0)	n/a	93.7 (7.3)	75.7 (18.8)	76.5 (14.8)
Indianapolis, IN	75.5 (32.6)	n/a	89.8 (8.7)	n/a	n/a	n/a
Minneapolis, MN	71.6 (17.3)	81.4 (14.0)	84.3 (12.4)	77.8 (13.4)	55.8 (25.7)	72.5 (25.7)
New York, NY	90.5 (5.8)	97.8 (2.3)	95.0 (3.4)	n/a	n/a	n/a
Portland, OR	78.9 (7.9)	89.6 (6.2)	76.3 (8.4)	88.2 (4.2)	77.7 (6.8)	82.1 (7.0)
Sacramento, CA	87.6 (11.5)	86.4 (15.4)	92.8 (8.1)	74.9 (5.8)	81.1 (5.5)	74.6 (6.8)
Washington, DC	93.9 (6.3)	n/a	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Question was asked of arrestees who said they bought drugs with cash from a dealer in the past 30 days.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.20: Percent Reporting Last Drug Buy was from Regular Source, 2007 and 2009: Marijuana, Crack and Powder Cocaine

Primary City	Marijuana			Crack Cocaine			Powder Cocaine		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	60.0 (6.2)	54.4 (6.8)	65.6 (5.7)	55.1* (7.2)	58.5 (7.7)	69.5 (6.9)	51.9 (14.0)	45.5 (16.9)	76.9 (14.0)
Charlotte, NC	58.0 (5.2)	54.5 (5.8)	61.7 (6.7)	58.2 (7.0)	56.0 (8.3)	59.5 (10.1)	62.3 (9.2)	58.8 (10.9)	63.7 (14.4)
Chicago, IL	46.2 (6.7)	48.0 (6.3)	48.0 (9.3)	53.8 (9.8)	50.6 (8.2)	51.3 (13.4)	84.4 (15.0)	28.0 (21.8)	53.2 (25.5)
Denver, CO	50.4* (5.7)	52.2** (5.4)	36.5 (5.2)	52.0 (7.1)	52.4 (7.8)	44.1 (8.4)	49.7 (9.6)	67.7 (10.2)	65.1 (11.4)
Indianapolis, IN	57.0 (5.4)	52.4 (5.4)	54.8 (5.6)	67.7 (7.5)	49.2 (9.0)	58.3 (9.4)	45.3 (12.2)	68.3 (15.6)	64.9 (12.4)
Minneapolis, MN	44.2 (5.3)	45.4 (5.1)	42.1 (5.5)	40.2 (7.2)	41.3 (7.7)	56.4 (9.7)	50.1 (12.9)	80.1* (10.6)	44.2 (17.0)
New York, NY	42.4** (5.5)	57.1 (5.4)	57.5 (4.4)	44.9*** (8.5)	53.9** (10.3)	77.3 (6.1)	48.2* (9.4)	72.3 (9.7)	69.2 (7.8)
Portland, OR	44.3 (6.1)	37.8 (6.0)	43.6 (6.8)	44.7 (8.3)	52.7 (8.4)	40.9 (10.4)	68.1 (9.8)	65.7 (12.0)	46.3 (13.8)
Sacramento, CA	42.0* (5.9)	39.7* (6.0)	55.5 (6.1)	41.1 (10.1)	51.6 (10.4)	49.1 (13.2)	66.5 (14.5)	71.8 (17.0)	57.7 (23.4)
Washington, DC	60.4 (13.2)	81.3* (19.2)	32.2 (16.7)	44.5 (17.8)	26.1 (18.9)	37.6 (20.6)	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Question was asked of arrestees who said they bought drugs with cash from a dealer in the past 30 days.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.21: Percent Reporting Last Drug Buy was from Regular Source, 2007 to 2009: Heroin and Methamphetamine

Primary City	Heroin			Methamphetamine		
	2007	2008	2009	2007	2008	2009
Atlanta, GA	21.5 (50.3)	68.0 (46.0)	52.2 (96.5)	n/a	n/a	n/a
Charlotte, NC	n/a	1.7 (2.5)	3.3 (4.9)	n/a	n/a	n/a
Chicago, IL	74.4 (8.7)	69.7 (7.4)	77.0 (11.0)	n/a	n/a	n/a
Denver, CO	60.6 (14.8)	77.1 (20.0)	82.1 (11.0)	52.6 (17.3)	58.8 (22.1)	43.4 (17.8)
Indianapolis, IN	58.1 (35.6)	89.1 (12.4)	87.0 (10.7)	74.4 (60.4)	n/a	n/a
Minneapolis, MN	66.6 (18.2)	95.3 (5.2)	71.1 (15.7)	70.8* (16.5)	14.5 (15.7)	19.2 (22.5)
New York, NY	30.2*** (11.4)	59.9 (13.8)	78.0 (6.9)	n/a	n/a	n/a
Portland, OR	54.4 (10.0)	73.6 (9.6)	73.4 (8.6)	55.1 (7.3)	46.0 (8.7)	44.5 (10.6)
Sacramento, CA	58.6 (16.2)	80.1 (15.2)	73.5 (18.8)	50.1 (7.0)	54.0 (7.2)	43.3 (7.8)
Washington, DC	51.3 (21.1)	20.7 (28.5)	32.3 (32.3)	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Question was asked of arrestees who said they bought drugs with cash from a dealer in the past 30 days.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.22: Percent Reporting Last Drug Buy with Cash was Outdoors, 2007 to 2009: Marijuana, Crack and Powder Cocaine

	Marijuana			Crack Cocaine			Powder Cocaine		
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	43.7 (6.5)	49.3 (7.0)	51.3 (6.4)	61.8* (6.8)	62.8 (7.5)	75.1 (6.3)	18.6 (10.1)	32.3 (16.0)	36.3 (16.7)
Charlotte, NC	26.5 (4.5)	27.5 (5.2)	28.5 (6.0)	44.3* (7.3)	36.0 (8.1)	27.7 (9.3)	20.2 (7.3)	16.9 (7.8)	25.5 (12.3)
Chicago, IL	50.5 (6.9)	65.9 (6.0)	62.9 (9.0)	62.2 (9.6)	69.3 (7.7)	65.2 (13.3)	33.0 (20.3)	33.4 (24.1)	43.2 (22.4)
Denver, CO	37.0* (5.4)	39.4 (5.1)	49.7 (5.4)	43.9** (6.9)	46.9** (7.8)	68.5 (7.7)	45.9 (9.8)	54.3 (10.9)	41.3 (12.1)
Indianapolis, IN	25.3 (4.7)	19.0 (4.1)	20.1 (4.4)	36.8 (7.6)	46.5 (8.9)	36.3 (9.4)	36.6 (12.3)	14.1 (11.0)	26.4 (11.8)
Minneapolis, MN	52.9 (5.2)	52.4 (5.1)	51.2 (5.5)	56.5 (7.4)	58.7 (7.7)	59.8 (9.6)	20.7 (11.0)	32.4** (13.7)	4.0 (4.3)
New York, NY	53.7 (6.0)	51.7 (5.6)	48.4 (4.9)	63.4 (8.6)	63.9 (11.4)	61.6 (8.8)	40.6 (9.2)	38.8 (9.6)	39.2 (8.8)
Portland, OR	28.8 (5.4)	27.2 (5.3)	38.8 (6.6)	57.4 (8.2)	61.7* (8.4)	38.0 (10.0)	64.4 (9.8)	37.3 (12.3)	55.1 (13.3)
Sacramento, CA	27.6 (5.1)	40.0 (6.1)	30.5 (5.7)	37.6 (9.6)	41.3 (10.1)	34.0 (11.8)	9.6 (6.6)	35.9 (18.7)	29.6 (19.4)
Washington, DC	69.6 (13.7)	58.6 (28.7)	87.9 (10.8)	65.1* (16.1)	87.2 (11.8)	95.6 (5.4)	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Question was asked of arrestees who said they bought drugs with cash in the past 30 days.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.23: Percent Reporting Last Drug Buy with Cash was Outdoors, 2007 to 2009: Heroin and Methamphetamine

	Heroin			Methamphetamine		
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte, NC	n/a	0.5 (0.8)	0.7 (1.0)	n/a	n/a	n/a
Chicago, IL	55.4 (10.2)	53.7 (8.5)	38.2 (12.7)	n/a	n/a	n/a
Denver, CO	69.5 (15.2)	60.0 (20.5)	67.6 (15.2)	56.2** (18.9)	43.0 (n/a)	6.7 (7.1)
Indianapolis, IN	51.5 (41.3)	24.2 (22.8)	10.7 (8.7)	n/a	n/a	n/a
Minneapolis, MN	59.3 (19.4)	45.6 (18.5)	70.3 (17.3)	21.8 (16.7)	14.0 (17.2)	0.0 (n/a)
New York, NY	65.0 (11.7)	59.4 (12.9)	69.7 (8.5)	n/a	n/a	n/a
Portland, OR	63.2 (9.9)	66.8 (9.8)	51.5 (9.5)	16.1 (5.0)	15.8 (6.0)	17.4 (7.3)
Sacramento, CA	51.2 (18.7)	29.2 (19.8)	20.9 (16.6)	11.7** (4.7)	25.8 (6.4)	32.1 (7.6)
Washington, DC	83.0 (12.3)	91.7 (13.5)	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Question was asked of arrestees who said they bought drugs with cash in the past 30 days.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.24: Percent Reporting Any Failed Drug Buy in the Past 30 Days, 2007 to 2009

	Marijuana			Crack Cocaine			Powder Cocaine			Heroin			Methamphetamine		
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	41.6 (6.2)	43.2 (6.6)	32.6 (5.5)	41.7 (7.1)	34.4 (7.3)	39.6 (7.7)	29.4 (11.8)	41.6 (17.5)	45.7 (17.4)	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte, NC	34.2 (4.8)	37.8 (5.2)	26.8 (5.6)	25.5 (5.7)	32.7 (7.2)	24.8 (8.2)	32.8 (9.1)	47.3 (11.0)	25.2 (12.2)	n/a	0.8 (1.2)	n/a	n/a	n/a	n/a
Chicago, IL	38.0** (6.4)	34.8* (6.1)	18.7 (7.2)	22.7* (7.4)	35.2 (7.9)	47.7 (13.2)	26.5 (18.7)	22.7 (25.4)	28.8 (27.9)	32.3 (9.6)	17.9 (7.0)	19.6 (10.6)	n/a	n/a	n/a
Denver, CO	33.5** (5.2)	24.7 (4.6)	17.6 (4.1)	31.0** (6.2)	28.7 (6.8)	15.7 (5.3)	22.6 (7.1)	21.5 (7.8)	9.1 (5.8)	10.3 (7.5)	n/a	6.2 (4.9)	12.8 (10.0)	22.5 (17.0)	19.7 (11.9)
Indianapolis, IN	42.6 (5.1)	42.1 (5.1)	37.6 (5.1)	46.4 (7.6)	35.2 (7.7)	45.8 (9.3)	23.3 (9.0)	19.0 (11.6)	46.4 (12.7)	39.0 (27.5)	26.2 (20.1)	8.7 (6.1)	n/a	n/a	n/a
Minneapolis, MN	40.2 (4.9)	39.0 (4.7)	49.5 (5.5)	31.1 (6.4)	25.3 (6.4)	37.9 (9.3)	29.0 (11.6)	17.9 (9.5)	18.8 (13.4)	70.5** (17.3)	31.5 (20.1)	21.4 (15.6)	56.5 (17.6)	79.0 (17.1)	39.5 (27.2)
New York, NY	50.0 (5.5)	47.9 (5.3)	46.8 (4.5)	63.2** (7.8)	62.9** (9.6)	36.5 (8.0)	50.8 (9.6)	63.4* (9.2)	43.0 (8.9)	76.5*** (9.3)	52.5 (13.1)	34.7 (8.6)	n/a	n/a	n/a
Portland, OR	31.9 (5.4)	29.8 (5.1)	35.7 (6.2)	48.8 (8.0)	46.6 (8.3)	36.2 (9.2)	40.1 (10.5)	47.0 (11.9)	29.1 (12.6)	15.6 (6.0)	21.8 (7.5)	29.6 (8.4)	39.5* (7.0)	46.9** (8.2)	22.8 (7.6)
Sacramento, CA	35.3* (5.2)	37.1* (5.6)	24.7 (4.9)	45.1 (9.6)	34.5 (8.9)	48.9 (12.6)	17.6 (10.5)	14.8 (9.6)	14.0 (11.5)	30.6 (13.7)	38.9 (21.1)	27.3 (14.8)	36.9 (6.2)	42.7 (6.7)	40.8 (7.4)
Washington, DC	66.4 (12.5)	71.8 (23.6)	43.9 (18.6)	27.9 (14.1)	10.8 (9.6)	27.3 (20.2)	n/a	n/a	n/a	6.8 (6.9)	42.3 (33.5)	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question was asked of arrestees who said they bought drugs with cash in the past 30 days.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level

Table 3.25 Percent Reporting Failed Drug Buy Due to Police Activity in Past 30 Days, 2007 and 2009

	Marijuana			Crack Cocaine			Powder Cocaine			Heroin			Methamphetamine		
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	25.5 (10.3)	13.9 (7.1)	11.4 (7.0)	7.2 (4.2)	2.9 (2.7)	3.7 (3.5)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte, NC	17.4 (6.9)	12.6 (6.5)	7.5 (6.1)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chicago, IL	15.4 (7.7)	15.3 (7.3)	n/a	11.1 (10.9)	11.8 (11.4)	14.4 (15.6)	n/a	n/a	n/a	20.9 (14.4)	18.2 (18.7)	n/a	n/a	n/a	n/a
Denver, CO	7.8 (6.4)	n/a	18.2 (13.7)	7.4 (5.8)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Indianapolis, IN	6.8 (3.8)	n/a	2.5 (2.6)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Minneapolis, MN	2.5 (2.1)	4.5 (2.5)	1.3 (1.4)	n/a	3.7 (4.1)	0 (n/a)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
New York, NY	14.8 (5.9)	7.7 (3.7)	8.5 (3.5)	14.7 (9.1)	16.8 (9.8)	7.4 (7.8)	2.0 (2.3)	6.2 (4.4)	9.8 (7.5)	21.1 (12.5)	8.9 (7.4)	3.6 (4.0)	n/a	n/a	n/a
Portland, OR	9.0 (6.9)	n/a	n/a	n/a	22.7 (13.8)	23.1 (15.5)	n/a	n/a	n/a	n/a	n/a	n/a	4.1 (4.1)	12.1 (8.9)	7.0 (7.6)
Sacramento, CA	3.4 (2.8)	3.5 (2.9)	3.5 (3.9)	4.9 (5.3)	8.9 (9.5)	18.1 (14.8)	n/a	n/a	n/a	n/a	n/a	n/a	5.4 (4.2)	n/a	n/a
Washington, DC	45.9 (25.7)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Question was asked of arrestees who said they bought drugs with cash in the past 30 days and had at least one failed drug buy.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level.

Table 3.26: Percent Reporting Failed Drug Buy Due to Unavailability of Drug in Past 30 Days, 2007 to 2009

	Marijuana			Crack Cocaine			Powder Cocaine			Heroin			Methamphetamine		
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	15.4 (6.4)	21.6 (8.7)	9.2 (5.3)	n/a	n/a	n/a	30.9 (22.8)	20.1 (21.8)	56.1 (28.4)	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte, NC	60.0 (8.3)	37.6 (9.5)	44.1 (13.1)	2.5 (1.3)	2.2 (1.1)	0.7 (0.7)	26.8 (16.0)	36.8 (22.5)	64.3 (49.7)	n/a	n/a	n/a	n/a	n/a	n/a
Chicago, IL	11.1 (7.7)	9.8 (6.9)	n/a	37.0 (17.6)	7.4 (7.6)	n/a	n/a	n/a	n/a	10.9 (9.8)	30.6 (25.6)	17.4 (23.3)	n/a	n/a	n/a
Denver, CO	44.1 (9.8)	49.4 (12.0)	24.3 (12.0)	46.0 (13.0)	41.0 (15.3)	37.5 (19.3)	64.6 (19.5)	23.3 (19.5)	49.4 (43.6)	n/a	n/a	n/a	37.9 (40.0)	n/a	n/a
Indianapolis, IN	11.0 (4.5)	22.6 (6.8)	17.2 (6.5)	40.9 (13.9)	24.6 (17.0)	21.9 (13.8)	26.9 (21.8)	24.7 (31.5)	25.1 (20.5)	n/a	n/a	n/a	n/a	n/a	n/a
Minneapolis, MN	22.1 (6.7)	24.7 (7.0)	24.8 (8.2)	5.4 (4.4)	10.8 (9.6)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
New York, NY	16.8 (7.2)	25.7 (7.3)	13.9 (5.4)	13.9 (10.1)	50.1 (17.9)	24.2 (13.8)	6.8 (5.4)	42.4 (15.3)	25.3 (15.4)	22.4 (19.3)	46.0 (23.4)	63.6 (20.2)	n/a	n/a	n/a
Portland, OR	27.3 (9.3)	27.5 (9.8)	24.0 (10.2)	27.5* (11.7)	8.4 (6.6)	5.9 (6.6)	24.2 (15.4)	14.1 (12.9)	35.7 (27.9)	15.6 (15.1)	30.0 (20.1)	53.3 (20.1)	37.8 (12.1)	18.1 (10.7)	37.1 (19.0)
Sacramento, CA	26.6** (7.9)	21.1 (8.0)	6.5 (4.2)	19.9 (12.2)	11.4 (8.8)	10.6 (12.0)	44.8 (36.6)	10.7 (19.8)	n/a	19.2 (25.3)	46.3 (44.9)	52.2 (41.8)	25.0** (8.7)	29.9** (9.2)	5.1 (3.9)
Washington, DC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Question was asked of arrestees who said they bought drugs with cash in the past 30 days and had at least one failed drug buy.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level.

Table 3.27: Self-reported Use of Crack Cocaine among Adult Male Arrestees, 2007 to 2009

	Arrestees Reporting Crack Cocaine Use (%)									Average No. of Days in Past 30 Used Crack Cocaine [a]		
	Past 3 Days			Past 7 Days			Past Year					
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	22.5**	20.0	14.7	25.1**	22.1	17.1	28.7**	25.0	21.1	18.8	20.3	18.9
	(3.0)	(2.9)	(2.2)	(3.1)	(3.0)	(2.4)	(3.2)	(3.1)	(2.6)	(1.6)	(1.5)	(1.7)
Charlotte, NC	13.7***	9.7	6.5	17.1***	12.4**	7.4	21.9***	18.2***	10.4	17.3*	15.4	13.6
	(2.0)	(1.7)	(1.4)	(2.2)	(1.9)	(1.5)	(2.4)	(2.2)	(1.8)	(1.5)	(1.6)	(1.9)
Chicago, IL	14.5	18.6**	10.1	20.6	20.2	13.5	26.4**	24.2*	16.4	13.3	16.3	13.0
	(2.8)	(2.8)	(2.8)	(3.3)	(3.0)	(3.3)	(3.7)	(3.1)	(3.6)	(2.3)	(1.6)	(2.8)
Denver, CO	14.9	11.3	12.0	17.3	13.9	13.8	24.1**	20.3	18.5	11.2	11.5	11.5
	(1.8)	(1.6)	(1.7)	(2.0)	(1.7)	(1.8)	(2.2)	(2.0)	(2.1)	(1.2)	(1.3)	(1.3)
Indianapolis, IN	10.2**	7.5	6.2	12.2**	9.6	7.5	16.1**	14.2	10.7	12.3	11.8	9.1
	(1.5)	(1.3)	(1.2)	(1.7)	(1.4)	(1.3)	(1.9)	(1.7)	(1.5)	(1.7)	(1.4)	(1.6)
Minneapolis, MN	12.6**	9.5	7.4	15.1***	11.2	8.1	19.4***	15.5	11.4	12.6	13.6	14.8
	(1.9)	(1.6)	(1.4)	(2.0)	(1.8)	(1.4)	(2.2)	(2.0)	(1.7)	(1.4)	(1.7)	(1.9)
New York, NY	7.2	6.1	8.0	8.4	6.8	9.1	12.1	9.1	11.7	13.8	16.1	14.1
	(1.3)	(1.2)	(1.2)	(1.4)	(1.3)	(1.3)	(1.7)	(1.5)	(1.5)	(2.0)	(2.0)	(1.4)
Portland, OR	10.5*	8.5	7.0	12.7	9.7	9.9	21.0**	16.2	14.2	13.5***	13.6***	8.5
	(1.7)	(1.4)	(1.4)	(1.9)	(1.5)	(1.6)	(2.2)	(1.8)	(1.9)	(1.6)	(1.6)	(1.5)
Sacramento, CA	8.2**	7.0*	4.2	9.4**	8.1*	5.0	13.3***	10.7**	6.1	12.5***	12.9***	7.3
	(1.6)	(1.4)	(1.1)	(1.6)	(1.4)	(1.1)	(1.9)	(1.6)	(1.2)	(1.6)	(1.6)	(1.4)
Washington, DC	11.5	16.0	7.1	11.7	16.7	7.9	14.7	17.5	10.0	12.1	6.4**	15.4
	(3.7)	(6.4)	(3.0)	(3.7)	(6.4)	(3.1)	(3.9)	(6.1)	(3.6)	(3.0)	(3.8)	(4.3)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

[a] Asked of arrestees reporting some crack cocaine use in the past 30 days.

Table 3.28: Self-reported Use of Powder Cocaine among Adult Male Arrestees, 2007 to 2009

	Arrestees Reporting Powder Cocaine Use (%)									Average No. of Days in Past 30 Used Powder Cocaine [a]		
	Past 3 Days			Past 7 Days			Past Year					
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	5.4**	2.2	2.0	7.1	4.6	4.0	12.0*	13.1**	7.4	7.4	5.7	5.2
	(1.6)	(0.8)	(0.7)	(1.8)	(1.3)	(1.1)	(2.2)	(2.4)	(1.6)	(1.9)	(2.0)	(1.8)
Charlotte, NC	5.2	4.1	3.1	7.8**	6.9*	3.8	16.1***	16.3**	9.7	10.4	6.9	9.0
	(1.3)	(1.1)	(1.0)	(1.6)	(1.4)	(1.1)	(2.2)	(2.2)	(1.8)	(1.6)	(1.4)	(2.0)
Chicago, IL	2.5	0.9*	4.4	4.3	1.7**	7.8	10.3	7.2	10.6	6.1	5.4	8.8
	(1.5)	(0.7)	(1.9)	(1.8)	(1.0)	(2.7)	(2.6)	(1.8)	(3.0)	(3.6)	(1.4)	(3.0)
Denver, CO	8.4	6.7	6.5	10.9*	8.5	7.6	22.0*	17.6	17.2	5.7	7.1	5.3
	(1.5)	(1.3)	(1.3)	(1.6)	(1.4)	(1.4)	(2.2)	(2.0)	(2.0)	(1.1)	(1.4)	(1.3)
Indianapolis, IN	3.1**	1.2	1.1	3.9	2.1	2.1	10.3	9.0	7.6	4.7	7.7	5.0
	(0.9)	(0.5)	(0.5)	(0.9)	(0.7)	(0.7)	(1.5)	(1.5)	(1.4)	(1.9)	(2.3)	(1.3)
Minneapolis, MN	1.5	1.0	1.6	3.8	2.2	2.3	12.1**	10.2	7.5	7.1	2.9	1.8
	(0.6)	(0.4)	(0.6)	(1.0)	(0.8)	(0.7)	(1.8)	(1.7)	(1.4)	(n/a)	(n/a)	(n/a)
New York, NY	5.7	4.9	4.8	6.0	6.7	7.6	13.0	11.1	13.1	8.0	9.6	9.7
	(1.2)	(1.1)	(1.0)	(1.2)	(1.2)	(1.3)	(1.8)	(1.6)	(1.6)	(2.0)	(1.5)	(1.4)
Portland, OR	6.9**	2.5	3.5	9.1***	5.1	3.9	16.9**	14.2	11.3	7.2	5.2	5.1
	(1.4)	(0.8)	(1.0)	(1.6)	(1.1)	(1.0)	(2.0)	(1.7)	(1.7)	(1.7)	(1.1)	(1.6)
Sacramento, CA	4.5**	1.2	1.6	5.8**	2.5	2.5	11.3***	7.4	4.9	5.1**	6.0***	1.1
	(1.3)	(0.5)	(0.6)	(1.4)	(0.8)	(0.8)	(1.8)	(1.3)	(1.1)	(1.5)	(1.8)	(1.2)
Washington, DC	3.4	3.1	0.7	3.6	3.4	1.5	6.5	4.1	1.6	18.5	3.3	6.1
	(2.5)	(2.5)	(0.8)	(2.6)	(2.5)	(1.3)	(3.3)	(2.5)	(1.3)	(6.2)	(7.6)	(12.7)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

[a] Asked of arrestees reporting some powder cocaine use in the past 30 days.

Table 3.29: Self-reported Use of Heroin among Adult Male Arrestees, 2007 to 2009

	Arrestees Reporting Heroin Use (%)									Average No. of Days in Past 30 Used Heroin [a]		
	Past 3 Days			Past 7 Days			Past Year					
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	0.2	0.5	0.7	0.3	1.1	0.8	0.5	1.5	1.3	22.0	10.1	12.7
	(0.3)	(0.4)	(0.5)	(0.4)	(0.9)	(0.7)	(0.4)	(0.8)	(0.8)	(13.8)	(9.5)	(14.7)
Charlotte, NC	0.3	0.6	0.2	0.6	0.4	0.6	1.4	2.2	1.1	16.9	14.4	5.4
	(0.3)	(0.4)	(0.2)	(0.4)	(0.3)	(0.3)	(0.7)	(0.8)	(0.6)	(9.5)	(7.6)	(5.2)
Chicago, IL	18.9*	23.3***	11.4	20.3*	24.4***	12.8	23.3**	26.7***	13.7	23.0	25.8	26.3
	(3.2)	(3.2)	(2.9)	(3.3)	(3.2)	(3.0)	(3.5)	(3.2)	(3.0)	(2.2)	(1.3)	(1.9)
Denver, CO	3.1	1.0**	3.3	3.0	1.3**	3.5	4.9	2.0**	5.0	16.7	14.8	18.8
	(0.9)	(0.4)	(1.0)	(0.8)	(0.5)	(1.0)	(1.1)	(0.6)	(1.1)	(3.2)	(4.6)	(3.2)
Indianapolis, IN	0.7*	0.9	2.1	0.9*	1.0	2.4	2.3	1.8	3.0	14.4	18.3	23.2
	(0.4)	(0.4)	(0.7)	(0.5)	(0.4)	(0.8)	(0.8)	(0.6)	(0.9)	(6.2)	(4.8)	(2.9)
Minneapolis, MN	1.4	2.6	2.1	1.8	2.7	2.1	4.1	4.0	3.6	14.1	19.4	20.1
	(0.6)	(0.8)	(0.7)	(0.6)	(0.8)	(0.7)	(1.1)	(1.0)	(0.9)	(4.1)	(3.4)	(3.7)
New York, NY	3.3*	3.4	5.3	4.9	4.3	6.1	6.7	7.6	7.7	13.8	15.6	16.9
	(0.8)	(1.0)	(1.0)	(1.1)	(1.1)	(1.1)	(1.3)	(1.4)	(1.2)	(2.7)	(2.4)	(1.7)
Portland, OR	7.8	6.5	9.4	8.6	7.6	10.2	11.6	10.2	13.0	17.9	20.3	20.3
	(1.4)	(1.2)	(1.6)	(1.5)	(1.3)	(1.7)	(1.7)	(1.5)	(1.8)	(2.2)	(2.0)	(1.8)
Sacramento, CA	2.1	1.5	1.3	2.5	1.8	2.0	3.4	2.9	3.4	20.2*	14.1	11.6
	(0.8)	(0.6)	(0.5)	(0.8)	(0.7)	(0.7)	(0.9)	(0.8)	(0.9)	(3.4)	(3.3)	(4.2)
Washington, DC	11.8	4.3	4.7	12.2	4.5	5.7	11.3	4.3	5.9	18.5	21.4	21.3
	(4.4)	(2.6)	(2.8)	(4.5)	(2.6)	(3.1)	(4.1)	(2.4)	(3.0)	(4.2)	(8.3)	(7.2)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

[a] Asked of arrestees reporting some heroin use in the past 30 days.

Table 3.30: Self-reported Use of Methamphetamine among Adult Male Arrestees, 2007 to 2009

	Arrestees Reporting Methamphetamine Use (%)									Average No. of Days in Past 30 Used Methamphetamine [a]		
	Past 3 Days			Past 7 Days			Past Year					
Primary City	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**	**2007**	**2008**	**2009**
Atlanta, GA	n/a	n/a	n/a	1.2 (0.7)	0.1 (0.1)	0.3 (0.3)	1.4 (0.7)	0.6 (0.4)	0.6 (0.3)	n/a	n/a	n/a
Charlotte, NC	n/a	n/a	n/a	n/a	n/a	n/a	0.7 (0.5)	0.8 (0.5)	n/a	n/a	n/a	n/a
Chicago, IL	n/a	n/a	n/a	n/a	n/a	n/a	1.2 (1.0)	0.3 (0.3)	n/a	n/a	n/a	n/a
Denver, CO	3.3 (0.9)	1.6 (0.6)	3.1 (0.9)	4.4 (1.1)	2.2 (0.7)	3.6 (1.0)	9.1 (1.5)	4.8 (1.1)	7.1 (1.4)	11.6 (2.4)	7.7 (2.7)	9.1 (2.3)
Indianapolis, IN	0.9 (0.4)	0.4 (0.2)	0.2 (0.2)	1.8** (0.7)	0.6 (0.3)	0.4 (0.3)	2.5 (0.8)	2.5 (0.7)	2.0 (0.7)	9.8 (4.0)	8.9 (4.4)	12.8 (6.3)
Minneapolis, MN	2.9* (1.0)	2.0 (0.7)	1.0 (0.5)	2.8 (0.9)	2.5 (0.9)	1.8 (0.7)	5.1* (1.2)	4.3 (1.0)	2.9 (0.8)	10.2 (2.7)	15.4 (3.6)	16.4 (4.7)
New York, NY	0.3 (0.3)	n/a	0.4 (0.4)	0.3 (0.3)	n/a	0.5 (0.4)	3.1 (1.5)	0.5 (0.4)	1.0 (0.7)	3.2 (23.8)	n/a	7.4 (17.1)
Portland, OR	16.7*** (2.1)	9.5 (1.5)	9.0 (1.6)	19.3*** (2.2)	12.1 (1.6)	10.9 (1.7)	26.1*** (2.3)	19.2 (1.9)	16.7 (2.0)	14.7 (1.2)	12.8 (1.3)	11.9 (1.5)
Sacramento, CA	22.3 (2.4)	19.0 (2.1)	19.0 (2.3)	26.4 (2.6)	23.9 (2.3)	24.0 (2.5)	32.9 (2.7)	29.5 (2.4)	27.9 (2.6)	16.2* (1.0)	15.0 (1.1)	13.7 (1.1)
Washington, DC	n/a	n/a	n/a	n/a	n/a	n/a	98.3 (2.2)	n/a	95.6 (6.8)	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

[a] Asked of arrestees reporting some methamphetamine use in the past 12 months.

Table 3.31: Injected Drug Use at Most Recent Use (%), 2000 to 2003† and 2007 to 2009

Primary City	Powder Cocaine							Heroin							Methamphetamine						
	2000	2001	2002	2003	2007	2008	2009	2000	2001	2002	2003	2007	2008	2009	2000	2001	2002	2003	2007	2008	2009
Atlanta, GA			n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a
Charlotte, NC	n/a	0.1 (0.0)	0.3 (0.2)	0.1 (0.1)	0.1 (0.1)	0.1 (0.0)	0.2 (0.1)	n/a	98.1 (1.6)	99.1 (0.7)	96.7 (4.1)	99.7 (0.4)	99.5 (0.5)	99.6 (0.5)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chicago, IL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	8.2 (3.9)	5.1* (2.9)	10.3 (1.9)	14.6 (3.0)	7.3 (5.1)	24.6 (7.4)	27.7 (13.0)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Denver, CO	17.6 (4.3)	11.8 (3.5)	16.7 (3.9)	35.6*** (7.3)	8.4 (3.1)	4.8 (2.6)	9.2 (3.9)	79.9 (9.1)	90.1 (6.9)	87.1 (5.9)	93.6* (5.2)	66.4 (16.1)	56.5 (21.9)	56.5 (18.1)	32.5 (9.0)	32.7 (9.1)	15.4 (6.7)	31.0 (12.0)	16.2 (6.0)	6.7 (5.5)	17.3 (8.6)
Indianapolis, IN	10.6 (5.3)	5.8 (2.7)	8.9 (4.6)	11.2 (6.4)	0.8 (0.8)	4.8 (3.0)	6.9 (4.9)	49.7** (17.4)	68.0 (12.9)	75.4 (18.3)	54.4* (18.4)	53.6* (20.0)	61.4 (18.3)	88.0 (8.8)	12.0 (10.4)	16.1 (12.3)	17.0 (12.3)	n/a	n/a	14.3 (12.7)	13.7 (13.4)
Minneapolis, MN	5.3 (4.8)	9.7 (5.8)	4.5 (2.2)	10.9 (5.1)	7.6 (4.5)	5.9 (4.6)	11.5 (6.9)	22.4* (13.5)	45.2 (11.3)	44.7 (10.4)	59.9 (11.3)	52.4 (14.5)	33.6 (15.4)	55.2 (14.7)	17.2 (9.4)	29.6 (9.6)	6.8 (4.2)	10.7 (5.5)	19.2 (10.0)	11.4 (7.4)	13.6 (9.4)
New York, NY	13.8 (3.0)	12.2 (3.9)	16.3 (3.6)	16.0 (5.3)	6.9 (3.7)	27.0** (7.4)	8.1 (3.3)	30.4 (4.0)	29.7 (5.2)	33.3 (4.5)	36.6 (6.7)	14.1*** (5.8)	43.1 (10.2)	43.7 (8.1)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Portland, OR	57.8*** (7.1)	56.8*** (5.8)	43.3** (7.0)	54.8*** (6.4)	20.0 (5.5)	17.8 (5.2)	19.2 (6.3)	69.5 (5.8)	84.7 (4.1)	71.9 (6.6)	84.5 (4.7)	76.0 (6.4)	70.2 (7.1)	76.8 (6.6)	42.9 (5.2)	37.0 (4.2)	26.6 (3.6)	38.5 (4.7)	27.5 (5.0)	31.5 (5.5)	37.9 (6.9)
Sacramento, CA	11.3 (7.5)	15.0* (6.6)	6.4 (4.8)	8.4 (4.8)	3.6 (3.0)	2.9 (2.4)	1.9 (2.1)	82.4 (8.0)	81.7 (5.9)	69.8 (9.4)	91.3 (6.4)	92.6 (5.0)	78.6 (11.6)	77.5 (11.4)	29.1*** (4.4)	24.1*** (3.6)	19.8*** (3.2)	16.0** (3.1)	12.5 (3.4)	10.6 (2.9)	7.7 (2.7)
Washington, DC			n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2009 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.32: Percent Testing Positive for Other Drugs, 2007 to 2009: Barbiturates, Darvon, Methadone

	Barbiturates			Darvon			Methadone		
Primary City	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	23.9 (16.6)	28.9 (15.3)	7.5 (6.7)	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte, NC	n/a	n/a	n/a	n/a	n/a	n/a	0.5 (0.5)	0.6 (0.4)	0.3 (0.2)
Chicago, IL	0.0 (0.0)	0.0 (n/a)	0.0 (n/a)	n/a	n/a	n/a	5.6 (2.1)	2.9 (1.2)	2.0 (1.2)
Denver, CO	0.4 (0.4)	0.0 (n/a)	0.0 (n/a)	0.4 (0.4)	0.2 (0.2)	0.4 (0.4)	0.3 (0.3)	1.0 (0.5)	0.3 (0.3)
Indianapolis, IN	n/a	n/a	0.1 (0.1)	0.8 (0.4)	0.9 (0.5)	0.4 (0.3)	1.1 (0.7)	0.2 (0.2)	1.0 (0.6)
Minneapolis, MN	n/a	n/a	n/a	0.3 (0.2)	0.1 (0.2)	0.0 (n/a)	1.5 (0.7)	0.8 (0.5)	0.8 (0.4)
New York, NY	n/a	0.7 (0.7)	0.6 (0.4)	n/a	n/a	n/a	4.3* (1.3)	6.7 (1.4)	7.1 (1.2)
Portland, OR	n/a	n/a	0.0 (n/a)	n/a	n/a	n/a	3.4 (1.1)	1.3 (0.5)	2.9 (1.0)
Sacramento, CA	0.1 (0.1)	0.0 (n/a)	0.2 (0.2)	0.2 (0.1)	0.5 (0.3)	0.3 (0.2)	0.8 (0.5)	0.5 (0.3)	1.4 (0.7)
Washington, DC	n/a	n/a	n/a	n/a	n/a	n/a	4.5 (2.9)	1.1 (1.3)	2.6 (2.4)

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

[a] Oxycodone estimates are weighted, but not annualized since testing for this drug was not conducted in earlier years.

Table 3.33: Percent Testing Positive for Other Drugs, 2008 and 2009: Oxycodone, PCP, Valium

Primary City	Oxycodone[a]			PCP			Valium		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Atlanta, GA	n/a	n/a	0.3 (0.2)	n/a	n/a	n/a	1.2 (0.9)	0.9 (0.6)	0.4 (0.4)
Charlotte, NC	0.7 (0.4)	0.6 (0.3)	1.3 (0.6)	n/a	n/a	n/a	3.3 (1.4)	4.7 (1.4)	4.2 (1.5)
Chicago, IL	n/a	n/a	n/a	2.3 (1.7)	1.6 (1.2)	n/a	1.6 (1.3)	4.0 (1.6)	4.2 (2.2)
Denver, CO	0.7 (0.4)	1.2 (0.5)	0.9 (0.4)	n/a	n/a	n/a	4.0 (1.0)	6.0 (1.2)	4.2 (1.0)
Indianapolis, IN	1.3 (0.6)	1.1 (0.4)	1.9 (0.6)	0.2 (0.2)	n/a	n/a	7.5 (1.5)	9.0 (1.7)	7.0 (1.5)
Minneapolis, MN	1.2 (0.5)	1.4 (0.6)	2.2 (0.8)	2.2 (1.3)	0.4 (0.5)	0.4 (0.3)	2.5 (1.0)	4.1 (1.3)	2.1 (0.9)
New York, NY	0.7 (0.5)	0.4* (0.3)	1.5 (0.6)	1.1 (0.8)	1.5 (1.0)	0.3 (0.2)	2.5 (1.1)	5.2 (1.5)	4.5 (1.0)
Portland, OR	2.4*** (0.7)	0.6 (0.3)	0.2 (0.2)	n/a	n/a	0.4 (0.4)	0.4** (0.4)	2.9 (0.8)	2.8 (0.9)
Sacramento, CA	0.5 (0.3)	2.6 (0.9)	1.4 (0.6)	n/a	0.3 (0.3)	0.2 (0.2)	1.5 (0.6)	2.5 (0.9)	3.0 (1.1)
Washington, DC	0.9 (0.9)	n/a	n/a	2.3 (1.7)	n/a	6.3 (5.2)	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Differences between each year and 2009 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

[a] Oxycodone estimates are weighted, but not annualized since testing for this drug was not conducted in earlier years.

Table 3.34: Percent Admitting to Secondary Drug Use in the Past 3 Days, 2009

Primary City	Methadone	Amphet-amine	Barbitu-rates	Tranquil-izers	Opiate Painkillers	Darvon	Demerol	Ecstasy/ MDMA	PCP	LSD / Acid	Other Hallucin-ogen	Inhalant	Anti-Depress-ant	Other Drug
Atlanta, GA	n/a	n/a	n/a	n/a	4.4 (1.4)	n/a	n/a	1.7 (1.3)	n/a	n/a	n/a	n/a	1.3 (0.7)	5.6 (1.5)
Charlotte, NC	n/a	0.7 (0.6)	n/a	2.5 (1.1)	5.5 (1.6)	n/a	0.7 (0.5)	1.6 (1.0)	n/a	n/a	18.3 (15.6)	n/a	1.5 (0.8)	5.3 (1.4)
Chicago, IL	2.4 (1.5)	n/a	n/a	3.8 (2.2)	4.7 (2.5)	n/a	n/a	2.4 (1.5)	n/a	n/a	n/a	n/a	n/a	1.8 (1.1)
Denver, CO	0.4 (0.3)	0.5 (0.4)	n/a	1.4 (0.6)	4.0 (1.0)	n/a	n/a	0.8 (0.5)	n/a	0.2 (0.2)	0.4 (0.3)	0.1 (0.1)	0.2 (0.2)	4.9 (1.0)
Indianapolis, IN	0.9 (0.7)	n/a	0.2 (0.2)	4.9 (1.2)	9.5 (1.7)	n/a	0.9 (0.6)	0.7 (0.4)	n/a	0.0 (0.0)	n/a	0.3 (0.2)	0.2 (0.2)	5.6 (1.3)
Minneapolis, MN	0.2* (0.2)	0.3 (0.2)	n/a	1.0 (0.5)	5.0 (1.2)	n/a	n/a	0.5 (0.3)	n/a	0.4 (0.4)	0.7 (0.4)	n/a	0.6 (0.5)	2.0 (0.7)
New York, NY	4.0 (0.8)	0.3 (0.2)	0.2 (0.1)	1.2 (0.6)	1.7 (0.6)	n/a	n/a	0.7 (0.4)	0.1 (0.1)	n/a	n/a	n/a	0.6 (0.3)	1.1 (0.4)
Portland, OR	1.4 (0.6)	1.1 (0.6)	n/a	2.2 (0.8)	9.5 (1.7)	n/a	0.3 (0.3)	1.1 (0.6)	n/a	n/a	0.1 (0.1)	0.9 (0.7)	3.6 (1.0)	11.4 (1.8)
Sacramento, CA	0.4 (0.2)	0.8 (0.6)	n/a	3.6 (1.1)	8.5 (1.6)	n/a	n/a	0.9 (0.5)	n/a	n/a	n/a	0.4 (0.5)	0.6 (0.4)	8.2 (1.7)
Washington, DC	n/a	n/a	n/a	n/a	5.2 (4.9)	n/a	n/a	n/a	15.4 (10.8)	n/a	n/a	n/a	n/a	n/a

Notes:

Numbers shown in parentheses ( ) represent the standard error of the estimate presented.

Appendix B: ADAM II Program Methodology

In fall 2006, 10 sites were selected to participate in the ADAM II program. They were chosen to provide the following:

- National geographic spread, as trends in drug use tend to be regional;
- A focus on counties east of the Mississippi River, in order to monitor the emergence of methamphetamine use in this part of the country; and
- Consistent, biannual data collection points, to support statistical trend analysis.

All of the former 35 ADAM sites were considered for participation, with a focus on those that were more likely to meet the goals of the ADAM II program. Factors that were considered when making this determination included the complexity of the site's sampling plan (with a preference for single-facility sampling designs) and past performance participating in the ADAM program (e.g., consistent, high-quality data collection over an adequate period of time for trend development and quality of the census data provided for weighting). The selection process was also driven by ONDCP's interest in monitoring the emergence of methamphetamine use and was, therefore, biased toward counties east of the Mississippi.

Table B.1 provides information on selection criteria for each of the 10 selected sites. Each site collected data for 2007, 2008, and 2009 and will participate again in 2010.

Site Sampling

ADAM II comprises a non-probability sample of 10 counties and a probability sample of arrestees booked into jails within those counties. Consequently, program data are not generalizable to the nation as a whole or to any specific region in which the sites exist. However, the study is designed so that each county's data is representative of all adult male arrestees booked in that county during the data collection period.

Sampling within a County

The standard catchment area for each site is the county, although the sites are referred to by the name of the largest city in the county's geographic region. The number of booking facilities and the manner in which arrestees are moved from arrest to arraignment to holding varies within each site.

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Table B.1: ADAM II Site-Selection Criteria

Site Name	Annual Arrests per 1,000 Residents[1]	Number of Male Booking Facilities	Number of Booking Facilities in Sampling Plan	Sampling Design	Number of Quarters of ADAM Data Collection (2000–2003)	Census Data Format
Charlotte	40.8	1	1	Single	10	Electronic
Indianapolis	65.8	1	1	Single	15	Electronic
Chicago	463.3	12	1	Stratified Cluster	9	Electronic
Minneapolis	24.8	17	1	Stratified	14	Electronic
New York	183.8	2	1	Stratified	15	Electronic
Atlanta	74.6	2	2	Stratified	9	Unknown
Washington, DC	Not Reported	7	7	Stratified Cluster	6	Unknown
Denver	171.9	1	1	Single	15	Paper
Sacramento	61.3	1	1	Single	15	Electronic
Portland	44.0	1	1	Single	15	Electronic

In some sites, regardless of the arresting agency, all bookings in the county take place in a single jail, while in other sites bookings may take place in multiple facilities across the county. Table B.1 identifies the number of booking facilities in each of the ADAM II sites. The sampling-plan design takes into account whether the site has a single or multiple booking facilities.

For the study, each jail constitutes a stratum, and the result is a stratified random sample. However, resource constraints dictate that in some instances small booking facilities have to be excluded from the sample. For example, the Hennepin County (Minneapolis) sample does not include small suburban facilities and is restricted to the central Hennepin County jail, where the majority of arrestees are transferred and/or initially booked. Similarly, the Manhattan sample is restricted to the large central booking facility downtown (Manhattan House of Detention). In both cases, the included jail captures the overwhelming majority of the county bookings.[2] In Cook County (Chicago) the sample is limited to felony arrests and high-level misdemeanants who are brought from agencies throughout the county.[3]

ADAM II interviews arrestees over 14 consecutive days in every sampled jail, with the exception of collections in Atlanta and Washington, DC. In Atlanta (Fulton County and the City of Atlanta) there are now two principal jails. All Fulton County felons and misdemeanants are booked are booked in

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1 Based on male arrest figures in 2003 Uniform Crime Reports, except in Chicago (2001) and New York (2001).

2 It would have been possible to sample small jails and station interviewers in those facilities to provide representation for arrestees who do not appear in the included jails. However, so few arrestees are booked into the small jails that interviewers would spend most of their time waiting for arrivals. The resulting sample from the small jails would have a sampling variance that was so large that the small-jail estimate could not add appreciable information to a sample based exclusively on the large jail. A second jail in Manhattan was eliminated because it has a specialized caseload of public nuisance crimes and was excluded during 2002 and 2003 by ADAM.

3 A large proportion of minor misdemeanants is booked and released from over 100 small city precincts and suburban law enforcement facilities. It is impractical to sample from those facilities and, in any case, such samples would not substantially impact estimates obtained from the selected facilities.

Fulton County Jail. The second facility, the Atlanta Detention Center, books all misdemeanants arrested in the city proper by the Atlanta Police Department; all city felony arrests are taken to the Fulton County Jail. ADAM II samples from one facility in the first week and the second in the second week. There are seven booking facilities (districts) in Washington, DC. Since 2007 the Washington, DC sampling protocol randomly selects days for sampling at each of the facilities.

Sampling within a Facility

The ADAM II sampling procedure is the same within every jail across all sites. Both the original ADAM and ADAM II lack sufficient resources to station interviewers in booking facilities 24 hours per day for a two week period. Recognizing this constraint, the original ADAM sampling team considered a plan to randomly sample periods during a 24-hour day and station interviewers in the jails during those sampled periods. Eventually the team found this impractical for three reasons. First, jail personnel typically prohibit access to inmates during certain periods, as it is disruptive to jail operations. Second, sampling periods of relative quiescence force interviewers to be idle for at least some parts of their work shifts. Third, random sampling of interview periods requires interviewers to work unreasonable duty shifts.

Seeking a more practical sampling procedure, the sampling design is based on dividing data-collection days into periods of *stock* and *flow*. Interviewers arrive at the jail at a fixed time during the day—call this H. They work a shift of length S. The *stock* comprises all arrestees who booked between H-24+S and H. The *flow* comprises all arrestees who are booked between H and H+S. For example, if interviewers start working at 4 PM and worked for eight hours, then the stock period runs from 12am to 4PM, and the flow period runs from 4PM to 12am. Sampling is done from the stock and flow strata.

In the stock period, sampling is done from arrestees who were arrested between H-24+S and H. This sampling is done at time H, so interviewers can interview only those arrestees who are in jail as of time H—hence the name *stock*. With respect to the flow period, sampling is done continuously for arrestees as they are booked between H and H+S—hence the name *flow*.

To determine sampling rate, supervisors estimate the number of bookings that occur during the stock and flow periods. If the daily total is N, the number booked during the stock period N_S, the number booked during the flow period N_F, then $N = N_S + N_F$. Supervisors set quotas from the stock and flow equal to n_S and n_F, respectively, such that:

$$\frac{n_S}{n_F} = \frac{N_S}{N_F} \qquad \text{Equation B.1}$$

The actual sample size ($n = n_S + n_F$) depends on the number of interviewers and sometimes (for smaller jails) the number of bookings; $N = N_S + N_F$ since n cannot exceed N.

The supervisor sorts arrestees who are booked into the jail during the stock period and forms ns of equal sized strata based on that ordering. Sampling is systematic within each stratum: n_S+1, n_S+2, etc. If the sampled arrestee is unavailable or unwilling to participate, the supervisor selects the nearest neighbor—meaning the arrestees whose booking time occurs immediately after the arrestee who was unavailable or had declined to be interviewed. This replacement continues until the quota is filled.

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During the flow period, the supervisor selects the arrestee who was booked most recently and assigns an interviewer. If the arrestee is unavailable or unwilling to participate, the supervisor selects the next most recently booked arrestee as a substitute. This process continues until the work shift ends.

This procedure produces a sample that is reasonably well balanced, meaning that arrestees tend to have about the same probability of being included in the sample. If the sample were perfectly balanced, weighting would be unnecessary to achieve unbiased estimates; and in fact, estimates based on weighted and unweighted ADAM data are similar. The sample is not perfectly balanced, however, for several reasons.

First, while supervisors attempt to sample proportional to size during the stock and flow periods, achieving this proportionality requires two pieces of information that are unavailable at the time that supervisors set quotas. A supervisor can only estimate N_S and N_F based on historical experience. Furthermore, the supervisor cannot know the length of time required to complete interviews because the length of the ADAM instrument depends on the extent of the arrestee's reported drug use, so the achieved value of n_F is variable.

Second, the number of *bookings* varies from day-to-day, but the number of *interviewers* is constant. Days with a high number of bookings result in lower sampling probabilities than days with a low number of bookings. Furthermore, the number of bookings varies over the flow period, so that arrestees who are booked during periods with the most intensive booking activity have lower sampling rates than arrestees who are booked during periods with the least intensive booking activity. Sampling rates do not vary as much across the stock period because of the way that the period is partitioned.

Third, arrestees can exit the jail during the stock period. The probability that an arrestee will have been released prior to being approached by an interviewer depends on both the time during the stock period when he was booked and the charge. The earlier that booking occurred during the stock period, the greater the opportunity to have been released. The more serious the charge, the lower the probability of being released, because serious offenders are more likely to be detained for some time pending trial, bail, legal representation, or other activity relevant to release. Neither factor plays an important role during the flow period because of the way that the sample is selected during the flow period.

ADAM II preserves the sampling procedures used by the original ADAM, with the exception of sampling in Washington, DC. Due to insufficient resources to station an interviewer in each jail for every day, a random sample of days was taken so that each of the seven district jails has two or three interviewing days depending on its size. When ADAM II interviewers conduct interviews in each jail, the interviewers follow the sampling procedures described above.

Cook County (Chicago) presents another unique problem, because ADAM II staff can interview only during narrowly specified hours, precluding the use of an eight-hour flow period. Otherwise, the sampling procedure in Cook County is the same as elsewhere.

Weighting the ADAM II Data

As discussed above, sampling procedures remain the same from ADAM to ADAM II. These procedures are designed so that every arrestee has about the same probability of being sampled. That goal is never achieved in reality, and, in fact, the sampling rate varies appreciably across the population. Weighting the ADAM II data compensates for the sampling-rate variance that occurs during data collection. Originally, ADAM assigned weights by assigning all arrestees to strata based on offenses and the time they were booked. This approach was not altogether satisfactory, because samples were often small or even missing within a stratum, so that strata had to be merged. Merging required considerable manual manipulation of the data, and too frequently disparate strata were merged.

Instead, since 2007 ADAM II has developed *propensity scores* to weight the data. A propensity score is the estimated probability that a member of the population of arrestees is included in the sample. The estimated propensity score comes from a logistic regression in which the explanatory variables are the offense, details about when the interview was done (day, time of day), and other available information, such as age, that may affect the probability of selection. The inverse of the propensity score is the ADAM II case weight.

Propensity score weights improve the old ADAM poststratification weights. Weights are more homogenous (that is, there are fewer very large weights) and the resulting sampling variances are reduced. Propensity scores were applied to reweight the 2000 and 2001 data, when those data are available, to improve trend estimates.[4] Because the contractor from 2002–2003 (NORC) was unable to provide the 2002 and 2003 census data (that is, the booking records for the times when interviewers were in the jails), it has not been possible to reweight the 2002 and 2003 ADAM data.

Imputation of Missing Test Sample Data

In the past, researchers who weighted ADAM data assumed that urine tests were missing at random. The solution, then, was to develop a second set of weights that applied just to the urine test results. There are two potential disadvantages to this approach. The first is that if the results were not missing at random, the resulting weights would produce a biased estimate of the probability of testing positive for a specified drug. The second is that discarding cases as missing necessarily inflates sampling variances. Neither disadvantage was material so long as most arrestees provided urine samples.

Unfortunately, in some ADAM II sites, a higher than expected percentage of arrestees failed to provide urine specimens. While it's a matter of course to investigate the reason for this higher than expected level of missing data and seek to improve response rates, one must recognize that what was a minor problem when the missing data rate was small becomes a potentially serious problem when the missing data rate is large.

The approach to mitigate the problem is to use existing information to impute missing values. When both self-report of drug use and the urine test results are known, a regression is estimated, where the urine test result is the dependent variable and the self-report is the explanatory variable. The results

[4] Abt Associates developed the poststratification weighting system and used site census data (data on all arrests in the interview period in the county) from 2000 to 2001 to weight the data.

from this regression are then used to impute a value when the self-report is known but there is no urine test result. Although conceptually simple, the practice of performing data imputations is complicated, and is detailed in *ADAM II Technical Documentation Report*.

Given the desire to improve all estimates, data imputation procedures are now used to improve estimates of the probability that offenders test positive for specified drugs in all sites.

Each site raises unique problems. For example, the sample size is unexpectedly small in Washington, DC because arrestees accumulate across seven distinct jails, so each jail has a fairly small flow of offenders. An eventual solution may be to expand the number of interview days, but in the meantime, other means were used to improve the estimates. Washington, DC presents a unique opportunity to improve estimates because Pretrial Services obtains a urine sample from everyone who is arraigned—typically only offenders with serious charges. Thus, the ADAM II sample is partitioned into two groups: those with a high probability of having a Pretrial Services urine test and those with a low probability of having a Pretrial Services urine test. For the former, the results from the Pretrial Services urine test are used as the estimate; for the latter, the weighted ADAM II data are used.

Estimating Trends

One of the primary goals of reestablishing the ADAM II program was to generate trends that bridge the ADAM programs and assess the significance of changes. While one could produce trend estimates by placing ADAM II estimates onto a graph with previous ADAM estimates, this trend would not be accurate. Two important considerations are taken into account in producing trend estimates: (1) Police practices change and thus affect who is arrested over time—any simple comparison could not distinguish between the probability that an offender would use drugs and the probability that an offender would appear in a jail-based sample—and (2) ADAM and ADAM II samples were collected at different times of year, which may affect trends based on cyclical patterns of drug use.

Model-based predictions that control for the offender mix are developed to account for these considerations. This is analogous to case-mix adjustments often required in health services research. Specifically, weighted regressions are estimated where the result of a urine test is the left-hand-side variable and the right-hand-side variables include the year, the offense, variables controlling for seasonality, and some additional factors that vary from place-to-place. The trends are then based on regression-based predictions that control for the offense and for seasonality.

Confidence intervals around each estimate to determine the significance of year-to-year change are also developed using regression models. This is a necessary step because the annualized estimates are not independent of each other.

2009 Data Collection

Sample Sizes

Nearly 7,800 adult male arrestees were sampled across all sites, an average of 850 cases sampled per site.[5] The number of sampled cases does not represent the number of sampled cases that are available to be interviewed, a number contingent on whether the arrestee is physically available or has been transferred to another facility, is ill and in the medical unit, or isolated due to violent behavior (see below for complete explanation of inclusion criteria). There were 5,540 sampled and available adult male arrestees across all sites, with an average of 600 per site[6] in the two data collection quarters of 2009.

Interview Completion Goals

The interview completion goals for each of the 10 ADAM II sites are 250 completes per quarter for two quarters for a total of 5,000 completes across all sites. In the two quarters of the 2009 collection, 4,746 interviews were completed across all sites, with an average of 518 completes per site.[7] Three sites (Denver, Indianapolis, and New York) exceeded the goal of 500 completed interviews. Other sites ranged from 483 completes in Chicago to 494 in Sacramento.

To understand the ADAM II sample of arrestees and how it translates into an estimate for all booked arrestees, it is important to take into account the unique ADAM II sampling approach as well as the environment in which the sampling plan is executed. ADAM II sampling plans are designed to systematically sample from a population that may or may not be eligible or available to participate in the study, both of which may not be determined until the arrestee is sampled and approached for participation.

Disposition of Sampled Arrestees

Facesheets completed in ADAM II serve two purposes. The first is to generate data to assess whether the interviewers are following the sampling plan. The second is to generate a potential sample of arrestees eligible to be interviewed. This potential sample includes arrestees who may be eligible, but they may also have been released back into the community, transferred to another facility, taken to court, or are otherwise unavailable to the interviewer.

In creating the sampling frame, data collectors remove from the list those arrestees who were booked into the facility more than 48 hours prior to data collection, if those data are available to them at the facility. This list becomes the sampling frame to which data collectors apply the protocols for stock and flow selections described earlier. However, accurate data on time-since-arrest is not always available and consequently an arrestee's true eligibility may not be known until the interviewer finds

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5 Washington, DC is excluded from calculation of this average. That sample size totaled 143 across both quarters (17 percent of the average).

6 Washington, DC is excluded from this average. The available cases totaled 139 across both quarters (23 percent of the average).

7 Washington, DC is excluded from this average. The number of completed interviews totaled 80 across both quarters (15 percent of the average).

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the sampled arrestee and asks when he was arrested. Of that pool of eligible arrestees, some may also not be available for a number of reasons, such as being taken to court, released, or removed from the booking area for violent behavior, or illness. The remaining arrestees are *eligible* and *available*. A sampled, available case may choose not to be interviewed: language barrier, does not want to, etc. Those who are successfully interviewed are *complete cases*. If an eligible and available arrestee completes an interview, he has the option of providing a urine sample. He may also refuse to supply the specimen for a number of reasons.

The following definitions summarize these conditions:

- **Eligible cases:** All male arrestees who have been arrested within the prior 48-hour period and are not immigration or federal holds.
- **Sampled cases:** Eligible male arrestees booked into the facility within the 24-hour period of data collection, selected by interval from the stock period and by temporal ordering from the flow period.
- **Available cases:** Sampled cases that are (1) physically in the facility and (2) have not been removed from the booking area due to illness or violent behavior.

In addition, those arrestees not contacted before the end of the interview shift are eligible but unavailable for the interview.[8] The remaining arrestees are eligible and available. If an eligible and available arrestee completes an interview, he has the option of providing a urine sample. Using the above eligibility rules, disposition codes are created for each facesheet. Table B.2 reports the numbers of completed facesheets with each final disposition (i.e., ineligible, eligible and unavailable, eligible and available, and completes) by ADAM II site and overall. The number of arrestees eligible and available for the interview is found in the final six rows.

Interview Response Rates

Similar to examining sample sizes, there are two interview response rates: one that reflects the total sampled arrestees (the overall response rate), and one that reflects the sampled, available arrestees (the conditional response rate.)[9] Given the ADAM II sampling plans, in particular the stock sampling approach, everyone who is sampled is not available to be approached for the interview. A conditional response rate calculation based upon the number of arrestees who are physically available for interviewing is instructive as a reflection of the percentage of *eligible and available* respondents completing the survey. The conditional response rate is more for assessing how well the interviewer performs.

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8 We recognize that there may be some unavailable arrestees that would be ineligible since they were booked more than 48 hours prior to being contacted. However, as reported in Table B.2, there are very few ineligible arrestees. To simplify the response rates, we assume all arrestees that were unavailable to be eligible for the interview.

9 The *overall response rate* is analogous to RR1 and the *conditional response rate* is analogous to the contact rate CON1 found in the *Standard Definitions* from the American Association of Public Opinion Research (AAPOR 2006, pp. 32–36).

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Table B.2: Final Disposition of Completed Facesheets

	Atlanta	Charlotte	Chicago	Denver	Indianapolis	Minneapolis	New York	Portland	Sacramento	Washington, DC	Overall
Ineligible for the Interview											
Arrested More than 48 Hours Ago	0	0	0	0	0	0	0	1	2	0	3
Eligible but Unavailable for the Interview											
Taken to Court	7	0	1	7	0	0	117	0	1	2	135
Released	157	48	13	81	0	379	3	78	150	0	909
Transferred	0	1	2	4	153	0	698	23	0	1	882
Medical Unit	3	0	8	4	6	3	0	5	1	0	30
Violent or Uncontrolled Behavior	12	5	1	11	15	26	3	30	17	1	121
Physically Ill	2	0	3	5	2	2	13	4	5	0	36
Shift Ended	0	0	0	0	0	3	2	1	0	0	6
Other/Missing	37	29	7	5	3	8	33	7	3	0	132
Eligible and Available for the Interview											
Did Not Want to Answer Interview	44	51	18	66	37	89	177	66	42	52	642
Could Not Answer Interview Due to Language Barrier	4	3	3	3	8	1	11	0	2	1	36
Other/Missing	15	4	8	4	7	7	9	7	0	6	67
Agreed, Did not Complete Interview	10	2	2	6	0	3	15	10	1	0	49
Completed Interview											
No Urine Sample	67	101	34	61	63	43	156	51	64	29	669
Provided Urine Sample	417	371	449	480	493	432	541	413	430	51	4,077

Prior to discussing the actual response rates, it is important to remember that the most critical part of the ADAM II sampling and weighting strategy is to provide the basis for making inferences about booked arrestees given the idiosyncrasies imposed on ADAM II sample due to the setting (booking facilities). The sampling strategy balances the sample, and the propensity score weights control for things correlated to testing positive for drugs, such as day and time of booking and severity of offense. This sampling and weighting strategy, rather than simply pure response rates, justifies the ADAM II sample as a valid indicator of the booked population.

The *overall response rate* is computed as the number of arrestees completing interviews divided by the sum of the number of arrestees completing interviews and the number of sampled eligible arrestees not completing interviews. We partition the eligible arrestees not completing interviews into two subgroups: arrestees not available for interview (e.g., taken to court) and arrestees available for interview but refusing or unable to take the interview (e.g., a language barrier) or who agree to the interview but do not complete it. For any ADAM II site *i*, this may be written as:

$$ResponseRate_i = \frac{Resp_i}{Resp_i + EligUnavailable_i + AvailableNonResp_i} \qquad \text{Equation B.2}$$

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Where:

ResponseRate	The response rate to the interview
Resp	The number of *eligible and available* arrestees responding to the interview
EligUnavailable	The number of *eligible but unavailable* arrestees
AvailableNonResp	The number of *eligible and available* arrestees not completing an interview

The *conditional response rate* is nested within the overall response rate, and is written as the number of arrestees completing interviews divided by the sum of the number of arrestees completing interviews and the number of sampled eligible and available arrestees not completing interviews. For any ADAM II site *i*, this may be written as:

$$CondResponseRate_i = \frac{Resp_i}{Resp_i + AvailableNonResp_i} \qquad \text{Equation B.3}$$

Overall response rates for the interview may be computed according to Equation B.2, and conditional response rates may be computed according to Equation B.3. For each ADAM II site, Table B.3 reports the number of arrestees eligible to be interviewed, eligible and available for the interview, completing the interview, and providing a urine specimen. Table B.3 then reports both the conditional and overall response rates for completing an interview.

Urine Response Rates

There are three different response rates for providing a urine specimen. The first is the *urine agreement rate*, an important indicator of the reliability of self-reported drug abuse. For any ADAM II site *i*, it is computed by:

$$UrineAgreementRate_i = \frac{ProvideUrine_i}{Resp_i} \qquad \text{Equation B.4}$$

ProvideUrine is the number of arrestees providing a urine sample. Seven of the 10 ADAM II sites achieved a urine sample agreement rate in excess of 80 percent Table B.3. A high average urine agreement rate of 86 percent was achieved across all sites for the first and second quarters in 2008, with a range from 64 percent in Washington, DC to 93 percent in Chicago.

For completeness, in Table B.3 we report two other response rates: the urine conditional response rate and the urine overall response rate. The urine conditional response rate is computed by:

$$UrineCondResponseRate_i = CondResponseRate_i \times UrineAgreementRate_i \qquad \text{Equation B.5}$$

The urine overall response rate is computed by:

$$UrineResponseRate_i = ResponseRate_i \times UrineAgreementRate_i \qquad \text{Equation B.6}$$

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Table B.3: Sample Sizes and Response Rates for Interview and Urine Specimen 2009

	Atlanta	Charlotte	Chicago	Denver	Indianapolis	Minneapolis	New York	Portland	Sacramento	Washington, DC	Overall
Sample Sizes											
Provided Urine Specimen	417	371	449	480	493	432	541	413	430	51	4,077
Completed Interviews	484	472	483	541	556	475	697	464	494	80	4,746
Eligible and Available to Be Interviewed	557	532	514	620	608	575	909	547	539	139	5,540
Eligible to be Interviewed	775	615	549	737	787	996	1,778	695	716	143	7,791
Interview Response Rates											
Conditional Response Rate	0.869	0.887	0.94	0.873	0.914	0.826	0.767	0.848	0.917	0.576	0.857
Overall Response Rate	0.625	0.767	0.88	0.734	0.706	0.477	0.392	0.668	0.69	0.559	0.609
Urine Response Rates											
Urine Agreement Rate	0.862	0.786	0.93	0.887	0.887	0.909	0.776	0.89	0.87	0.638	0.859
Conditional Response Rate	0.749	0.697	0.874	0.774	0.811	0.751	0.595	0.755	0.798	0.367	0.736
Overall Response Rate	0.538	0.603	0.818	0.651	0.626	0.434	0.304	0.594	0.601	0.357	0.523

Indicators of Responding to the Survey

Not every arrestee sampled answers a survey. Table B.2 includes the reasons arrestees do not respond to the interview. In Atlanta, Charlotte, Chicago, Denver, Minneapolis, Portland, and Sacramento, unavailable arrestees are most frequently released before the ADAM interviewers are able to contact them. In Indianapolis and New York, unavailable arrestees are most frequently transferred away from the booking facility. There are very few unavailable arrestees in Washington, DC

For eligible arrestees, in every site the most frequent reason for non-response is due to the arrestee not wanting to participate. There were not many refusals due to language difficulties, though New York had the most at 11.

One might wonder whether there are differences in response rates among subpopulations of the eligible arrestees. In the following details, we find the time of day, whether the arrestee was booked in the stock or flow period, and the most serious arrest charge differentiate arrestees that agree to the interview. The other characteristics only occasionally differentiate response rates. We collected a number of variables on the facesheet to distinguish subpopulations of the sample, including booking day of the week, booking time, whether the sampled case was from the stock of booked arrestees, age, race and ethnicity, severity, and charge.

For each of the stratifying variables just described, Table B.4 reports the number of facesheets with non-missing values for the stratifying variables, the percentage of arrestees among the subpopulations with facesheets that respond to the survey, and a χ^2 test of significance that the response percentages are statistically different across the subpopulations. In other words, the analysis is looking at different factors that might help to predict why someone agrees to participate in the survey.

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A few notes are necessary to discuss the χ^2 tests of significance. First, in this section we consider a difference statistically significant if its p-value is less than or equal to 0.05. Second, in the case of Washington, DC, we control for the facility in which the sample was drawn in addition to the stratifying variable.[10]

For eligible arrestees in all sites but Chicago and Washington, DC, the time at which an arrestee is booked appears to differentiate agreement percentages. In all sites, arrestees booked earlier in the day agree to the interview at a lower rate. Usually the lowest rate is from 12:00 AM to 8:59 PM, with the exceptions of Charlotte and Portland, where the agreement percentages are roughly equal in early and midday (9:00 AM – 3:59 PM). The highest agreement percentages are late in the day (4:00 PM – 11:59 PM), except in Denver, Indianapolis and Minneapolis, where they are lower but roughly equal early or midday. Agreement percentages are always higher in the flow time period rather than the stock time period.

The most serious charge type is a statistically significant predictor of agreement percentages in six sites, although it is idiosyncratic. In Charlotte, those with a property charges are least likely to agree to the interview. In Indianapolis, those with "other" charges are least likely to agree to the interview. In New York, those with violent or drug charges as their most severe offense at arrest are least likely to agree to answer the interview. In Minneapolis, those with drug or "other" charges are least likely to agree to the interview. Finally, in Portland and Sacramento, those with drug charges as their most severe offense at arrest are least likely to agree to answer the interview.

The day of the week an arrestee was booked differentiated agreement percentages in three sites. In Charlotte, the agreement percentage was low on Tuesday and high on Thursday and Friday. In Indianapolis, the agreement percentage was low on Monday, Tuesday, and Saturday. In New York, the agreement percentage was low on Monday and high on Saturday.

The race and ethnicity of the arrestee differentiated agreement percentages in four sites, but no general pattern arose. In Atlanta, the lowest agreement percentage was for "other" races, while the highest was for blacks. In Denver, the lowest agreement percentage was for "other" races, while the highest was for Hispanics. In Portland, the lowest agreement percentage was for blacks and whites, while the highest was for Hispanics. Finally, in Sacramento, the lower agreement percentages were for whites and "other" races, while the higher ones were for blacks and Hispanics.

The severity of the most serious charge at the time of arrest differentiated the agreement percentages in four sites. In Atlanta and Sacramento, those with lower severity of arrest charges were less likely to agree to the interview. In Indianapolis and Minneapolis, those with misdemeanors were less likely to agree to an interview.

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[10] This would enable us to discern differences that could not be explained simply by differences in the facility from which the sample was drawn.

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Table B.4: Characteristics of Non-Response to the Survey 2009

	Atlanta	Charlotte	Chicago	Denver	Indianapolis	Minneapolis	New York	Portland	Sacramento	Washington, DC
Day of Week										
Monday	65%	81%	93%	77%	65%	50%	28%	68%	66%	58%
Tuesday	54%	52%	89%	75%	60%	47%	37%	62%	69%	27%
Wednesday	61%	74%	89%	77%	71%	46%	42%	65%	75%	64%
Thursday	70%	97%	85%	72%	78%	57%	42%	64%	68%	67%
Friday	64%	92%	90%	69%	81%	52%	36%	70%	70%	59%
Saturday	64%	74%	83%	74%	67%	39%	51%	64%	72%	50%
Sunday	60%	79%	88%	71%	77%	47%	40%	76%	65%	64%
Total N (non-missing)	775	615	535	737	787	996	1778	696	716	141
Chi-Square	6.5	66.2	4.8	3.5	19.3	10.3	31.1	5.1	3.5	7.7
p-value	0.373	<0.001	0.574	0.750	0.004	0.112	<0.001	0.526	0.746	0.261
Booking Time										
12:00am-8:59am	47%	74%	90%	71%	61%	35%	21%	63%	52%	0%
9:00am-3:59pm	61%	68%	89%	81%	76%	65%	33%	59%	76%	83%
4:00pm-11:59pm	84%	89%	89%	71%	76%	61%	66%	77%	84%	55%
Total N (non-missing)	770	614	432	737	782	995	1775	686	712	137
Chi-Square	68.9	26.7	0.1	7.2	19.7	74.7	286.0	20.1	67.9	1.9
p-value	<0.001	<0.001	0.942	0.028	<0.001	<0.001	<0.001	<0.001	<0.001	0.395
Sample Type										
Stock	54%	71%	n/a	69%	62%	41%	23%	60%	62%	67%
Flow	83%	89%	88%	81%	86%	73%	68%	76%	84%	56%
Total N (non-missing)	771	611	547	737	778	996	1778	691	717	143
Chi-Square	56.1	25.8	n/a	11.2	49.6	65.0	350.0	19.0	35.1	0.0
p-value	<0.001	<0.001	n/a	0.001	<0.001	<0.001	<0.001	<0.001	<0.001	0.917
Age										
18-23	59%	71%	89%	77%	75%	44%	38%	75%	64%	58%
24-29	55%	77%	91%	77%	71%	51%	40%	64%	65%	62%
30-35	60%	83%	86%	73%	69%	46%	40%	63%	69%	31%
36-44	65%	80%	87%	75%	64%	50%	38%	66%	70%	48%
45+	69%	76%	87%	66%	72%	50%	41%	65%	78%	64%
Total N (non-missing)	774	615	530	735	781	993	1776	694	712	139
Chi-Square	8.8	4.4	1.7	7.3	6.1	3.4	1.0	5.6	8.9	5.7
p-value	0.066	0.358	0.788	0.121	0.194	0.494	0.903	0.230	0.063	0.221
Race										
Black	67%	76%	87%	72%	72%	46%	38%	67%	74%	57%
Hispanic	48%	85%	90%	82%	79%	n/a	44%	81%	73%	0%
White	40%	74%	89%	70%	69%	49%	36%	64%	64%	43%
Other	18%	100%	100%	64%	n/a	54%	33%	74%	58%	75%
Total N (non-missing)	774	615	549	734	787	996	1770	694	717	143
Chi-Square	38.8	4.5	1.5	9.0	1.8	1.6	7.5	8.5	11.1	0.9
p-value	<0.001	0.217	0.690	0.029	0.400	0.446	0.058	0.037	0.011	0.833
Top Severity										
Felony	75%	78%	86%	77%	76%	65%	38%	66%	79%	46%
Misdemeanor	58%	77%	88%	71%	66%	36%	41%	65%	55%	65%
Other	26%	76%	92%	74%	82%	60%	35%	68%	40%	44%
Total N (non-missing)	775	615	549	737	787	996	1778	696	718	143
Chi-Square	33.0	0.3	1.3	2.6	9.3	65.4	3.0	0.4	47.1	3.9
p-value	<0.001	0.881	0.533	0.266	0.010	<0.001	0.221	0.801	<0.001	0.143
Top Charge Type										
Violent	73%	83%	86%	75%	74%	57%	37%	70%	78%	67%
Drug	61%	75%	87%	72%	72%	45%	33%	54%	60%	67%
Property	66%	69%	88%	70%	76%	59%	50%	76%	76%	64%
Other	61%	79%	93%	74%	64%	37%	46%	64%	74%	47%
Total N (non-missing)	744	615	543	735	773	975	1680	685	682	100
Chi-Square	6.0	8.1	3.3	1.4	8.8	30.4	35.4	17.6	20.1	6.3
p-value	0.114	0.044	0.348	0.703	0.032	<0.001	<0.001	0.001	<0.001	0.098

Once an arrestee agrees to answer a survey, his characteristics as measured on the facesheet do little to differentiate whether he will provide a urine test. Table B.5 is structured similarly to Table B.4, though for survey respondents. It reports the number of survey respondents with non-missing values for the stratifying variables, the percentage of surveyed arrestees among the subpopulations with facesheets that provide a urine sample, and a χ^2 test of significance that the response percentages are statistically different across the subpopulations.

The facesheet variables distinguish the percentages of arrestees agreeing to provide a urine sample across the different subpopulations. In New York, people arrested later in the week and those older than the youngest category provided urine tests at a higher rate. In Charlotte, those arrested early in the day and those arrested during the stock time provided urine tests at a higher rate. Finally, in Sacramento, those arrested during the stock time provided urine tests at a higher rate.

Table B.5: Characteristics of Non-Response to the Urine Test 2009

	Atlanta	Charlotte	Chicago	Denver	Indianapolis	Minneapolis	New York	Portland	Sacramento	Washington, DC
Day of Week										
Monday	83%	88%	97%	90%	81%	92%	68%	90%	84%	57%
Tuesday	83%	79%	91%	82%	89%	91%	72%	93%	90%	50%
Wednesday	84%	82%	86%	85%	89%	89%	78%	82%	93%	71%
Thursday	87%	72%	93%	93%	92%	93%	71%	90%	87%	80%
Friday	88%	75%	93%	94%	92%	86%	83%	85%	93%	60%
Saturday	86%	74%	97%	90%	91%	94%	86%	93%	77%	54%
Sunday	91%	83%	96%	88%	87%	91%	83%	90%	86%	64%
Total N (non-missing)	484	472	471	541	556	475	697	464	494	79
Chi-Square	2.7	8.2	9.8	8.5	7.0	3.4	16.6	6.3	11.8	7.0
p-value	0.841	0.223	0.134	0.206	0.318	0.761	0.011	0.387	0.067	0.325
Booking Time										
12:00am-8:59am	90%	88%	92%	88%	91%	89%	79%	90%	91%	n/a
9:00am-3:59pm	84%	78%	93%	86%	88%	93%	75%	90%	89%	80%
4:00pm-11:59pm	86%	72%	88%	92%	87%	93%	78%	88%	83%	63%
Total N (non-missing)	481	471	384	541	552	474	696	458	490	77
Chi-Square	1.9	11.2	0.3	2.7	2.0	2.2	1.2	0.3	5.9	0.6
p-value	0.384	0.004	0.864	0.256	0.364	0.329	0.555	0.843	0.051	0.432
Sample Type										
Stock	88%	82%	n/a	89%	90%	91%	78%	91%	89%	100%
Flow	83%	73%	93%	88%	86%	91%	77%	87%	83%	63%
Total N (non-missing)	483	469	481	541	547	475	697	459	494	80
Chi-Square	2.0	5.7	n/a	0.2	2.0	0.0	0.0	1.5	3.8	0.0
p-value	0.160	0.017	n/a	0.648	0.162	0.891	0.873	0.215	0.050	0.972
Age										
18-23	90%	73%	94%	93%	90%	91%	68%	95%	89%	73%
24-29	79%	79%	95%	93%	88%	93%	80%	89%	86%	44%
30-35	86%	78%	90%	87%	88%	84%	81%	92%	89%	50%
36-44	86%	81%	91%	86%	90%	92%	84%	83%	89%	73%
45+	88%	82%	92%	83%	87%	93%	78%	87%	83%	70%
Total N (non-missing)	484	472	468	539	550	474	695	462	491	78
Chi-Square	4.2	3.1	2.3	9.4	0.7	6.3	13.1	8.6	2.5	3.1
p-value	0.379	0.535	0.678	0.052	0.957	0.175	0.011	0.071	0.646	0.538
Race										
Black	86%	79%	93%	88%	87%	90%	77%	92%	85%	65%
Hispanic	100%	77%	96%	92%	100%	n/a	80%	92%	87%	n/a
White	87%	79%	88%	86%	90%	92%	75%	86%	88%	67%
Other	100%	100%	100%	100%	n/a	94%	62%	96%	90%	33%
Total N (non-missing)	483	472	483	539	556	475	697	462	493	80
Chi-Square	2.4	1.2	3.6	4.0	3.2	0.7	4.2	4.5	0.7	1.3
p-value	0.500	0.747	0.306	0.262	0.204	0.712	0.239	0.209	0.863	0.535
Top Severity										
Felony	86%	81%	94%	91%	88%	90%	80%	92%	87%	71%
Misdemeanor	86%	77%	92%	88%	89%	93%	78%	86%	88%	59%
Other	100%	80%	95%	88%	89%	90%	71%	90%	100%	75%
Total N (non-missing)	484	472	483	541	556	475	697	464	494	80
Chi-Square	1.0	0.9	0.8	1.1	0.2	1.0	3.4	2.9	0.4	1.3
p-value	0.608	0.643	0.663	0.569	0.916	0.596	0.185	0.238	0.836	0.515
Top Charge Type										
Violent	81%	74%	91%	91%	87%	95%	80%	93%	87%	83%
Drug	88%	79%	96%	90%	94%	91%	79%	83%	86%	50%
Property	88%	83%	90%	89%	88%	90%	79%	88%	94%	86%
Other	85%	79%	96%	86%	87%	90%	73%	89%	84%	61%
Total N (non-missing)	476	472	477	539	546	466	693	454	477	59
Chi-Square	2.7	2.8	4.4	2.8	3.7	3.1	2.2	5.8	4.5	4.1
p-value	0.436	0.425	0.221	0.424	0.291	0.371	0.530	0.119	0.215	0.246

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Examination of the Congruence between Self-reported Recent Drug Use and a Positive or Negative Urine Test

ADAM II provides two indicators of recent drug use: survey questions about the arrestee's recent drug use and the urine test. Test thresholds and detection windows are summarized in Exhibit B.1 at the end of this discussion. This section discusses the agreement between the urine test results and questions about recent drug use. We focus on the four drugs with the largest proportion testing positive: marijuana, cocaine, heroin, and methamphetamine. For the survey questions discussing cocaine, the separate responses about crack cocaine and powder cocaine are combined, as the urine test does not distinguish between the two.

In the ADAM II calendar, there are questions about drug use at varying time intervals: ever, past year, past 30 days, past 7 days, and past 3 days. Because of the different testing windows, recent use is defined separately for each drug. For marijuana, recent use is self-reported use for at least one day in the past 30. For crack and powder cocaine, heroin, and methamphetamine, recent use is self-reported use for at least one day in the past three.

Table B.6 reports the agreement between self-reported recent drug use and results from the urine test by site across the two quarters of data collection. The first column indicates the ADAM II site. The second column indicates the number of arrestees reporting recent drug use and providing a urine test. Note that these may differ within sites across drugs due to two factors: (1) not enough urine being collected to test for every drug or (2) an arrestee not responding to the self-report for a particular drug. The third through sixth columns report the arrestees' answers to recent drug use versus their urine test result. Columns three through six add to 100 percent for each row. The sites are grouped by drug, since there do not appear to be patterns within sites (e.g., Chicago has relatively high percentages of arrestees admitting to use and testing positive for marijuana and heroin but relatively low percentages for cocaine).

Although there is significant variance in the percentages between sites, some general conclusions can be made about each drug from Table B.6. For marijuana, roughly 9 percent of arrestees admit to use in the past 30 days but test negative. Another 9 percent do not admit to use in the past 30 days but test positive. These differences for marijuana may be due to a combination of the lengthy testing window and the frequency of use among heavier users of marijuana. Among the roughly 24 percent of arrestees testing positive for cocaine, around 14 percent of arrestees test positive but do not admit to use, slightly more than the proportion admitting to use and testing positive. Similarly, the percentage testing positive for heroin averages 8 percent, and a little less than half admit to use. For cocaine, heroin, and methamphetamine, very few arrestees (less than 1 percent) admit to use but test negative for the same drug.

What is most compelling is the percentage of arrestees telling the truth, that is, self-reporting no use and testing negative or self-reporting use and testing positive. Across all four drugs and all 10 ADAM II sites, the proportion telling the truth is extremely high. For marijuana, 83 percent of arrestees were consistent in their response to self-reported use and the results of the testing of their urine specimen. A similar percent of congruence was identified for cocaine (85 percent) and even higher rates for heroin (95 percent) and methamphetamine (98 percent).

Table B.6: Proportion Admitting to Recent Drug Use versus Urine Test Result 2009

Site	Number That Answer Recent Use and Provide Urine Test	No Recent Use and Negative Urine Test	Has Recent Use and Negative Urine Test	No Recent Use and Positive Urine Test	Has Recent Use and Positive Urine Test
Marijuana					
Atlanta	417	47.2%	9.1%	8.9%	34.8%
Charlotte	368	57.6%	8.2%	8.4%	25.8%
Chicago	448	42.0%	8.5%	9.6%	40.0%
Denver	478	43.9%	10.7%	8.2%	37.2%
Indianapolis	490	47.1%	8.0%	10.4%	34.5%
Minneapolis	431	46.2%	5.8%	14.8%	33.2%
New York	540	48.9%	10.2%	6.3%	34.6%
Portland	408	50.2%	10.3%	4.9%	34.6%
Sacramento	429	43.6%	9.1%	5.8%	41.5%
Washington, DC	51	45.1%	5.9%	5.9%	43.1%
Overall	4,060	47.2%	8.9%	8.5%	35.4%
Cocaine					
Atlanta	415	60.5%	0.0%	22.4%	17.1%
Charlotte	371	71.4%	0.0%	17.5%	11.1%
Chicago	444	71.8%	1.4%	16.2%	10.6%
Denver	479	72.0%	0.4%	12.7%	14.8%
Indianapolis	492	77.8%	0.6%	15.0%	6.5%
Minneapolis	430	82.3%	1.4%	8.8%	7.4%
New York	539	70.7%	0.2%	16.1%	13.0%
Portland	413	83.1%	0.7%	7.5%	8.7%
Sacramento	430	86.7%	1.2%	7.7%	4.4%
Washington, DC	51	70.6%	0.0%	9.8%	19.6%
Overall	4,064	75.0%	0.6%	13.8%	10.6%
Heroin					
Atlanta	415	97.1%	0.0%	2.4%	0.5%
Charlotte	371	96.5%	0.0%	3.0%	0.5%
Chicago	446	87.2%	0.7%	5.8%	6.3%
Denver	480	93.3%	0.0%	3.5%	3.1%
Indianapolis	493	89.2%	0.2%	7.5%	3.0%
Minneapolis	432	92.4%	0.2%	4.6%	2.8%
New York	540	88.5%	0.7%	5.0%	5.7%
Portland	413	88.4%	0.2%	2.2%	9.2%
Sacramento	430	91.9%	0.2%	6.3%	1.6%
Washington, DC	51	88.2%	0.0%	5.9%	5.9%
Overall	4,071	91.4%	0.3%	4.6%	3.8%
Methamphetamine					
Atlanta	415	99.3%	0.0%	0.2%	0.5%
Charlotte	371	100.0%	0.0%	0.0%	0.0%
Chicago	447	99.8%	0.0%	0.2%	0.0%
Denver	478	95.6%	0.4%	1.0%	2.9%
Indianapolis	493	99.0%	0.0%	0.6%	0.4%
Minneapolis	432	97.7%	0.2%	1.4%	0.7%
New York	540	99.6%	0.4%	0.0%	0.0%
Portland	412	87.4%	0.5%	5.1%	7.0%
Sacramento	429	73.0%	0.7%	9.8%	16.6%
Washington, DC	51	98.0%	2.0%	0.0%	0.0%
Overall	4,068	94.8%	0.3%	1.9%	3.0%

Determining Test Thresholds

Exhibit B.1 indicates the cutoff thresholds used by the national test laboratory in determining what constitutes a positive test result. These thresholds follow the guidelines established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and were those used in the prior ADAM program. Detection periods are established for each drug and are dependent on frequency and amount of drug use, sample PH, and drug tolerance.

Exhibit B.1: ADAM II Drug Testing Cutoff Levels and Detection Periods for Urinalysis

The same cutoff levels were used in ADAM and ADAM II.

DRUG	CUTOFF LEVEL[a]	DETECTION PERIOD[b]
Cocaine	300 ng/ml	2–3 days
Marijuana	50 ng/ml	7 days (infrequent use) 30 days maximum (chronic use)
Methamphetamine	300 ng/ml	2–4 days
Opiates	300 ng/ml	2–3 days
PCP	25 ng/ml	3–8 days
Amphetamines	1,000 ng/ml	2–4 days
Barbiturates	300 ng/ml	3 days
Benzodiazepines	300 ng/ml	Up to 2 weeks
Methadone	300 ng/ml	2–4 days
Oxycodone	300 ng/ml	Up to 10 days
Propoxyphene	300 ng/ml	3–7 days

a. The cutoff level is the amount of the drug in nanograms per milliliter below which the amount is determined to be undetectable.

b. The detection period is the number of days during which the drug can be detected in the urine.

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PLANNING COMMISSION

Appendix C: Site Fact Sheets

Numbers for each site reflected on their Fact Sheets may not correspond exactly to those in the cross-site comparisons in the body of this report and Appendix A.

Although we annualized estimates for fact sheets in 2007 and 2008, we elected to not annualize the estimates for 2009 in the fact sheets alone. Instead, the fact sheets report estimates that are weighted by the ADAM II propensity score weights. We did this for two reasons. One, we are concerned about the reliability of annualizing estimates that either have a very small number underlying of observations, or estimates of binary variables that are very rare or very frequent. There are a number of instances in subcategories where the number of observations underlying the estimates becomes very small—much smaller than those considered reliable by other large surveys such as the NSDUH. Two, computing estimates based upon only the propensity score weights allows outside researchers to more easily replicate our estimates, as the annualization process is highly technical and difficult to replicate. As a check of the decision to not annualize the fact sheets, we compared annualized and non-annualized estimates and found that the annualization factors do not greatly change the estimates. We would be pleased to provide the annualized and non-annualized fact sheets for comparison.

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PLANNING COMMISSION

ADAM II 2009 Report

City of Atlanta/Fulton County, GA

Primary City: Atlanta

Male Arrestees

All Statistics Weighted

Facilities in Sample: 2
Sampled Eligible Arrestees: 775
Arrestees Booked in Data Collection Period: 2173

Conditional Interview Response Rate[1]: 87% (n = 484)
Urine Response Rate to Interviews: 86% (n = 417)

Age of Booked Arrestees (%)							Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown	White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
35.9	7.5	17.3	14.5	10.6	50.1	0.0	13.8	84.7	5.3	0.7	0.0	0.1

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	68.1	2.3	67.3	74.8	64.8	63.8	67.5	-	60.8	69.1	31.1	72.8	54.8
Cocaine	36.3	2.4	3.4	18.2	17.8	42.9	52.1	-	36.5	37.0	13.5	27.7	0.0
Marijuana	44.9	2.4	67.3	73.4	60.7	45.2	29.1	-	36.9	47.1	16.1	72.8	54.8
Opiates	2.4	-	6.6	0.0	0.0	0.9	4.3	-	10.1	1.6	1.5	0.0	0.0
Oxycodone	0.3	-	0.0	0.0	0.0	0.9	0.4	-	0.7	0.2	0.0	0.0	0.0
Meth	0.6	-	0.0	0.0	0.0	3.2	0.8	-	3.7	0.3	0.0	0.0	0.0
Multiple Drug[3,4]	19.0	1.9	10.0	20.9	13.8	28.4	20.4	-	30.7	18.0	0.0	27.7	0.0

Percent Positive for Drugs by Offense Category

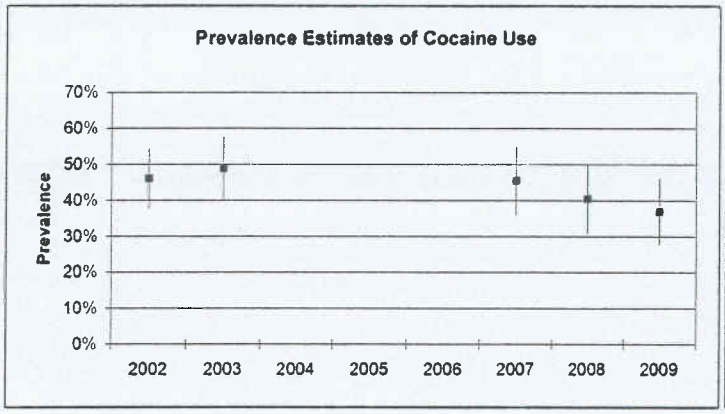
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 69)	(n = 122)	(n = 65)	(n = 2)	(n = 219)	(n = 8)
Any Drug[3,4]	66.0	66.4	85.3	48.1	65.2	100.0
Cocaine	24.5	40.6	44.4	48.1	36.4	53.5
Marijuana	53.8	35.8	72.8	0.0	43.4	100.0
Opiates	1.3	1.3	4.6	0.0	1.9	22.5
Oxycodone	0.0	0.0	1.3	0.0	0.2	0.0
Meth	0.0	0.0	1.2	0.0	1.0	0.0
Multiple Drug[3,4]	15.0	12.9	36.2	0.0	19.9	64.0

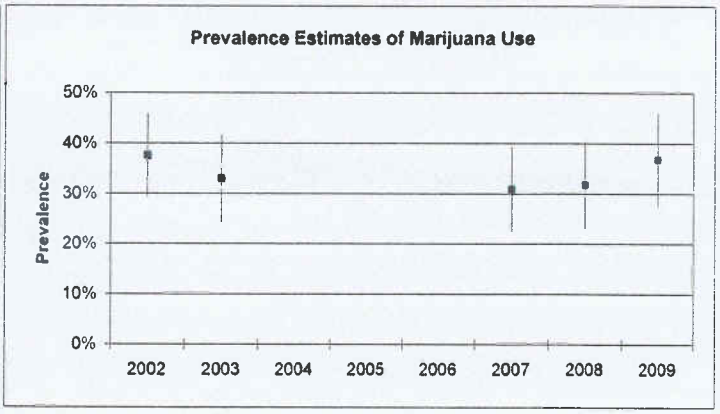
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	59.6	50.0	10.6	4.9	23.0	3.2	0.3	20.4	6.1	3.4
Powder Cocaine	43.2	31.5	0.0	0.0	25.5	0.0	0.2	21.7	0.0	0.0
Marijuana	27.1	19.9	5.3	0.3	13.6	2.7	0.1	10.9	2.4	1.3
Heroin	84.8	62.5	25.6	0.5	48.0	48.0	0.3	25.6	0.0	0.0
Meth	39.2	39.2	0.0	0.0	0.0	0.0	0.0	22.0	0.0	0.0

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs





Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	35.9
High school or GED	38.9
Vocational or trade school	1.2
Some college or two-year associate	16.5
Four year degree or higher	7.5

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	44.6
Someone else's house, mobile home, apartment	34.3
Group quarters[1]	2.9
Hospital or care facility	0.4
Incarceration Facility	2.1
Shelter/ No Fixed Residence	15.7
Other	0.1

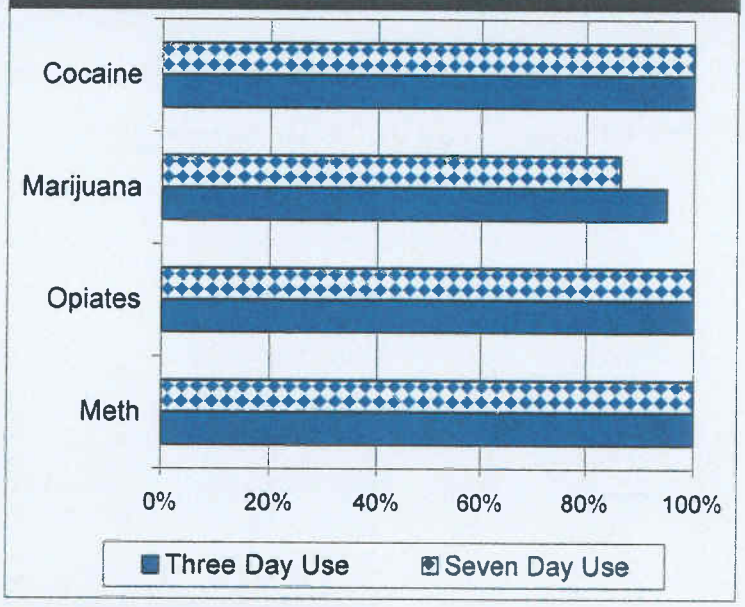
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	29.2
Working part-time/ seasonal	16.7
Unemployed (looking for work)	34.2
Unemployed (not looking for work)	6.8
In school only	2.5
Retired	1.3
Disabled for work or on leave	8.5
Other	0.8

Current Health Insurance for Booked Arrestees (%)	
No Insurance	72.0
Individually Purchased	9.9
Employer or Union Funded	7.4
State Government Funded	1.8
Retirement Medicare	0.6
Disability Medicare	5.8
Veterans Affairs	2.3
Multiple Types	0.3

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	19.3
Powder Cocaine	6.8
Marijuana	48.9
Heroin	1.4
Methamphetamine	0.8

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	12.5
Powder Cocaine	6.2
Marijuana	11.0
Heroin	8.3
Methamphetamine	5.0

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	0.0
Heroin	0.0
Methamphetamine	17.2
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	17.6
Powder Cocaine	6.0
Marijuana	44.5
Heroin	0.7
Methamphetamine	0.6

Self-Reported Arrests in Past Year (%)	
None	32.7
1-2	50.9
3-5	10.8
6 or more	5.6

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

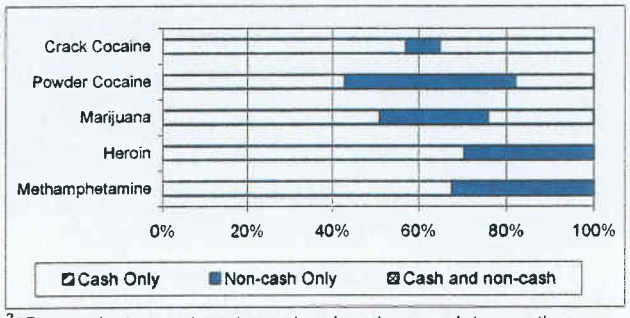
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	83	1.8	22.2	73.7	2.3
Powder Cocaine	16	0.0	66.6	33.4	0.0
Marijuana	140	9.9	36.2	52.8	1.2
Heroin	2	0.0	58.6	41.4	0.0
Methamphetamine	2	0.0	62.5	37.5	0.0

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	36	0.0	16.5	0.0	83.5
Powder Cocaine	16	0.0	0.0	0.0	100.0
Marijuana	105	2.9	1.0	0.0	96.1
Heroin	1	0.0	0.0	0.0	100.0
Methamphetamine	1	0.0	0.0	0.0	100.0

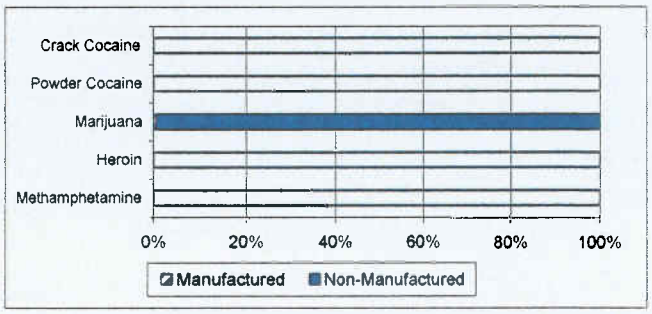
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2009 Report
Mecklenburg County, NC
Primary City: Charlotte
Male Arrestees
All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 615
Arrestees Booked in Data Collection Period: **2427**

Conditional Interview Response Rate[1]: 89% (n = 472)
Urine Response Rate to Interviews: 79% (n = 371)

Age of Booked Arrestees (%)							Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown	White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
33.7	10.0	20.7	16.6	13.5	39.3	0.0	24.9	58.0	18.3	2.5	0.5	0.3

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	52.7	2.6	52.8	53.6	55.0	58.3	50.9	-	53.7	61.8	24.6	42.8	0.0
Cocaine	27.0	2.3	5.4	16.6	28.4	27.6	40.1	-	21.4	33.8	19.7	27.9	0.0
Marijuana	32.8	2.4	49.9	45.2	41.5	40.8	16.9	-	31.0	41.5	6.3	34.7	0.0
Opiates	2.6	-	8.2	3.8	4.6	1.6	2.3	-	9.0	1.6	0.0	6.2	0.0
Oxycodone	1.3	-	2.8	1.3	0.0	0.0	1.9	-	4.2	0.0	0.0	6.2	0.0
Meth	0.3	-	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.0	0.0	0.0
Multiple Drug[3,4]	13.6	1.7	10.1	10.9	20.3	15.8	13.7	-	18.6	15.1	1.3	19.8	0.0

Percent Positive for Drugs by Offense Category

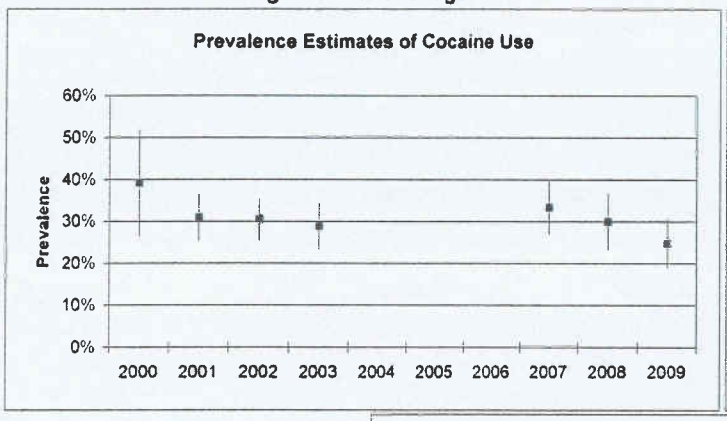
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 104)	(n = 112)	(n = 37)	(n = 9)	(n = 190)	(n = 0)
Any Drug[3,4]	51.3	63.5	86.5	92.0	46.8	-
Cocaine	23.2	39.5	44.5	23.1	22.9	-
Marijuana	35.1	36.9	63.7	82.3	27.5	-
Opiates	1.8	7.6	0.0	0.0	2.6	-
Oxycodone	1.1	1.7	0.0	0.0	1.3	-
Meth	0.0	0.0	0.0	0.0	0.0	-
Multiple Drug[3,4]	11.5	20.3	25.4	13.3	9.3	-

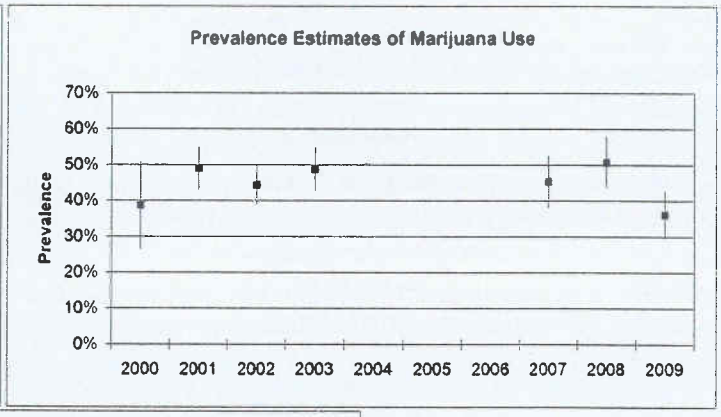
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

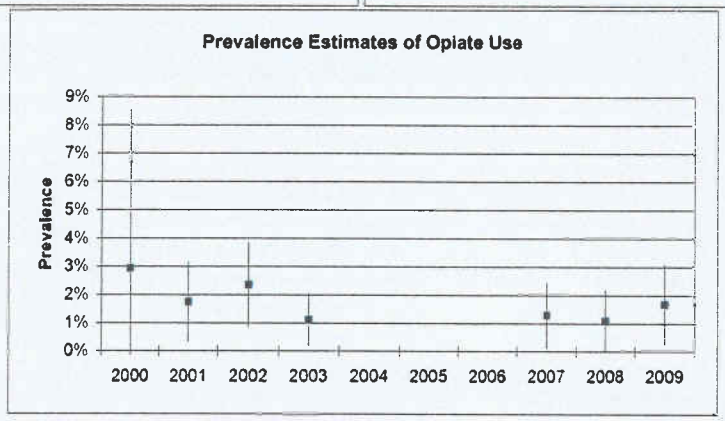
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	80.6	76.3	17.0	2.4	43.8	4.2	0.1	19.6	6.5	0.6
Powder Cocaine	55.2	48.3	9.2	1.4	34.0	5.8	0.1	15.1	0.0	0.0
Marijuana	40.1	28.0	4.3	0.5	20.9	5.1	0.1	12.2	2.2	0.3
Heroin	70.2	70.2	23.6	5.4	37.7	37.7	3.5	0.0	0.0	0.0
Meth	-	-	-	-	-	-	-	-	-	-

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs







Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	25.3
High school or GED	51.4
Vocational or trade school	1.2
Some college or two-year associate	17.7
Four year degree or higher	4.5

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	46.2
Someone else's house, mobile home, apartment	41.2
Group quarters[1]	2.1
Hospital or care facility	0.9
Incarceration Facility	0.3
Shelter/ No Fixed Residence	8.5
Other	0.8

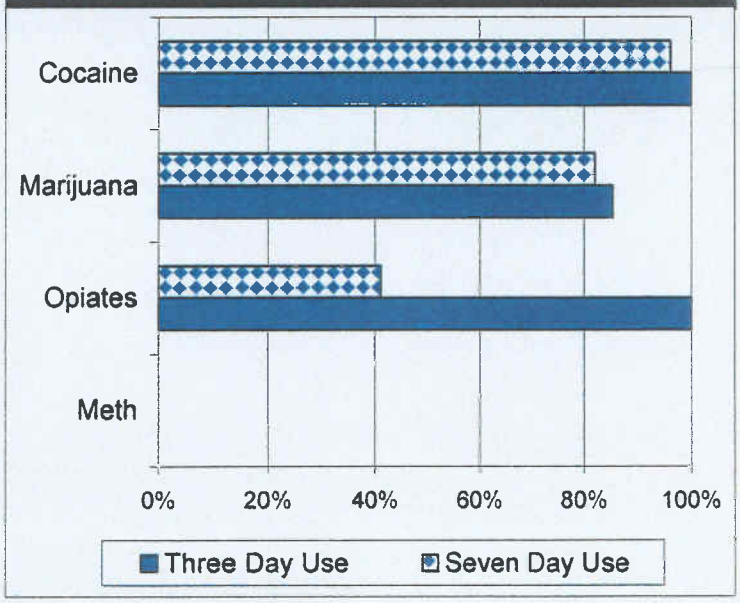
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	32.5
Working part-time/ seasonal	21.1
Unemployed (looking for work)	32.8
Unemployed (not looking for work)	4.8
In school only	1.7
Retired	0.5
Disabled for work or on leave	6.1
Other	0.4

Current Health Insurance for Booked Arrestees (%)	
No Insurance	75.6
Individually Purchased	7.2
Employer or Union Funded	8.3
State Government Funded	4.8
Retirement Medicare	0.7
Disability Medicare	1.9
Veterans Affairs	0.6
Multiple Types	1.1

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	10.9
Powder Cocaine	9.4
Marijuana	38.3
Heroin	1.2
Methamphetamine	0.0

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	9.3
Powder Cocaine	6.2
Marijuana	10.7
Heroin	15.4
Methamphetamine	-

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	3.2
Powder Cocaine	8.4
Heroin	84.9
Methamphetamine	-
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	9.5
Powder Cocaine	7.2
Marijuana	32.7
Heroin	1.2
Methamphetamine	0.0

Self-Reported Arrests in Past Year (%)	
None	44.6
1-2	43.2
3-5	9.1
6 or more	3.0

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

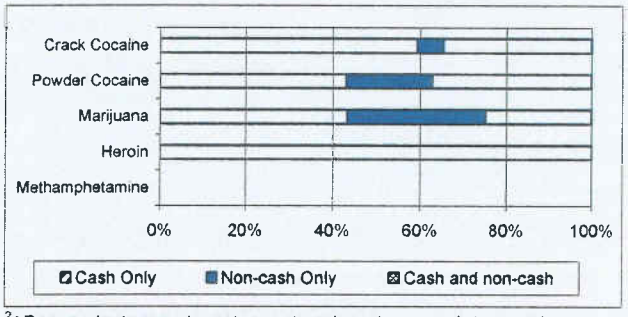
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	38	13.8	48.2	28.7	9.3
Powder Cocaine	21	15.9	43.6	29.3	11.1
Marijuana	85	20.1	46.2	29.8	4.0
Heroin	6	16.7	26.5	28.0	28.9
Methamphetamine	0	-	-	-	-

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	17	0.0	18.9	0.0	81.1
Powder Cocaine	17	0.0	5.1	0.0	94.9
Marijuana	76	2.6	0.0	0.0	97.4
Heroin	0	-	-	-	-
Methamphetamine	0	-	-	-	-

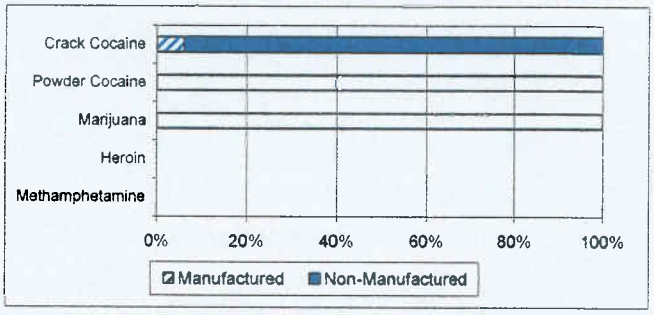
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2009 Report

Cook County, IL

Primary City: Chicago

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 549
Arrestees Booked in Data Collection Period: 6665

Conditional Interview Response Rate[1]: 94% (n = 483)
Urine Response Rate to Interviews: 93% (n = 449)

Age of Booked Arrestees (%)							Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown	White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
32.0	15.0	21.0	18.4	11.7	33.9	0.0	26.0	66.7	20.8	1.1	3.0	0.3

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	71.6	2.6	72.3	75.4	72.4	66.2	72.0	-	66.9	73.2	67.9	79.0	76.2
Cocaine	26.4	2.4	3.1	14.1	26.9	27.2	46.5	-	28.4	24.9	28.9	34.8	0.0
Marijuana	47.4	2.8	68.6	66.3	53.2	49.0	25.4	-	45.5	50.7	45.8	46.0	42.6
Opiates	12.3	1.7	2.5	4.4	10.7	16.0	22.4	-	14.9	12.6	2.0	0.0	33.6
Oxycodone	0.0	-	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.0	0.0	0.0
Meth	0.2	-	0.0	0.0	1.8	0.0	0.0	-	1.3	0.0	1.6	0.0	0.0
Multiple Drug[3,4]	19.6	2.1	8.3	12.8	22.1	19.9	29.1	-	25.1	18.8	16.0	18.1	33.6

Percent Positive for Drugs by Offense Category

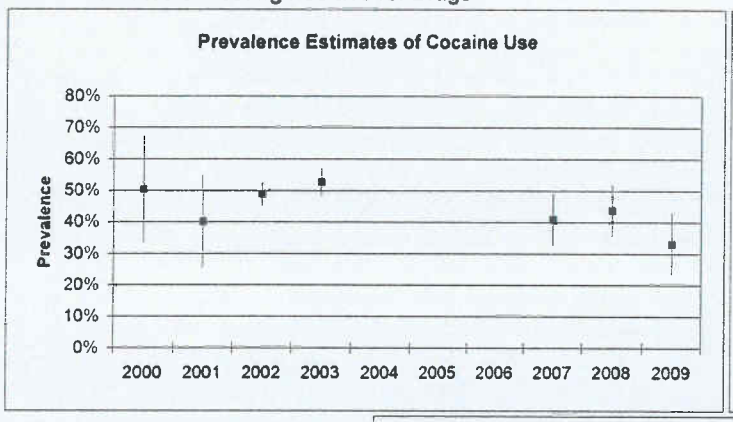
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 175)	(n = 93)	(n = 62)	(n = 15)	(n = 137)	(n = 6)
Any Drug[3,4]	68.7	80.3	88.0	83.7	61.9	61.5
Cocaine	19.7	40.7	39.5	40.0	21.2	33.4
Marijuana	52.6	42.2	56.0	42.2	42.6	45.7
Opiates	4.5	22.6	27.6	17.3	10.4	0.0
Oxycodone	0.0	0.0	0.0	0.0	0.0	0.0
Meth	0.0	0.0	2.3	0.0	0.0	0.0
Multiple Drug[3,4]	12.4	29.8	33.7	25.0	16.9	35.2

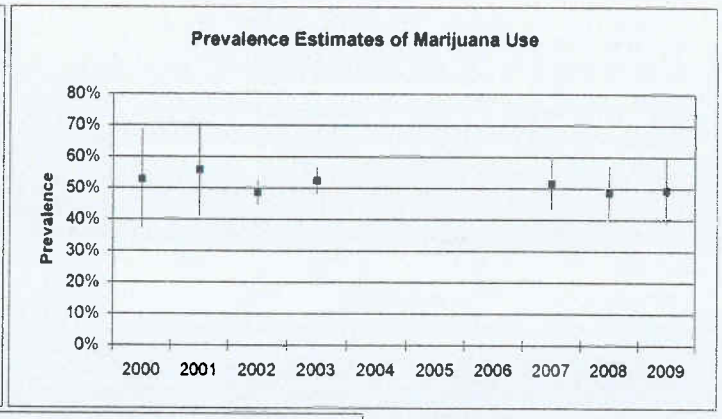
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

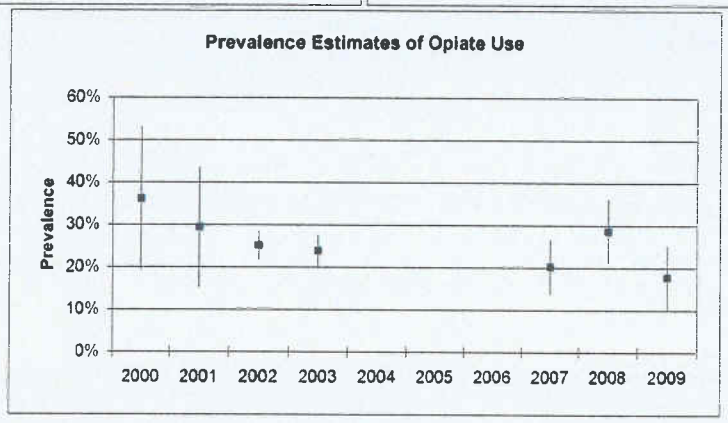
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	75.4	54.4	8.1	2.7	48.6	15.8	2.5	36.7	9.1	0.3
Powder Cocaine	56.7	41.5	7.2	0.2	35.3	8.4	0.1	27.0	8.9	0.3
Marijuana	35.2	17.1	2.7	0.6	19.7	2.5	0.9	15.5	5.2	0.5
Heroin	71.5	54.7	5.9	0.8	46.7	13.9	3.1	29.4	4.7	0.3
Meth	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs







Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	35.8
High school or GED	39.0
Vocational or trade school	4.1
Some college or two-year associate	19.0
Four year degree or higher	2.1

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	48.0
Someone else's house, mobile home, apartment	46.4
Group quarters[1]	0.4
Hospital or care facility	0.3
Incarceration Facility	0.6
Shelter/ No Fixed Residence	4.3
Other	0.0

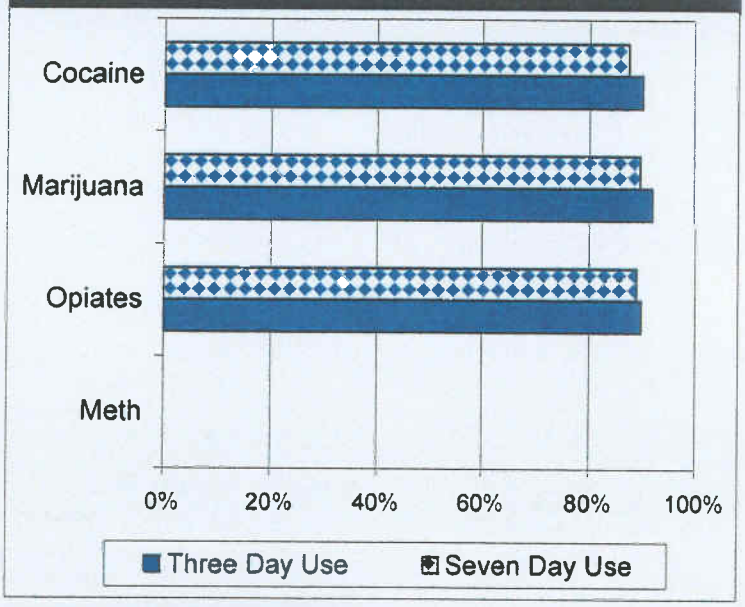
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	32.0
Working part-time/ seasonal	20.2
Unemployed (looking for work)	33.3
Unemployed (not looking for work)	3.8
In school only	3.4
Retired	0.4
Disabled for work or on leave	6.3
Other	0.5

Current Health Insurance for Booked Arrestees (%)	
No Insurance	77.3
Individually Purchased	3.6
Employer or Union Funded	6.8
State Government Funded	9.0
Retirement Medicare	0.4
Disability Medicare	2.5
Veterans Affairs	0.4
Multiple Types	0.0

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	13.1
Powder Cocaine	7.4
Marijuana	48.9
Heroin	11.0
Methamphetamine	0.2

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	11.4
Powder Cocaine	5.3
Marijuana	13.5
Heroin	15.7
Methamphetamine	5.4

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	2.6
Powder Cocaine	0.0
Heroin	17.4
Methamphetamine	-
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	12.1
Powder Cocaine	5.5
Marijuana	45.4
Heroin	10.5
Methamphetamine	0.0

Self-Reported Arrests in Past Year (%)	
None	34.3
1-2	51.1
3-5	10.2
6 or more	4.4

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

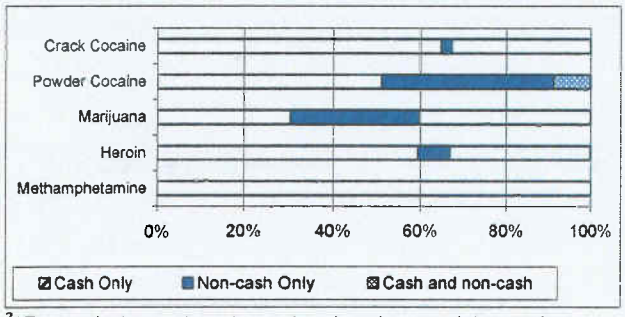
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	50	5.3	29.4	65.3	0.0
Powder Cocaine	14	5.5	52.2	42.3	0.0
Marijuana	157	17.0	20.9	58.2	3.9
Heroin	43	21.4	16.2	60.3	2.2
Methamphetamine	1	100.0	0.0	0.0	0.0

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	20	6.8	6.7	0.0	86.4
Powder Cocaine	11	0.0	0.0	0.0	100.0
Marijuana	160	0.7	0.9	0.0	98.4
Heroin	20	0.0	14.2	0.0	85.8
Methamphetamine	0	-	-	-	-

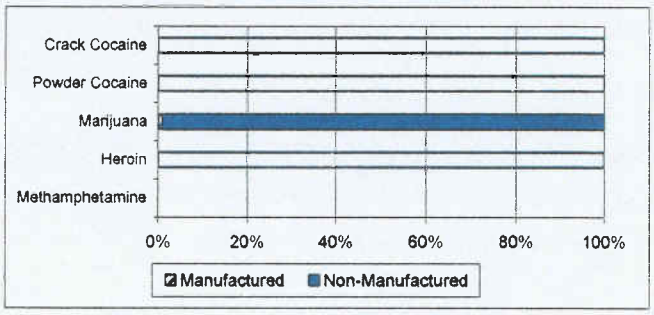
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2009 Report

Denver County, CO

Primary City: Denver

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 737
Arrestees Booked in Data Collection Period: 2315

Conditional Interview Response Rate[1]: 87% (n = 541)
Urine Response Rate to Interviews: 89% (n = 480)

Age of Booked Arrestees (%)							Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown	White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
34.1	11.6	20.4	14.9	10.2	42.9	0.0	50.1	30.8	44.3	10.5	1.6	1.1

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	68.8	2.3	81.8	69.9	62.2	68.5	67.1	-	63.5	78.0	60.9	66.7	100.0
Cocaine	28.2	2.3	6.6	17.9	29.6	28.4	37.6	-	22.6	33.5	28.6	30.3	0.0
Marijuana	45.2	2.5	81.8	55.8	44.3	44.9	29.9	-	39.4	52.9	39.3	43.6	100.0
Opiates	6.1	1.1	3.9	5.0	7.4	6.9	7.5	-	9.5	5.0	4.7	1.0	0.0
Oxycodone	0.9	-	2.1	0.0	1.1	0.0	1.2	-	1.0	0.9	1.0	0.0	0.0
Meth	4.3	1.1	0.0	5.3	10.5	3.6	3.7	-	7.5	0.9	4.4	2.6	0.0
Multiple Drug[3,4]	19.7	2.0	10.8	18.8	24.5	17.2	20.4	-	19.3	17.9	18.5	18.2	0.0

Percent Positive for Drugs by Offense Category

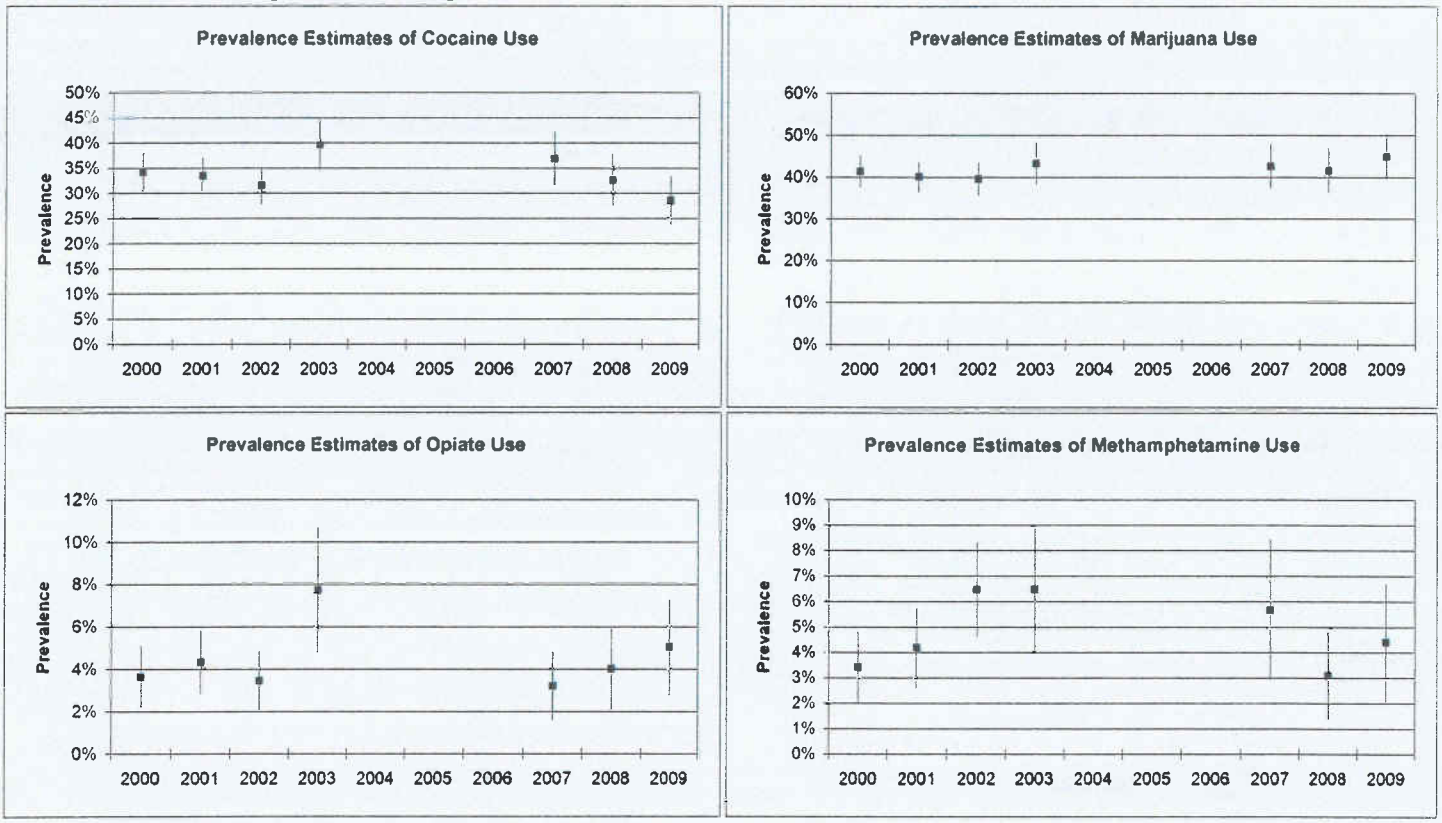
	Violent (%) (n = 118)	Property (%) (n = 91)	Drug Possession (%) (n = 80)	Drug Distribution (%) (n = 0)	Other (%) (n = 268)	Unknown (%) (n = 2)
Any Drug[3,4]	69.7	69.2	84.0	-	63.9	100.0
Cocaine	21.7	25.6	46.5	-	24.1	0.0
Marijuana	48.0	43.4	49.7	-	41.9	100.0
Opiates	4.9	8.0	13.2	-	4.7	0.0
Oxycodone	0.0	1.1	3.4	-	0.4	0.0
Meth	1.4	5.6	7.8	-	4.1	0.0
Multiple Drug[3,4]	11.6	21.6	34.8	-	16.7	0.0

Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	74.7	60.8	27.6	18.1	32.0	15.0	0.3	25.1	6.1	0.2
Powder Cocaine	47.3	38.7	11.7	3.9	22.3	10.6	0.2	12.7	3.2	0.1
Marijuana	46.1	34.4	13.2	5.3	21.8	6.6	0.1	11.6	2.6	1.6
Heroin	67.9	59.9	27.6	9.8	27.0	16.7	0.4	36.8	11.5	0.4
Meth	56.1	25.9	6.7	2.0	36.6	15.6	0.3	26.2	11.7	0.3

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs



Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	30.3
High school or GED	40.1
Vocational or trade school	3.6
Some college or two-year associate	20.8
Four year degree or higher	5.1

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	45.6
Someone else's house, mobile home, apartment	33.4
Group quarters[1]	3.9
Hospital or care facility	1.0
Incarceration Facility	1.3
Shelter/ No Fixed Residence	14.6
Other	0.2

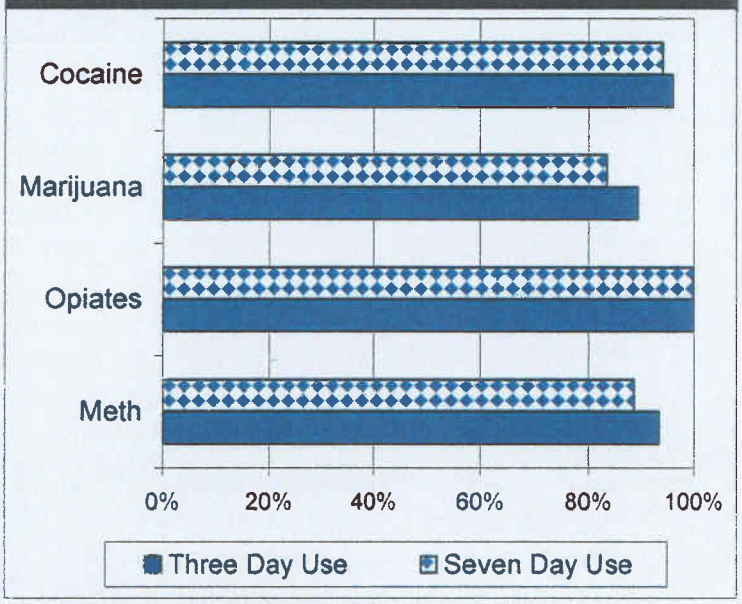
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	32.2
Working part-time/ seasonal	16.6
Unemployed (looking for work)	32.8
Unemployed (not looking for work)	5.3
In school only	3.7
Retired	1.1
Disabled for work or on leave	7.6
Other	0.7

Current Health Insurance for Booked Arrestees (%)	
No Insurance	71.0
Individually Purchased	4.6
Employer or Union Funded	10.1
State Government Funded	9.1
Retirement Medicare	0.5
Disability Medicare	3.1
Veterans Affairs	1.7
Multiple Types	0.0

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	17.1
Powder Cocaine	15.8
Marijuana	51.4
Heroin	4.6
Methamphetamine	6.4

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	5.8
Powder Cocaine	2.7
Marijuana	10.0
Heroin	12.4
Methamphetamine	4.3

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	9.9
Heroin	66.8
Methamphetamine	22.1
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	14.3
Powder Cocaine	9.4
Marijuana	47.1
Heroin	4.0
Methamphetamine	4.3

Self-Reported Arrests in Past Year (%)	
None	55.2
1-2	40.6
3-5	4.2
6 or more	0.0

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

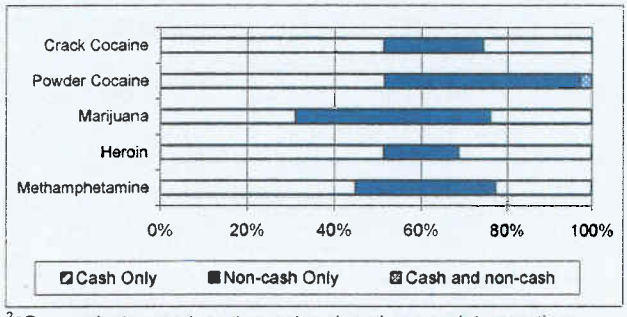
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	53	2.9	25.1	70.5	1.5
Powder Cocaine	26	20.3	41.2	38.5	0.0
Marijuana	133	8.1	38.3	51.0	2.6
Heroin	15	0.0	40.2	59.8	0.0
Methamphetamine	14	17.4	69.0	6.6	7.0

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	37	0.0	1.4	0.0	98.6
Powder Cocaine	28	0.0	0.0	0.0	100.0
Marijuana	181	0.4	0.3	0.0	99.3
Heroin	10	0.0	0.0	0.0	100.0
Methamphetamine	13	0.0	13.1	0.0	86.9

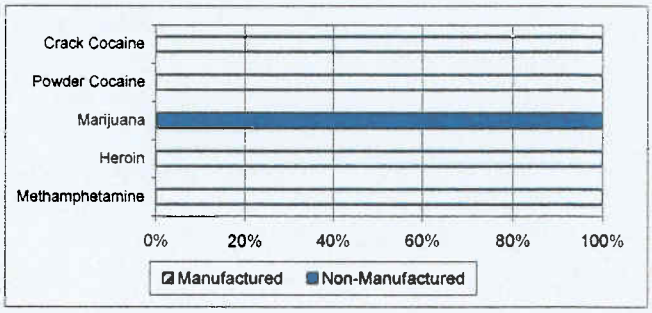
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2009 Report
Marion County, IN
Primary City: Indianapolis
Male Arrestees
All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 787
Arrestees Booked in Data Collection Period: 3601

Conditional Interview Response Rate[1]: 91% (n = 556)
Urine Response Rate to Interviews: 89% (n = 493)

Age of Booked Arrestees (%)							Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown	White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
31.9	14.0	22.0	18.9	11.8	33.3	0.0	48.8	48.7	14.6	7.0	1.2	0.7

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	60.0	2.8	66.5	62.5	60.0	60.8	58.1	-	58.7	66.0	34.2	55.1	0.0
Cocaine	21.2	2.3	6.8	14.5	16.3	21.7	34.5	-	16.8	26.4	16.6	18.1	0.0
Marijuana	42.7	2.8	62.9	52.3	52.8	39.6	27.2	-	37.9	54.2	19.1	40.5	0.0
Opiates	8.9	1.6	3.5	12.2	9.3	9.7	10.3	-	15.3	3.8	2.1	11.2	0.0
Oxycodone	1.9	-	2.1	0.8	2.1	2.2	2.3	-	3.1	0.3	0.0	4.5	0.0
Meth	1.1	-	0.0	1.5	0.0	1.6	1.5	-	2.0	0.0	0.0	0.0	0.0
Multiple Drug[3,4]	17.3	2.1	7.8	20.7	19.2	18.6	18.7	-	17.2	19.6	3.5	16.1	0.0

Percent Positive for Drugs by Offense Category

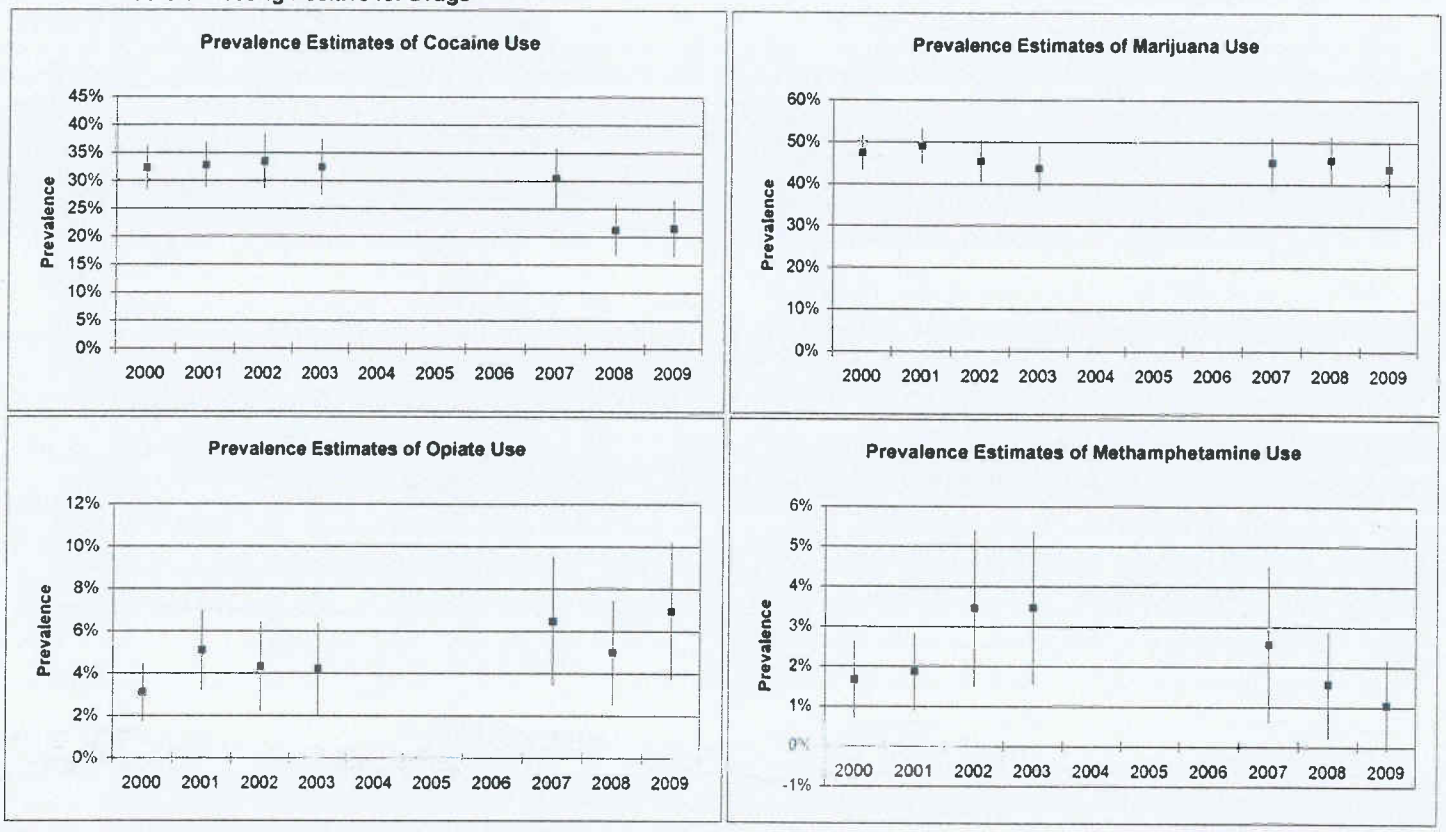
	Violent (%) (n = 111)	Property (%) (n = 126)	Drug Possession (%) (n = 68)	Drug Distribution (%) (n = 20)	Other (%) (n = 268)	Unknown (%) (n = 8)
Any Drug[3,4]	53.1	63.6	84.6	69.1	59.3	65.8
Cocaine	11.7	23.9	24.7	30.4	21.3	22.8
Marijuana	40.4	41.8	70.1	61.5	43.0	39.7
Opiates	8.4	15.9	10.6	4.6	7.5	15.7
Oxycodone	2.1	2.6	1.5	4.6	1.8	0.0
Meth	0.0	0.8	3.1	0.0	1.0	0.0
Multiple Drug[3,4]	9.5	21.5	26.9	27.3	16.5	12.5

Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	62.0	30.8	7.1	0.7	50.5	19.9	0.2	14.7	4.9	0.2
Powder Cocaine	62.8	21.5	10.6	0.9	43.1	5.6	0.2	28.6	6.7	1.7
Marijuana	40.5	13.5	2.5	0.7	28.3	9.0	0.1	12.6	3.8	0.4
Heroin	66.9	42.7	23.2	10.6	37.3	7.5	0.1	17.1	4.5	0.0
Meth	81.0	81.0	8.9	0.4	59.9	18.4	0.2	35.1	9.2	0.1

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs



Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	33.1
High school or GED	43.5
Vocational or trade school	3.7
Some college or two-year associate	14.5
Four year degree or higher	5.3

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	55.3
Someone else's house, mobile home, apartment	37.7
Group quarters[1]	1.8
Hospital or care facility	0.2
Incarceration Facility	0.3
Shelter/ No Fixed Residence	4.5
Other	0.2

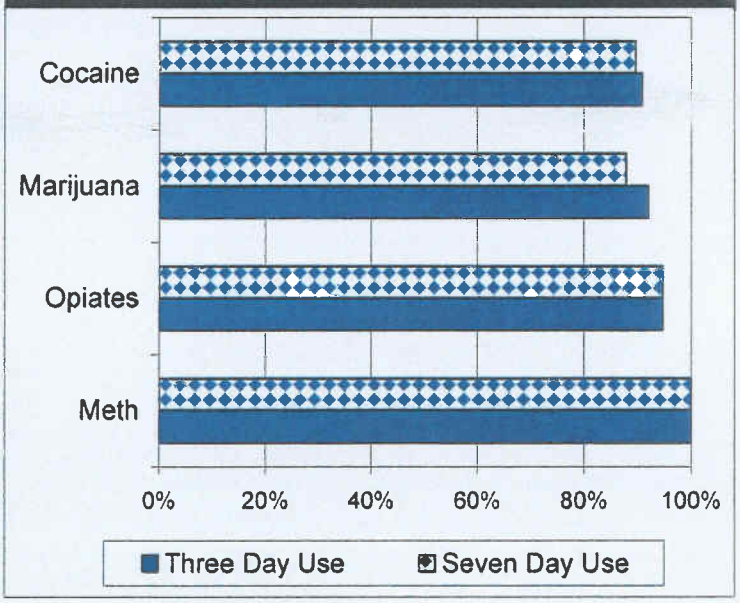
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	42.1
Working part-time/ seasonal	17.4
Unemployed (looking for work)	28.9
Unemployed (not looking for work)	3.1
In school only	2.3
Retired	0.2
Disabled for work or on leave	5.6
Other	0.4

Current Health Insurance for Booked Arrestees (%)	
No Insurance	62.0
Individually Purchased	4.9
Employer or Union Funded	11.9
State Government Funded	16.1
Retirement Medicare	0.3
Disability Medicare	1.1
Veterans Affairs	2.8
Multiple Types	0.9

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	10.2
Powder Cocaine	6.8
Marijuana	46.0
Heroin	3.1
Methamphetamine	2.1

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	5.8
Powder Cocaine	3.5
Marijuana	11.0
Heroin	11.2
Methamphetamine	3.7

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	7.9
Heroin	86.4
Methamphetamine	18.1
Other	4.1

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	7.9
Powder Cocaine	4.0
Marijuana	39.3
Heroin	2.7
Methamphetamine	1.1

Self-Reported Arrests in Past Year (%)	
None	53.4
1-2	38.6
3-5	5.9
6 or more	2.1

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

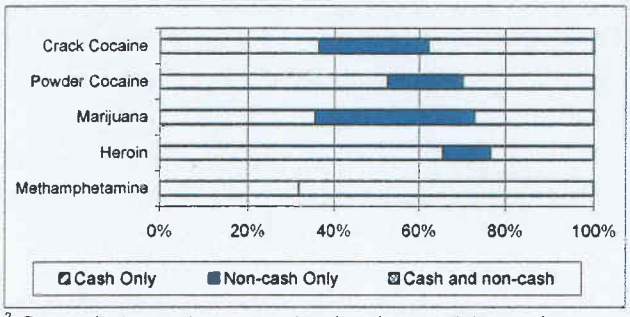
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	39	4.8	57.0	32.8	5.5
Powder Cocaine	23	0.0	69.9	26.9	3.2
Marijuana	122	14.3	59.9	20.0	5.7
Heroin	16	5.5	67.6	17.4	9.4
Methamphetamine	2	61.4	38.6	0.0	0.0

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	33	5.3	4.4	4.2	86.2
Powder Cocaine	14	0.0	0.0	14.5	85.5
Marijuana	134	1.2	2.9	1.2	94.7
Heroin	7	0.0	0.0	0.0	100.0
Methamphetamine	3	26.3	0.0	0.0	73.7

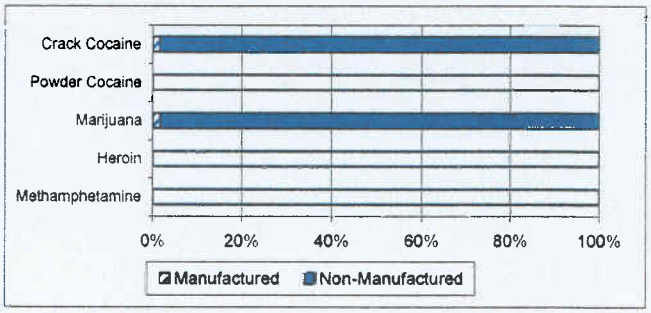
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]

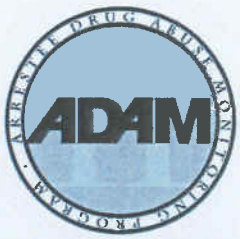


[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2009 Report
Hennepin County, MN
Primary City: Minneapolis
Male Arrestees
All Statistics Weighted



Facilities in Sample: 1
Sampled Eligible Arrestees: 996
Arrestees Booked in Data Collection Period: 2166

Conditional Interview Response Rate[1]: 83% (n = 475)
Urine Response Rate to Interviews: 91% (n = 432)

Age of Booked Arrestees (%)							Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown	White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
32.7	11.3	22.0	18.8	11.1	36.8	0.0	34.1	50.1	16.4	6.8	1.4	2.2

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	60.8	2.4	87.3	63.7	60.3	47.6	56.3	-	53.7	70.3	41.8	65.7	66.3
Cocaine	17.0	2.0	2.6	7.6	11.0	14.0	30.0	-	16.9	19.7	18.4	9.8	0.0
Marijuana	46.1	2.5	85.1	55.7	53.9	34.5	29.3	-	38.1	55.3	25.6	58.7	66.3
Opiates	6.9	1.2	8.5	5.0	7.4	9.3	7.4	-	8.0	7.3	7.4	4.9	0.0
Oxycodone	2.2	-	0.0	1.2	2.4	0.0	3.9	-	2.5	1.2	5.0	1.5	0.0
Meth	2.0	-	1.6	1.5	2.5	3.5	2.0	-	4.8	0.0	1.6	2.1	0.0
Multiple Drug[3,4]	13.8	1.7	15.8	8.4	15.6	15.6	15.9	-	17.0	13.8	16.5	13.6	0.0

Percent Positive for Drugs by Offense Category

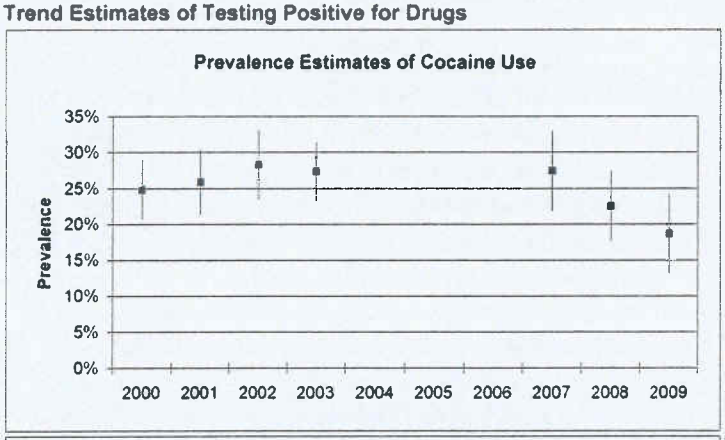
	Violent (%) (n = 120)	Property (%) (n = 108)	Drug Possession (%) (n = 42)	Drug Distribution (%) (n = 0)	Other (%) (n = 197)	Unknown (%) (n = 6)
Any Drug[3,4]	56.3	75.0	79.0	-	59.1	53.9
Cocaine	10.5	21.1	34.7	-	16.1	31.3
Marijuana	46.8	60.1	47.1	-	44.7	22.5
Opiates	6.6	7.8	12.2	-	7.1	0.0
Oxycodone	3.3	0.7	3.3	-	2.2	0.0
Meth	0.9	3.0	11.0	-	1.0	0.0
Multiple Drug[3,4]	11.8	18.1	30.6	-	11.7	14.8

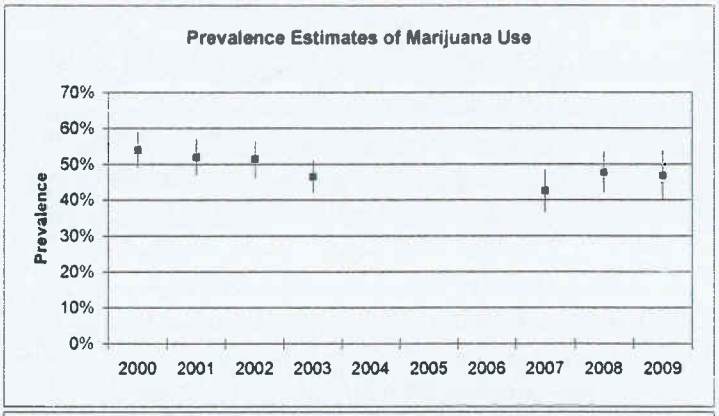
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

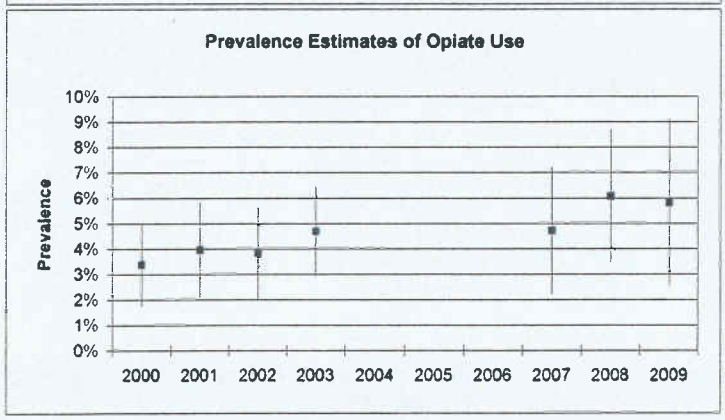
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	81.8	69.2	25.8	15.9	42.1	16.0	0.2	39.8	11.7	0.2
Powder Cocaine	57.6	49.5	14.8	5.2	32.9	7.1	0.1	26.2	9.5	0.2
Marijuana	51.3	37.7	17.1	8.3	22.6	7.0	0.1	16.4	5.2	0.3
Heroin	79.0	61.8	31.6	11.7	34.2	16.1	0.2	32.0	9.5	0.3
Meth	71.8	51.5	27.8	4.4	59.9	20.6	0.2	29.8	12.7	0.3

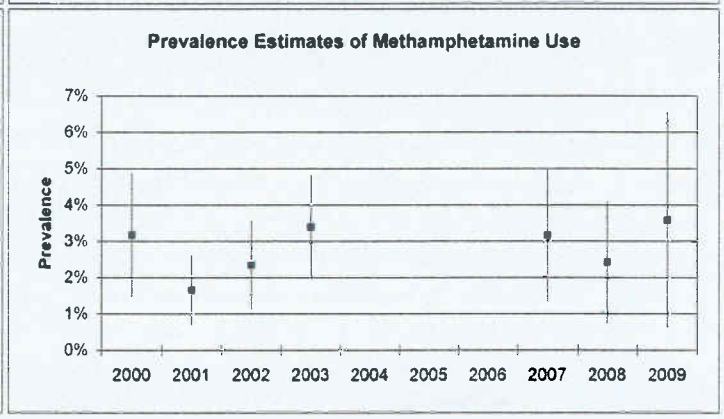
1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs









Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	27.6
High school or GED	44.4
Vocational or trade school	2.9
Some college or two-year associate	21.6
Four year degree or higher	3.4

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	47.1
Someone else's house, mobile home, apartment	37.5
Group quarters[1]	2.9
Hospital or care facility	0.9
Incarceration Facility	0.6
Shelter/ No Fixed Residence	10.8
Other	0.2

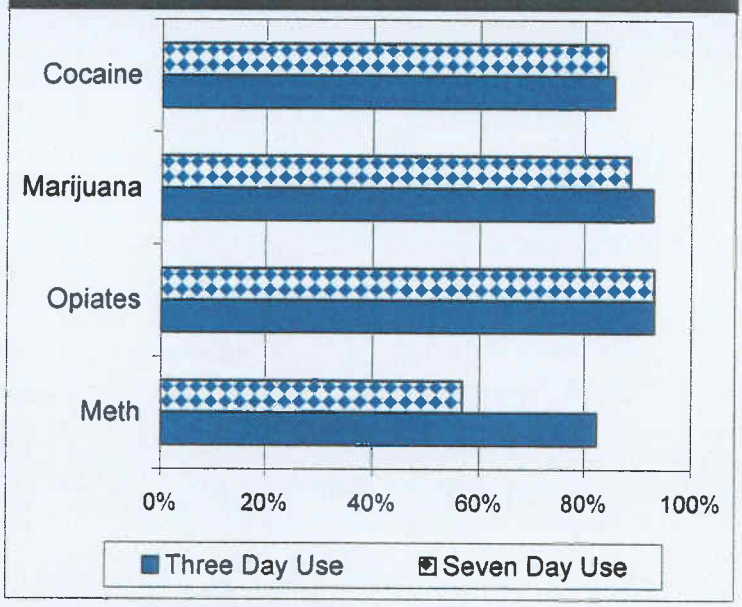
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	30.4
Working part-time/ seasonal	14.9
Unemployed (looking for work)	34.6
Unemployed (not looking for work)	8.4
In school only	1.3
Retired	0.0
Disabled for work or on leave	9.3
Other	1.0

Current Health Insurance for Booked Arrestees (%)	
No Insurance	52.4
Individually Purchased	2.4
Employer or Union Funded	11.8
State Government Funded	28.4
Retirement Medicare	0.5
Disability Medicare	3.1
Veterans Affairs	0.8
Multiple Types	0.7

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	10.9
Powder Cocaine	7.3
Marijuana	41.4
Heroin	3.8
Methamphetamine	2.9

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	8.7
Powder Cocaine	3.0
Marijuana	10.7
Heroin	9.8
Methamphetamine	9.8

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	16.1
Heroin	49.2
Methamphetamine	16.5
Other	2.4

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	8.6
Powder Cocaine	3.7
Marijuana	36.2
Heroin	2.9
Methamphetamine	1.8

Self-Reported Arrests in Past Year (%)	
None	43.7
1-2	43.6
3-5	8.8
6 or more	4.0

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

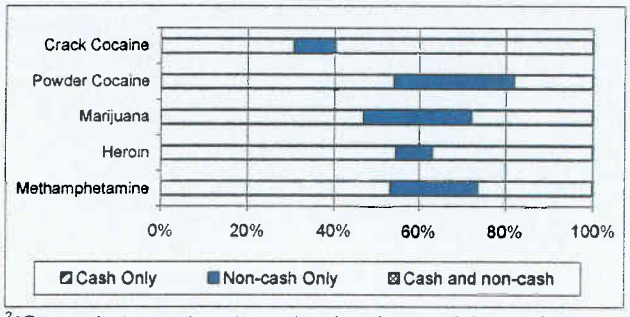
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	35	9.3	22.4	58.2	10.2
Powder Cocaine	13	26.1	44.2	4.4	25.3
Marijuana	108	9.9	32.0	52.2	5.9
Heroin	13	0.0	20.3	69.1	10.6
Methamphetamine	4	0.0	75.7	0.0	24.3

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	25	0.0	19.7	0.0	80.3
Powder Cocaine	8	0.0	0.0	0.0	100.0
Marijuana	79	1.1	2.9	0.0	96.0
Heroin	6	0.0	15.1	0.0	84.9
Methamphetamine	4	0.0	0.0	0.0	100.0

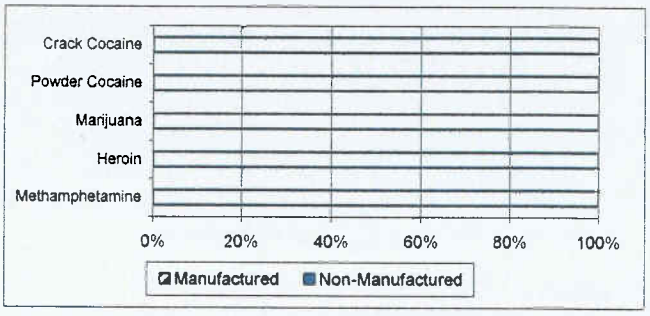
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2009 Report

Manhattan, New York City, NY

Primary City: Manhattan

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 1778
Arrestees Booked in Data Collection Period: 4550

Conditional Interview Response Rate[1]: 77% (n = 697)
Urine Response Rate to Interviews: 78% (n = 541)

Age of Booked Arrestees (%)							Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown	White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
34.0	12.5	19.3	19.6	9.4	39.1	0.0	12.8	48.1	43.5	0.9	0.7	2.3

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	64.0	2.4	69.3	55.4	54.4	74.1	66.5	-	62.3	71.6	58.6	41.2	50.9
Cocaine	29.0	2.2	3.8	4.5	20.4	44.3	46.9	-	33.1	35.7	19.7	18.6	9.1
Marijuana	39.7	2.4	69.3	55.0	43.1	46.0	23.8	-	37.2	42.2	44.3	30.6	37.7
Opiates	9.5	1.5	5.9	0.0	7.4	12.4	16.2	-	16.3	9.2	8.4	9.4	4.8
Oxycodone	1.5	-	2.6	0.0	0.6	3.2	2.1	-	4.4	0.8	1.4	0.0	0.0
Meth	0.2	-	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.0	0.0	0.0
Multiple Drug[3,4]	23.7	2.2	11.0	8.4	16.1	33.4	35.2	-	34.3	24.6	19.2	22.8	9.1

Percent Positive for Drugs by Offense Category

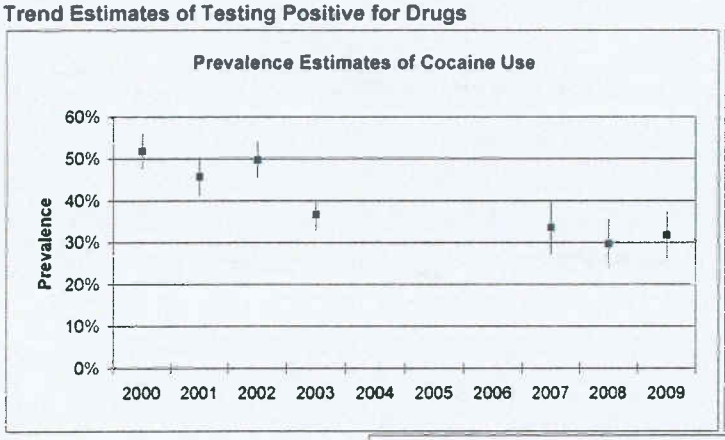
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 118)	(n = 209)	(n = 94)	(n = 36)	(n = 193)	(n = 3)
Any Drug[3,4]	56.8	59.0	84.4	83.6	54.3	17.9
Cocaine	13.5	30.4	40.9	46.9	25.6	0.0
Marijuana	45.9	33.5	52.8	54.6	35.9	17.9
Opiates	7.2	12.5	15.1	14.2	5.2	0.0
Oxycodone	3.0	0.0	2.3	2.2	1.0	0.0
Meth	0.0	0.0	0.0	0.0	0.0	0.0
Multiple Drug[3,4]	19.4	25.8	29.2	40.2	19.6	0.0

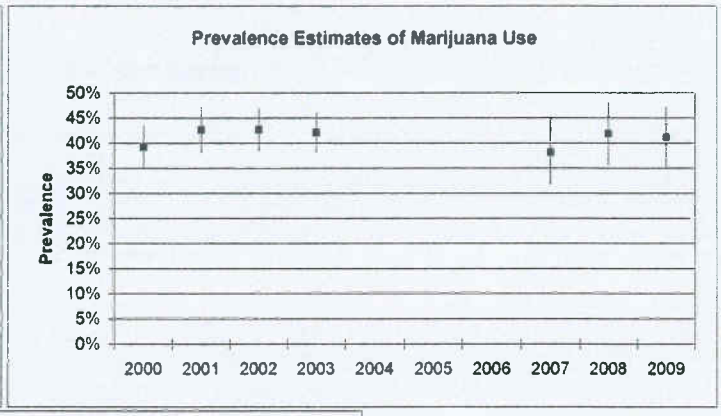
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

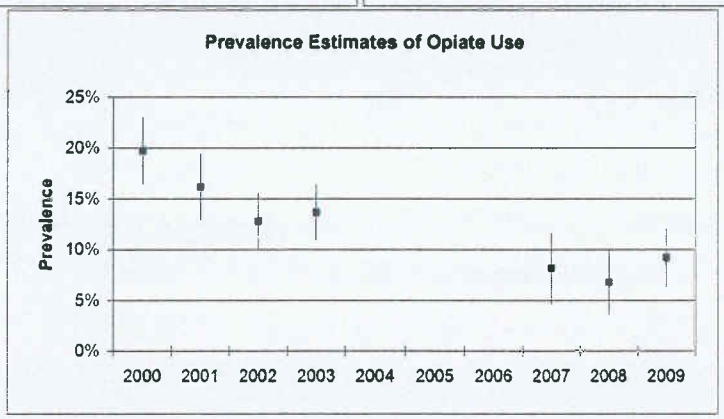
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	82.6	68.6	32.7	25.6	54.9	22.3	1.0	25.4	9.9	2.6
Powder Cocaine	73.9	54.9	17.7	14.8	48.1	19.6	0.8	21.6	9.9	1.5
Marijuana	38.7	24.8	8.3	4.0	24.3	6.6	0.2	10.9	3.9	0.9
Heroin	81.9	68.5	32.5	24.5	60.7	37.8	0.7	16.9	8.8	0.9
Meth	100.0	100.0	64.1	105.6	64.1	29.3	0.3	100.0	64.1	10.7

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs







Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	31.2
High school or GED	35.8
Vocational or trade school	2.2
Some college or two-year associate	22.3
Four year degree or higher	8.5

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	57.3
Someone else's house, mobile home, apartment	30.6
Group quarters[1]	2.2
Hospital or care facility	0.4
Incarceration Facility	0.0
Shelter/ No Fixed Residence	9.3
Other	0.1

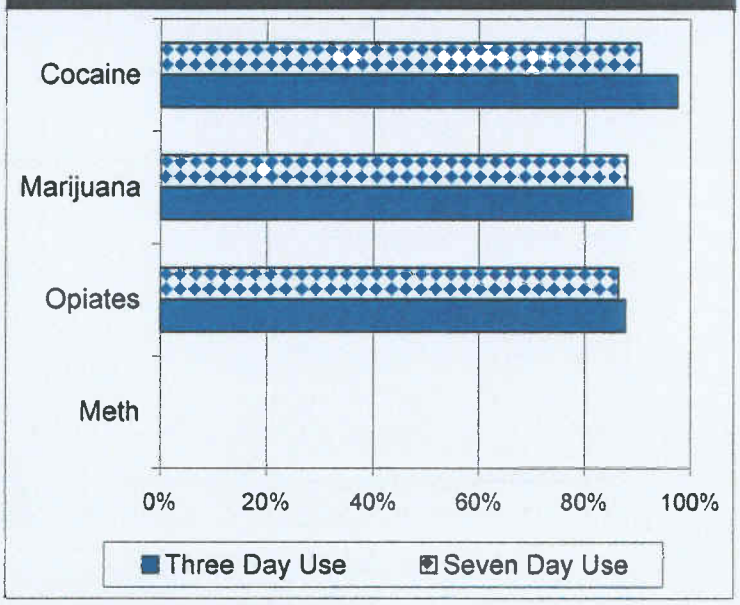
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	37.4
Working part-time/ seasonal	16.4
Unemployed (looking for work)	22.4
Unemployed (not looking for work)	11.4
In school only	4.0
Retired	1.5
Disabled for work or on leave	4.8
Other	2.0

Current Health Insurance for Booked Arrestees (%)	
No Insurance	48.4
Individually Purchased	5.4
Employer or Union Funded	12.1
State Government Funded	31.6
Retirement Medicare	1.0
Disability Medicare	0.5
Veterans Affairs	0.9
Multiple Types	0.3

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	11.5
Powder Cocaine	12.7
Marijuana	48.4
Heroin	7.8
Methamphetamine	0.5

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	12.0
Powder Cocaine	7.0
Marijuana	12.9
Heroin	13.0
Methamphetamine	7.9

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	9.4
Heroin	46.9
Methamphetamine	0.0
Other	2.9

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	10.0
Powder Cocaine	9.4
Marijuana	42.9
Heroin	7.2
Methamphetamine	0.3

Self-Reported Arrests in Past Year (%)	
None	52.2
1-2	40.0
3-5	5.6
6 or more	2.2

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

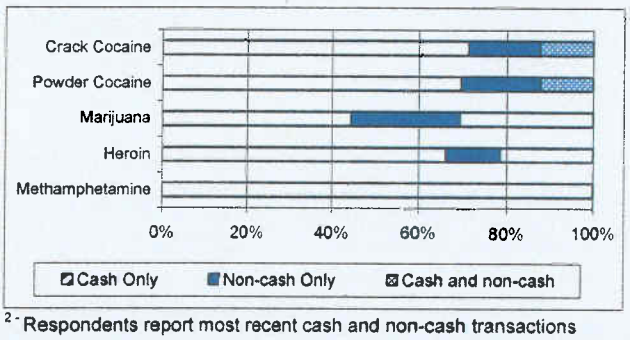
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	57	18.0	12.3	67.3	2.5
Powder Cocaine	50	20.7	22.4	48.1	8.8
Marijuana	194	14.1	26.9	54.7	4.3
Heroin	45	9.5	12.4	73.8	4.4
Methamphetamine	1	100.0	0.0	0.0	0.0

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	20	6.9	0.0	3.3	89.8
Powder Cocaine	21	3.9	0.0	0.0	96.1
Marijuana	151	0.7	0.2	0.0	99.1
Heroin	17	0.0	0.0	0.0	100.0
Methamphetamine	1	0.0	0.0	0.0	100.0

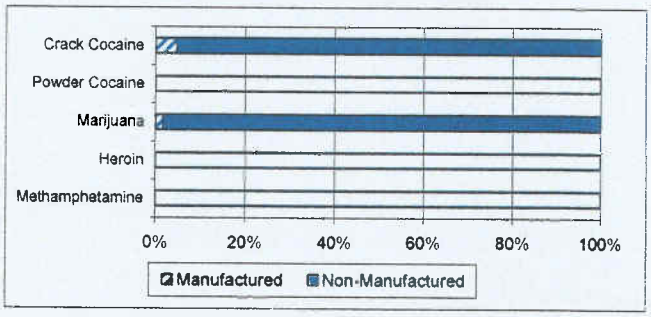
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2009 Report
Multnomah County, OR
Primary City: Portland
Male Arrestees
All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 696
Arrestees Booked in Data Collection Period: 1821

Conditional Interview Response Rate[1]: 85% (n = 464)
Urine Response Rate to Interviews: 89% (n = 413)

Age of Booked Arrestees (%)							Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown	White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
36.3	9.4	15.4	12.8	12.1	50.3	0.0	64.6	23.4	16.8	14.5	2.1	1.7

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	62.5	2.7	71.3	73.2	60.5	67.0	55.8	-	59.5	75.7	47.4	54.6	79.5
Cocaine	16.2	1.9	9.7	7.9	13.6	15.9	20.8	-	9.8	32.5	18.8	13.9	0.0
Marijuana	38.1	2.8	63.7	59.2	44.8	39.9	23.7	-	34.0	53.7	30.9	33.1	79.5
Opiates	11.4	1.7	5.7	10.9	12.1	16.1	9.5	-	11.9	5.4	7.0	8.7	0.0
Oxycodone	0.2	-	0.0	0.0	0.0	0.0	0.4	-	0.0	0.7	0.0	0.0	0.0
Meth	13.3	1.8	6.7	15.9	5.6	17.4	13.5	-	16.9	5.3	6.5	11.1	0.0
Multiple Drug[3,4]	18.6	2.1	9.7	23.9	14.4	18.4	17.4	-	15.9	24.5	11.2	13.2	0.0

Percent Positive for Drugs by Offense Category

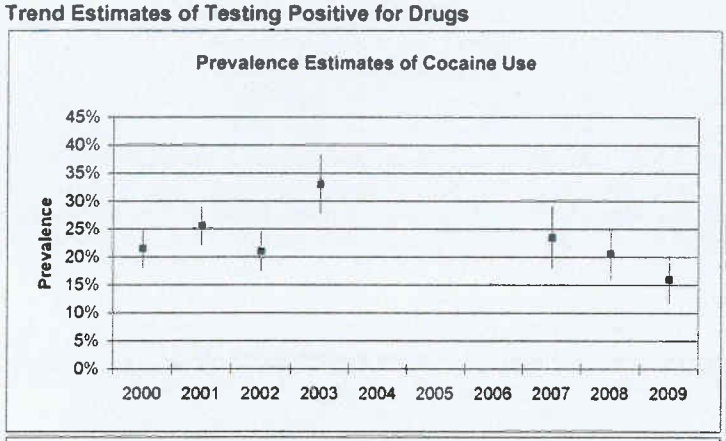
	Violent (%) (n = 128)	Property (%) (n = 125)	Drug Possession (%) (n = 43)	Drug Distribution (%) (n = 15)	Other (%) (n = 193)	Unknown (%) (n = 9)
Any Drug[3,4]	50.2	72.5	90.9	86.4	56.7	53.2
Cocaine	10.3	20.4	39.5	29.5	11.2	13.2
Marijuana	39.5	36.1	41.6	46.8	37.4	53.2
Opiates	4.0	17.1	12.5	19.8	9.1	0.0
Oxycodone	0.6	0.0	0.0	0.0	0.4	0.0
Meth	6.4	19.1	30.0	15.5	11.4	0.0
Multiple Drug[3,4]	11.0	23.3	32.4	17.2	15.0	13.2

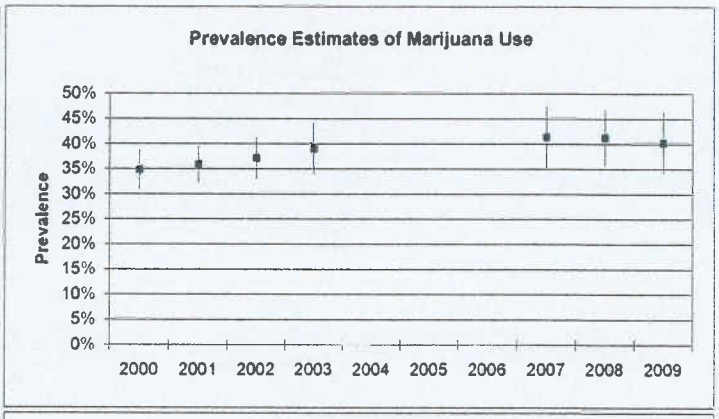
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

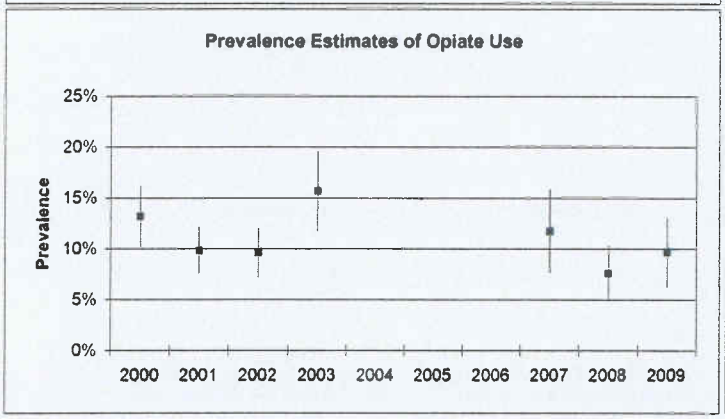
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	78.9	62.7	24.8	2.3	56.9	18.1	0.2	18.9	8.2	0.6
Powder Cocaine	60.0	47.3	22.9	1.8	43.6	11.9	0.1	17.7	2.5	0.0
Marijuana	56.7	38.7	10.9	2.4	40.5	15.1	0.2	16.8	3.8	0.6
Heroin	71.0	60.6	25.6	3.3	52.7	12.5	0.1	14.9	2.7	0.0
Meth	72.1	50.9	13.1	1.9	62.4	29.8	0.3	19.7	3.1	0.9

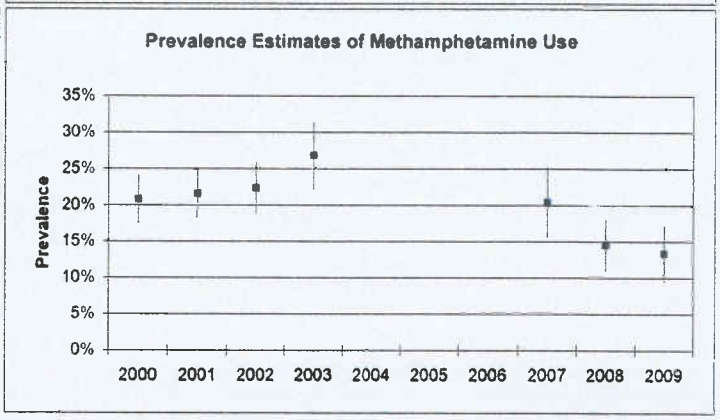
1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs









Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	26.9
High school or GED	42.3
Vocational or trade school	3.9
Some college or two-year associate	21.0
Four year degree or higher	5.9

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	36.5
Someone else's house, mobile home, apartment	34.5
Group quarters[1]	3.6
Hospital or care facility	1.6
Incarceration Facility	2.2
Shelter/ No Fixed Residence	20.6
Other	1.0

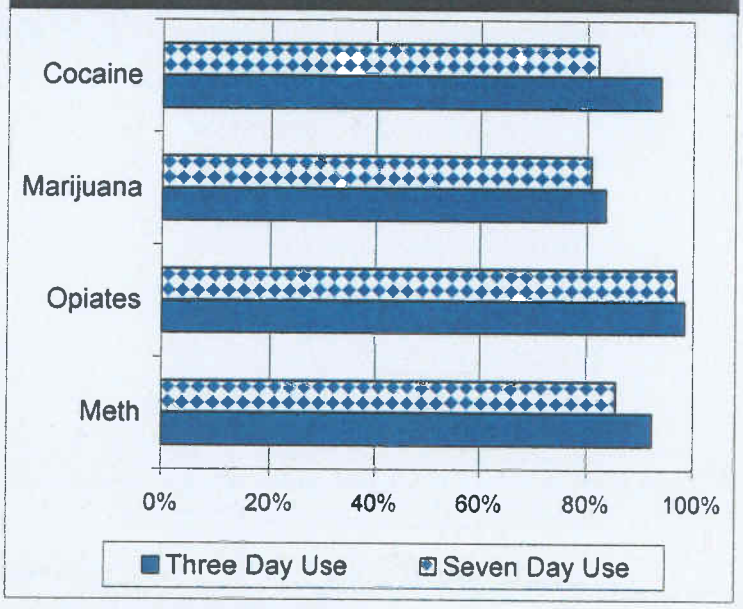
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	21.1
Working part-time/ seasonal	9.6
Unemployed (looking for work)	42.2
Unemployed (not looking for work)	12.1
In school only	2.1
Retired	1.4
Disabled for work or on leave	9.4
Other	2.1

Current Health Insurance for Booked Arrestees (%)	
No Insurance	75.4
Individually Purchased	1.9
Employer or Union Funded	7.5
State Government Funded	8.5
Retirement Medicare	0.2
Disability Medicare	3.1
Veterans Affairs	2.1
Multiple Types	1.3

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	14.1
Powder Cocaine	11.8
Marijuana	50.9
Heroin	13.2
Methamphetamine	16.8

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	6.2
Powder Cocaine	3.5
Marijuana	9.6
Heroin	12.8
Methamphetamine	7.1

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	3.5
Powder Cocaine	17.1
Heroin	75.3
Methamphetamine	33.4
Other	2.5

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	10.8
Powder Cocaine	6.6
Marijuana	43.5
Heroin	11.5
Methamphetamine	13.6

Self-Reported Arrests in Past Year (%)	
None	42.0
1-2	43.7
3-5	10.1
6 or more	4.2

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

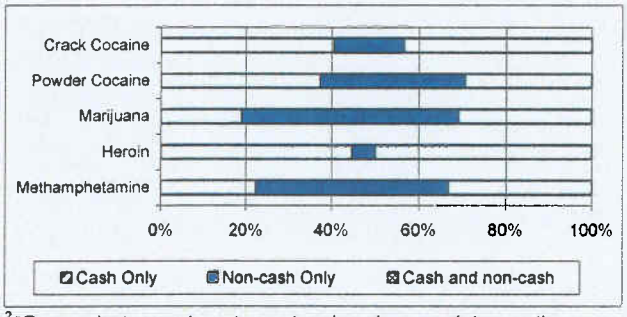
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	32	20.5	32.4	37.9	9.1
Powder Cocaine	20	9.6	39.4	51.1	0.0
Marijuana	82	4.1	39.6	39.2	17.1
Heroin	45	9.8	34.0	50.1	6.1
Methamphetamine	29	15.1	57.1	18.0	9.8

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	28	0.0	6.1	0.0	93.9
Powder Cocaine	16	5.3	13.5	0.0	81.2
Marijuana	145	1.4	0.0	0.0	98.6
Heroin	31	6.6	11.6	0.0	81.8
Methamphetamine	46	5.3	10.4	0.0	84.3

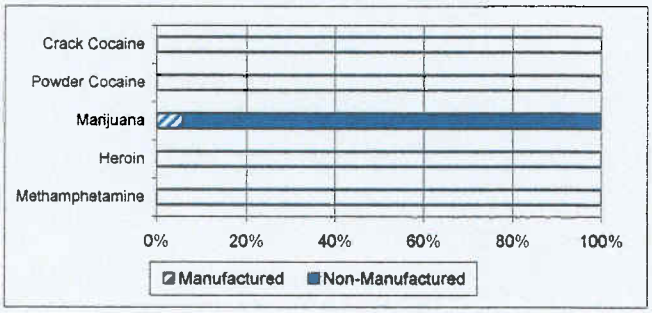
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2009 Report

Sacramento County, CA

Primary City: Sacramento

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 718
Arrestees Booked in Data Collection Period: 3767

Conditional Interview Response Rate[1]: 91% (n = 494)
Urine Response Rate to Interviews: 87% (n = 430)

Age of Booked Arrestees (%)								Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown		White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
34.4	8.6	19.8	16.6	12.5	42.6	0.0		53.9	27.4	31.3	9.4	2.3	6.1

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	65.6	2.8	60.2	57.7	78.4	62.1	62.6	-	63.3	75.1	45.4	54.1	-
Cocaine	10.9	1.6	4.4	9.1	15.3	6.0	11.1	-	6.2	21.9	7.0	4.8	-
Marijuana	44.6	2.8	56.1	41.7	65.5	40.5	37.4	-	42.5	58.9	31.6	40.5	-
Opiates	7.1	1.4	9.0	6.9	10.5	8.4	6.1	-	6.8	4.8	4.7	11.2	-
Oxycodone	1.4	-	1.8	1.9	2.4	0.0	1.0	-	2.2	0.0	1.0	1.0	-
Meth	28.8	2.5	10.4	19.4	32.9	36.1	31.0	-	33.8	18.6	18.1	20.5	-
Multiple Drug[3,4]	27.1	2.5	22.1	23.0	36.4	28.3	24.4	-	26.8	28.2	17.7	22.3	-

Percent Positive for Drugs by Offense Category

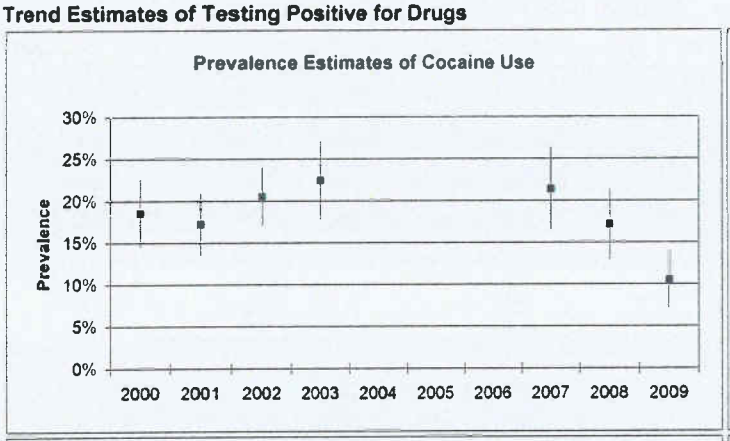
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 127)	(n = 97)	(n = 79)	(n = 18)	(n = 211)	(n = 15)
Any Drug[3,4]	54.5	77.5	91.2	73.1	61.1	43.0
Cocaine	11.8	7.8	22.9	2.6	9.5	7.8
Marijuana	46.1	43.4	56.6	49.0	44.6	34.3
Opiates	5.9	12.9	11.5	15.8	6.2	7.5
Oxycodone	1.2	3.9	0.0	0.0	0.7	0.0
Meth	5.9	44.6	56.3	33.6	26.9	12.1
Multiple Drug[3,4]	17.9	34.9	49.6	27.8	25.0	15.3

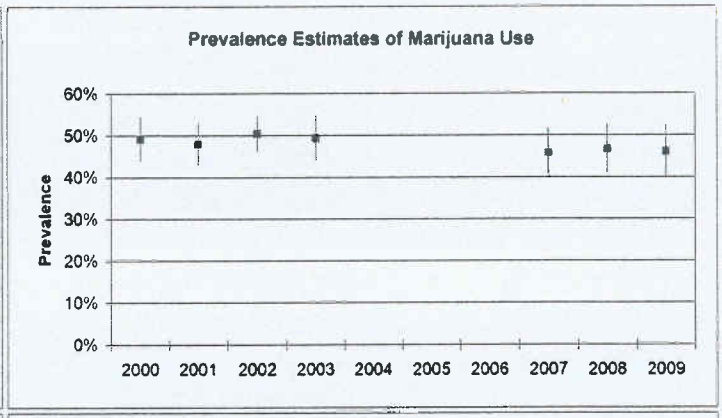
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

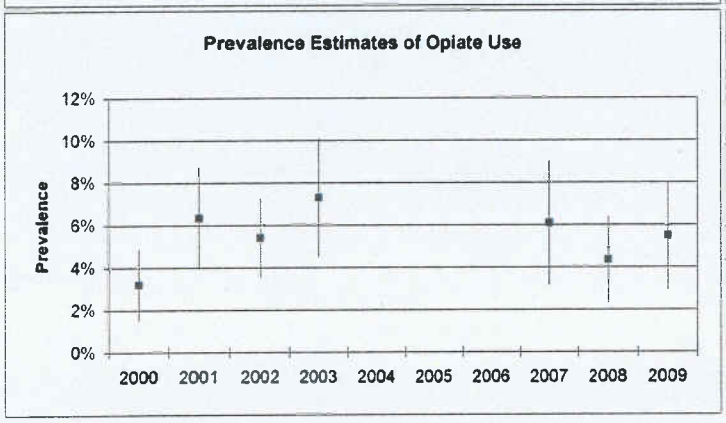
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	54.7	26.1	0.0	0.0	29.5	11.6	0.1	29.8	6.9	0.4
Powder Cocaine	35.2	17.7	0.0	0.0	17.9	16.3	0.2	11.2	5.5	0.1
Marijuana	37.4	17.0	2.4	0.1	18.5	4.3	0.1	14.0	1.5	1.0
Heroin	67.8	46.4	3.0	0.9	22.8	12.5	0.2	21.4	7.3	0.1
Meth	47.9	25.1	3.9	0.2	24.0	7.2	0.1	18.7	1.9	1.6

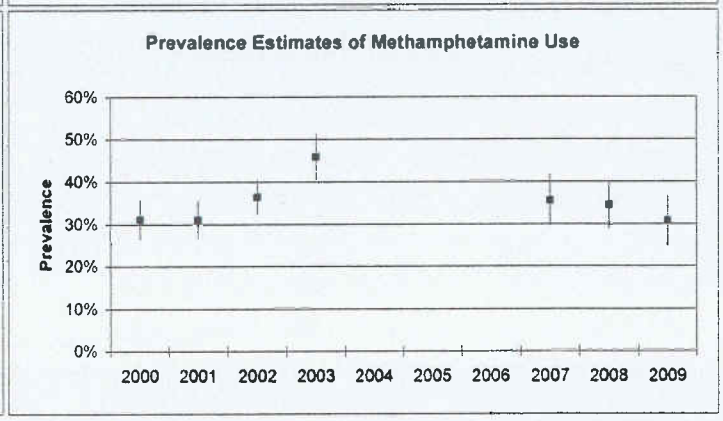
1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs









Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	32.8
High school or GED	36.7
Vocational or trade school	3.8
Some college or two-year associate	23.7
Four year degree or higher	3.0

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	44.8
Someone else's house, mobile home, apartment	43.2
Group quarters[1]	2.0
Hospital or care facility	0.2
Incarceration Facility	1.6
Shelter/ No Fixed Residence	7.5
Other	0.6

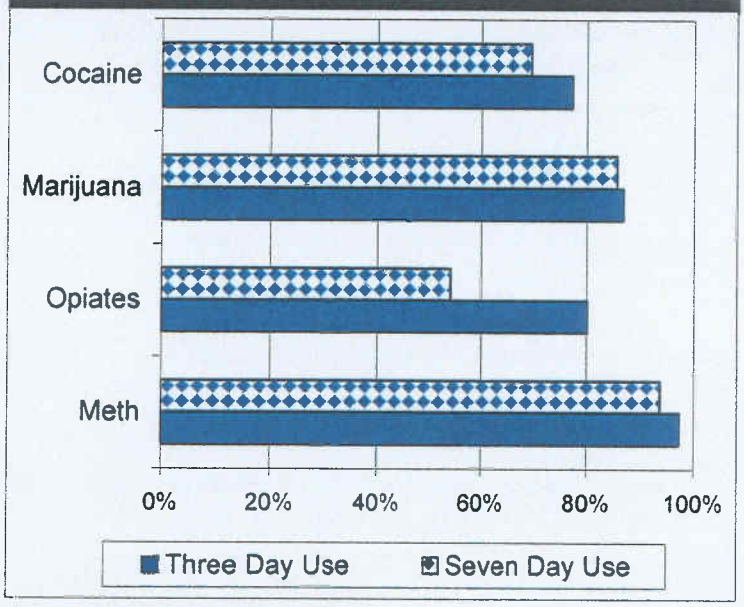
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	28.3
Working part-time/ seasonal	14.6
Unemployed (looking for work)	33.7
Unemployed (not looking for work)	9.8
In school only	1.3
Retired	1.3
Disabled for work or on leave	9.4
Other	1.6

Current Health Insurance for Booked Arrestees (%)	
No Insurance	63.1
Individually Purchased	3.7
Employer or Union Funded	11.7
State Government Funded	17.4
Retirement Medicare	0.6
Disability Medicare	2.2
Veterans Affairs	0.7
Multiple Types	0.6

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	6.0
Powder Cocaine	5.3
Marijuana	52.4
Heroin	3.9
Methamphetamine	26.6

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	7.2
Powder Cocaine	2.7
Marijuana	10.1
Heroin	7.8
Methamphetamine	9.5

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	2.7
Heroin	74.8
Methamphetamine	8.0
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	5.2
Powder Cocaine	3.9
Marijuana	47.0
Heroin	3.2
Methamphetamine	24.0

Self-Reported Arrests in Past Year (%)	
None	51.4
1-2	43.3
3-5	3.9
6 or more	1.4

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

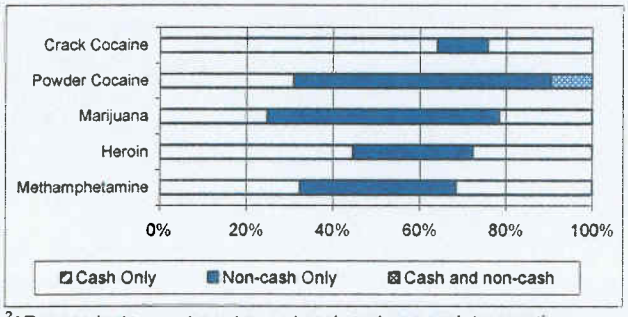
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	22	16.3	42.6	36.7	4.5
Powder Cocaine	9	5.6	58.6	35.8	0.0
Marijuana	110	10.7	46.6	31.5	11.1
Heroin	9	15.7	61.7	16.1	6.5
Methamphetamine	66	13.5	49.9	31.3	5.3

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	10	0.0	7.8	0.0	92.2
Powder Cocaine	15	0.0	11.2	0.0	88.8
Marijuana	174	2.2	1.3	0.0	96.5
Heroin	6	0.0	11.0	0.0	89.0
Methamphetamine	72	1.0	5.9	1.9	91.1

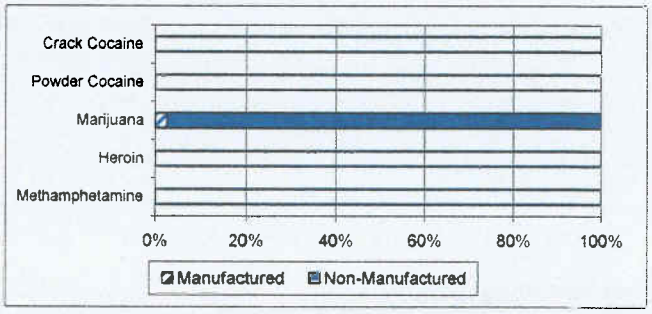
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2009 Report
Washington, DC

Male Arrestees
All Statistics Weighted

Facilities in Sample: 7
Sampled Eligible Arrestees: 143
Arrestees Booked in Data Collection Period: 4240

Conditional Interview Response Rate[1]: 58% (n = 80)
Urine Response Rate to Interviews: 64% (n = 51)

Age of Booked Arrestees (%)							Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown	White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
32.9	11.0	22.8	23.9	2.6	39.7	0.0	12.9	87.1	1.0	0.0	0.0	0.0

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	70.8	7.4	100.0	72.4	100.0	100.0	67.1	-	100.0	76.4	100.0	-	-
Cocaine	34.0	1.4	18.0	0.0	0.0	0.0	55.1	-	7.3	25.6	0.0	-	-
Marijuana	41.7	8.4	100.0	67.6	76.4	60.7	20.6	-	61.8	57.1	100.0	-	-
Opiates	11.7	1.1	0.0	0.0	13.6	0.0	19.8	-	7.6	10.0	0.0	-	-
Oxycodone	0.0	-	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.0	-	-
Meth	0.4	-	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.0	-	-
Multiple Drug[3,4]	19.9	7.5	18.0	0.0	13.6	0.0	40.7	-	14.9	20.9	0.0	-	-

Percent Positive for Drugs by Offense Category

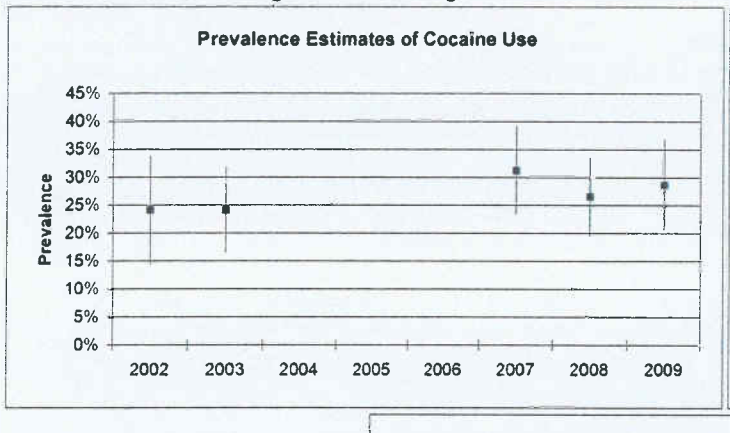
	Violent (%) (n = 5)	Property (%) (n = 6)	Drug Possession (%) (n = 8)	Drug Distribution (%) (n = 1)	Other (%) (n = 16)	Unknown (%) (n = 15)
Any Drug[3,4]	64.4	100.0	100.0	0.0	59.6	92.5
Cocaine	20.4	87.4	17.0	0.0	8.9	19.8
Marijuana	64.4	62.4	74.6	0.0	48.0	59.2
Opiates	0.0	11.2	17.0	0.0	8.7	8.8
Oxycodone	0.0	0.0	0.0	0.0	0.0	0.0
Meth	0.0	0.0	0.0	0.0	0.0	0.0
Multiple Drug[3,4]	20.4	75.8	8.7	0.0	13.3	16.1

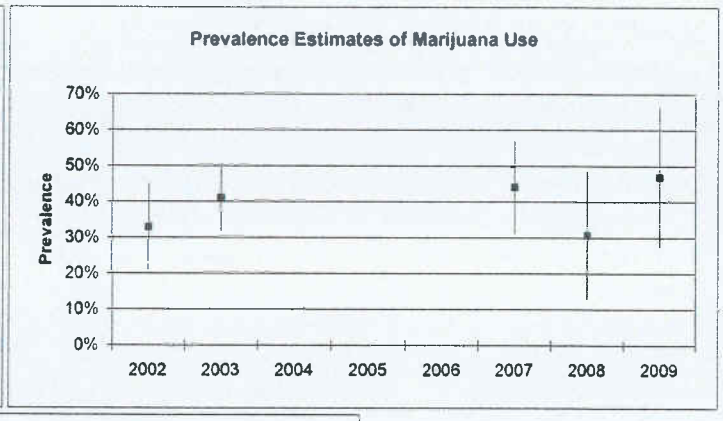
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

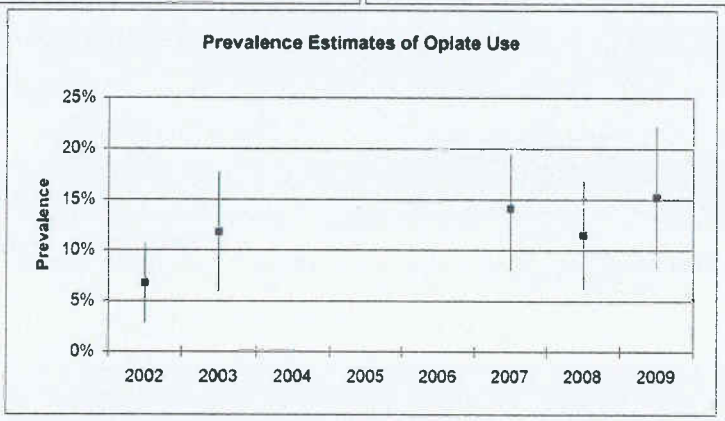
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	60.1	35.1	7.9	0.6	47.8	10.2	0.2	29.4	18.3	0.7
Powder Cocaine	100.0	100.0	0.0	0.0	50.0	0.0	0.0	100.0	0.0	0.0
Marijuana	29.1	21.7	9.3	2.2	8.4	3.3	0.1	11.5	6.3	0.1
Heroin	59.2	44.0	0.0	0.0	32.3	18.4	0.2	0.0	0.0	0.0
Meth	100.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs







Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	29.4
High school or GED	45.1
Vocational or trade school	0.0
Some college or two-year associate	24.5
Four year degree or higher	1.0

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	50.9
Someone else's house, mobile home, apartment	41.7
Group quarters[1]	0.0
Hospital or care facility	0.0
Incarceration Facility	0.0
Shelter/ No Fixed Residence	6.5
Other	0.9

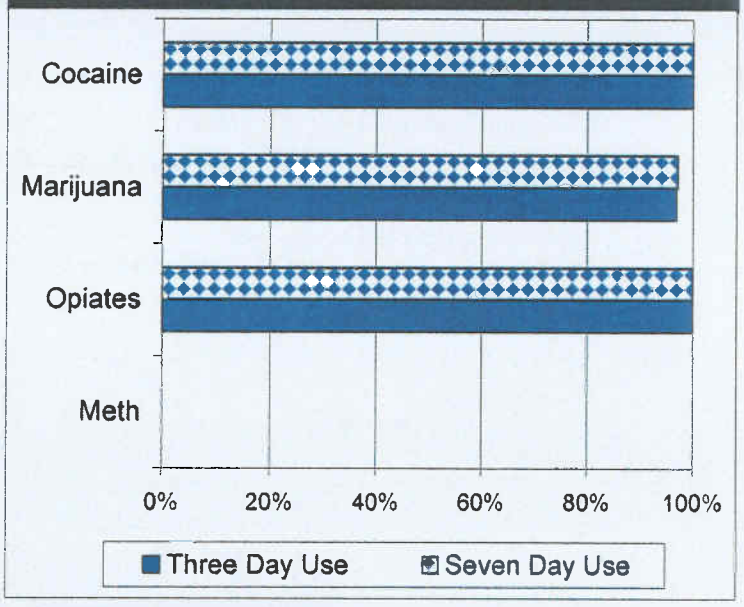
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	46.7
Working part-time/ seasonal	7.8
Unemployed (looking for work)	33.2
Unemployed (not looking for work)	5.3
In school only	4.2
Retired	0.8
Disabled for work or on leave	1.9
Other	0.0

Current Health Insurance for Booked Arrestees (%)	
No Insurance	28.0
Individually Purchased	5.8
Employer or Union Funded	19.0
State Government Funded	45.0
Retirement Medicare	0.0
Disability Medicare	1.2
Veterans Affairs	1.1
Multiple Types	0.0

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	12.4
Powder Cocaine	1.6
Marijuana	45.0
Heroin	6.5
Methamphetamine	0.8

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	6.7
Powder Cocaine	8.6
Marijuana	5.8
Heroin	5.2
Methamphetamine	16.8

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	0.0
Heroin	0.0
Methamphetamine	0.0
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	11.4
Powder Cocaine	1.6
Marijuana	35.7
Heroin	5.5
Methamphetamine	0.8

Self-Reported Arrests in Past Year (%)	
None	57.4
1-2	35.0
3-5	3.4
6 or more	4.2

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

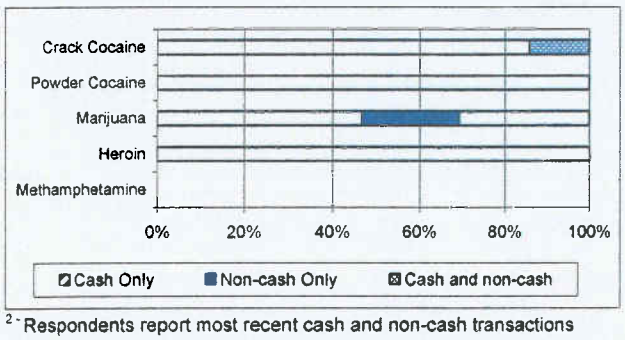
Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)					
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	11	7.9	0.0	92.1	0.0
Powder Cocaine	1	0.0	0.0	100.0	0.0
Marijuana	12	0.0	15.7	84.3	0.0
Heroin	3	0.0	0.0	100.0	0.0
Methamphetamine	0	-	-	-	-

Method of Non-Cash Transaction (%)					
	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	1	0.0	100.0	0.0	0.0
Powder Cocaine	1	0.0	100.0	0.0	0.0
Marijuana	11	4.7	5.7	0.0	89.6
Heroin	0	-	-	-	-
Methamphetamine	0	-	-	-	-

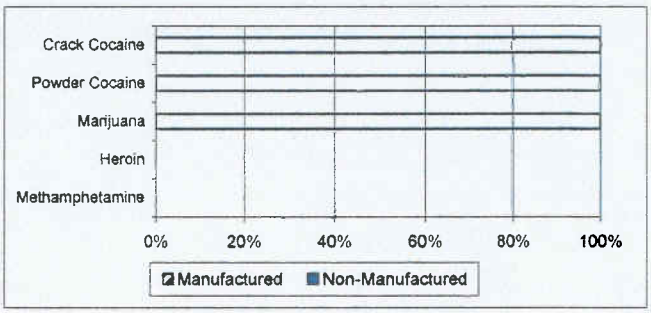
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]

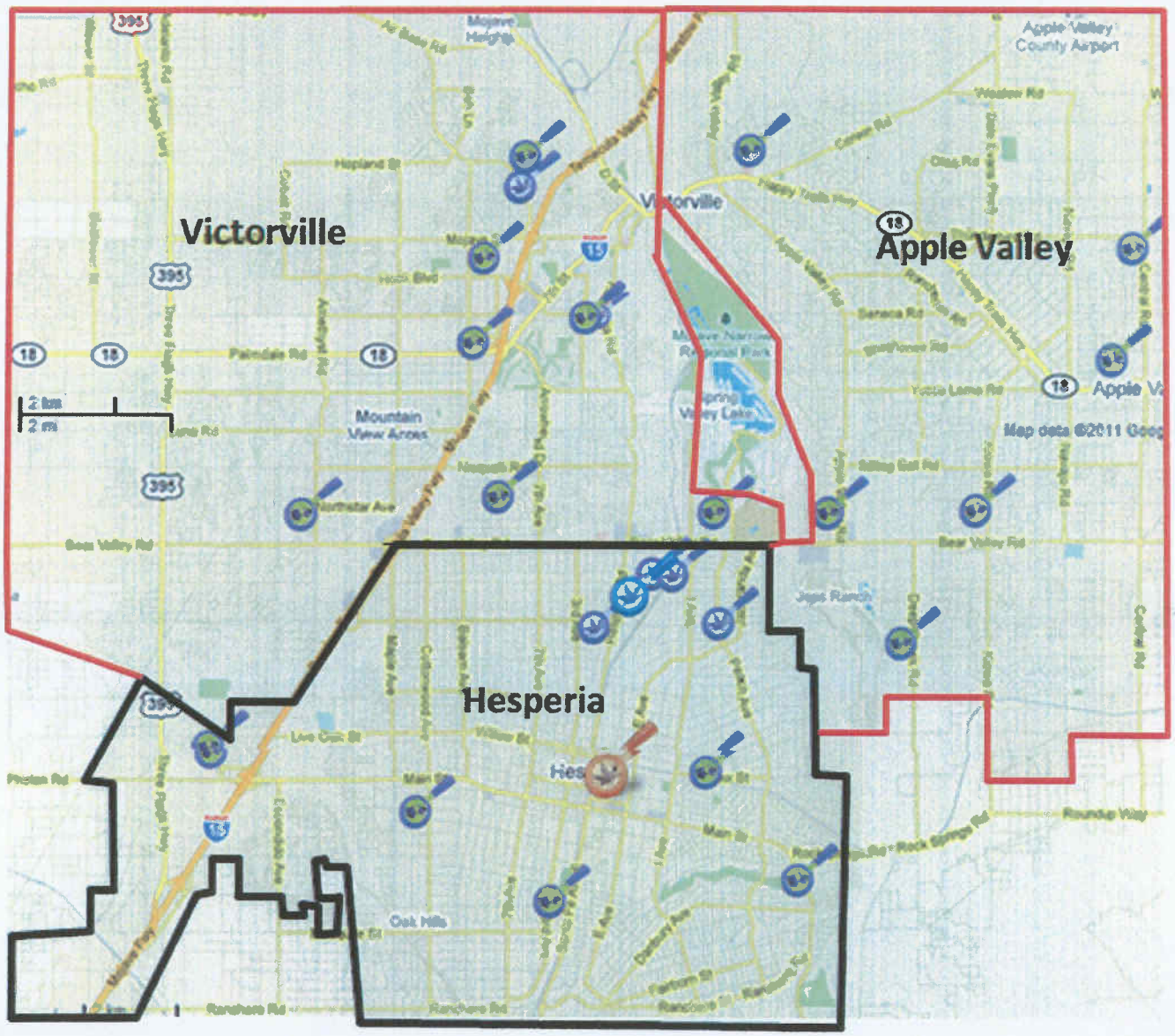


[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ATTACHMENT 7



APPLICANT(S):
WEST COAST PATIENTS GROUP

FILE NO(S): DCA11-10103

LOCATION:
CITY WIDE

PROPOSAL:
A DEVELOMPMENT CODE AMENDMENT REGARDING MEDICAL MARIJUANA DISPENSARIES

N

DISPENSARY MAP AS OF 04-04-11

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City of Hesperia
STAFF REPORT

DATE: July 14, 2011

TO: Planning Commission

FROM: Dave Reno, AICP, Principal Planner

BY: Daniel S. Alcayaga, AICP, Senior Planner

SUBJECT: Development Code Amendment DCA11-10191 pertaining to Residential Land Use District regulations; Applicant: City of Hesperia; Area affected: Citywide

RECOMMENDED ACTION

It is recommended that the Planning Commission adopt Resolution No. PC-2011-26, recommending that the City Council introduce and place on first reading an ordinance adopting Residential Land Use Designation regulations (DCA11-10191).

BACKGROUND

The Development Code (Hesperia Municipal Code, Title 16) regulates land uses throughout the City, including residential uses of varying densities. This Development Code Amendment (DCA) pertains to development standards in five residential land use designations that are not part of the Main Street and Freeway Corridor Specific Plan. The five residential designations include the Single-family Residence (R1), Multiple Family Residence (R3), Rural Residential (RR), Limited Agricultural (A1), and General Agricultural (A2) land use designations. The small lot subdivision standards are included in the R1 standards; and animal uses are addressed in a separate Development Code Amendment.

ISSUES/ANALYSIS

The primary purpose of the DCA is to make the Development Code consistent with the General Plan and to update Chapter 16.16: Land Use Designations. The proposed Development Code Amendment creates four articles. They include:

- Article IV: Residential Land Use Designations
- Article V: Residential Development Standards
- Article VI: Single-Family Residential Design Guidelines
- Article VII: Multiple Family Residential Design Guidelines

Article IV: Residential Land Use Designations. Article IV establishes which land uses are permitted in a residential designation and identifies if a land use requires a site plan review, conditional use permit, or is not permitted. The land uses permitted and permit requirements did not change from the current to the proposed code. Specifically, the rural and agricultural uses currently allowed in the City will remain unchanged. Residential and agricultural activities as well as the number, type, and size of accessory buildings and structures are also proposed to remain unchanged. Furthermore, the DCA does not propose to change residential densities in the City, as this is governed by the General Plan.

Currently, the Development Code lists the land uses in separate articles by zone district. The DCA proposes to put the land uses into a table so that the information can be found in one place. The table is divided in three parts, including:

- Residential and Ancillary Uses
- Public, Institutional, and Resource Uses
- Agricultural Uses

Article V: Residential Development Standards. Similar to the previous article, the basic development standards (i.e. setback, height, lot size, etc.,) are shown in a table. The basic development standards that apply to half-acre lots and larger will not change. Specifically, the changes affect multiple family developments and small lot subdivisions.

The DCA proposes to adopt the multiple family and small lot subdivision standards from the Main Street and Freeway Corridor Specific Plan. The proposed standards apply to areas not in the Specific Plan and that already allow multiple family developments and small lot subdivisions. The areas that allow small lot subdivisions, outside of the Specific Plan, include the Mission Crest subdivision and areas generally located to the east of Escondido Avenue and south of Sultana Street.

Article VI: Single-Family Residential Design Guidelines. The DCA proposes to adopt the architectural guidelines from the Main Street and Freeway Corridor Specific Plan. The architectural guidelines would apply to new tract subdivisions proposing five or more single-family residential lots. The guidelines would not apply to new homes built on in-fill properties in the rest of the City.

Article VII: Multiple Family Residential Design Guidelines. Similar to Article VI, the DCA proposes to adopt the architectural guidelines from the Specific Plan. The guidelines would apply to new multiple family residential developments. The areas designated R3 by the General Plan are generally located south of Bear Valley Road and along Sequoia Street.

The new development standards and design guidelines apply to new multiple family developments and new subdivisions, including small lot subdivisions. The proposed changes are intended to improve the quality of new residential developments by establishing architectural and private and common open space standards. Currently, the architectural standards are conditions of approval required as part of project approval.

Other general changes include:

- The proposed amendment makes the General Plan Land Use Map adopted in 2010 the map to establish regulations for residential and agricultural properties.
- The Development Code Amendment proposes new residential and agricultural land use designation descriptions consistent with the newly adopted General Plan.

The DCA proposes to use gross area, instead of net area, to determine lot size minimums for properties zoned RR on lot sizes of 1 acre or more. Gross lot area is currently used to determine minimum lot sizes in the A1 and A2 zones. In the R1, R3, and RR zones, net lot area is used to determine lot sizes. In measuring lot sizes, gross area includes the street and any other right-of-way; and net lot area excludes them. This method of determining lot sizes has been used since prior to City incorporation.

For larger lots in the RR designation, strict application of the net lot size standard would create some difficulties. For RR designated properties, three parcels can be created from 10 acres with a lot size minimum of 2 ½ acres, while four parcels can be created from 10 acres zoned A1 and A2 with the same lot size requirement. One additional lot is gained by measuring in gross area versus net area.

Staff recommends that RR designated properties of this size be treated the same as agricultural lots in determining lot size. Therefore, the DCA proposes that gross area be used in the RR designation to determine lot sizes of 1 acre or more. Gross area used in A1 and A2 will remain unchanged. Furthermore, new definitions for gross and net lot area are provided in the DCA.

Environmental: Approval of the Development Code Amendment is exempt from the requirements of the California Environmental Quality Act (CEQA) by Section 16.12.415(B)(10) of the City's CEQA Guidelines. Development Code Amendments are exempt if they do not propose to increase the density or intensity of land uses or actions allowed in the General Plan. The proposed Ordinance does not expand the allowable uses, change densities, or grant entitlements not already permitted by the Development Code and General Plan.

Conclusion: The proposed Development Code Amendment makes the code consistent with the General Plan and reformats the Residential Land Use Designation regulations making it easy to use. The proposed development standards and design guidelines, which apply to new multiple family developments and new residential subdivisions proposing five or more lots, are intended to improve the overall quality of residential developments in the City.

FISCAL IMPACT

None.

ALTERNATIVE

1. Provide alternative direction to staff.

ATTACHMENT

1. Current R-1, R-3, RR, A-1, and A-2 District regulations
2. Resolution No. PC-2011-26, recommending adoption of DCA11-10191, with Exhibit "A"

ATTACHMENT 1

ARTICLE IV. SINGLE-FAMILY RESIDENCE (R-1) DISTRICT

16.16.075 General uses permitted in R-1 district.

In the R-1 district, the following uses are permitted:

A. One-family dwelling on each lot;

B. Truck gardening, tree farming, nurseries and greenhouses used only for the propagating and cultivating of plants; provided that:

1. Retail sale from the premises of such products or commodities raised on the property and use of a sign not exceeding two square feet, shall be permitted only on lots having an area of at least twenty thousand (20,000) square feet;

C. Small livestock, cows, goats and fowl may be kept on areas of five acres or more prior to residential use, subject to the following limitations:

1. One cow or two goats for each one acre in area of the parcel of land on which the same are kept, or one hundred (100) fowl for each one-quarter acre in area of the parcel of land on which same are kept; and further, that such animals or fowl be kept at least fifty (50) feet from front property line, and seventy (70) feet from buildings used for human habitation, public parks' schools on adjoining lots or parcels;

D. Dogs and Cats. Base quantities are limited to the keeping of two dogs and two cats over four months old, except quantities allowed are increased as provided in subsections (D)(1) and (2) of this section:

1. Four dogs and four cats over four months old, for areas between eighteen thousand (18,000) square feet to one acre,

2. One additional dog for each additional one-half acre of lot area in excess of that described in subsection (D)(1) of this section,

3. Female or neutered male pot-bellied pigs may be substituted for allowable quantities of dogs;

E. Small residential care facilities, community care facilities, senior housing, intermediate care of six or less and licensed by the state, handicapped residential care facilities;

F. Public and private uses as follows shall be permitted if the site approval is approved, as provided in Section 16.12.080:

1. Civic or community clubs,

2. Country clubs, including the incidental serving of alcoholic beverages, together with golf courses, excepting miniature courses, and similar commercial enterprises,

3. Fire and police stations,

4. Schools, excluding colleges or universities,

5. Churches, excluding rescue missions or temporary revival,

6. Cemeteries,

7. Museums, not operated for profit,

8. Parks and playgrounds,

9. Electrical distribution substations,

10. Conference centers, including incidental serving of alcoholic beverages,

11. Lakes, private,

12. Mobile home parks;

G. Public and private uses may be permitted, subject to approval of a conditional use permit, as provided in Section 16.16.072:

1. Large residential care facilities, community care facilities, senior housing, intermediate care of seven or more and licensed by the state,

2. Group homes not licensed by the state with two or more residents. (Ord. 2007-07 § 3, 2007; amended during 12/98 supplement; amended during 1997 codification; Ord. 208 Exh. A (part), 1995; SBCC § 86.0201(a))

16.16.080 Accessory uses permitted in R-1 district.

In the R-1 district, the following accessory uses are permitted:

A. Guest house. A guest house is allowed per the building area regulations for a temporary dependent housing unit outlined within Section 16.12.360;

B. Private garage with space for maximum of four cars;

C. The keeping of exotic animals with the approval of the decision authority, and with a valid permit from the animal control department. Exotic animals are classified as those identified by Title 14, Section 671, California Fish and Game Code;

D. Board and room, not to exceed two persons, without kitchen privileges;

E. Horses.

1. Where a developed lot contains at least nineteen thousand (19,000) square feet or more, but less than the required twenty thousand (20,000) square feet of lot area, one horse may be allowed, subject to the written approval of the property owners of all lots contiguous to the lot.

2. The keeping of horses (private stables) on lots of twenty thousand (20,000) square feet and over in area, the number of horses permitted on any lot or parcel being limited to one horse for each ten thousand (10,000) square feet of lot area, up to a total of six horses.

F. Educational Animal Project.

1. "Educational animal project," for the purpose of this provision, shall mean an animal-husbandry activity which is part of an educationally-oriented youth program or organization.

2. The following number of animals shall be permitted as a project:

Permitted Number	Maximum Animals
One bovine per 20,000 sq. ft., or	3
Two calves per 10,000 sq. ft. (to a maximum age of six (6) months), or	9
Two sheep per 10,000 sq. ft., or	9
Two goats per 10,000 sq. ft., or	9

3. Combinations of the above-listed animals shall be permitted provided the total density shall not exceed that herein specified, except in the case of young animals born to the project animal, which may be kept in the R-1 district until such animals are weaned.

4. The keeping of an educational animal project shall be subject to the following. The educational animal project shall be kept only on an improved and occupied lot or parcel.

a. Such animals shall be kept at least seventy (70) feet from buildings used for human habitation, public park, school, hospital or church buildings on adjoining lots or parcels, and shall maintain a clearance of at least five feet from interior side and rear property lines, and fifteen (15) feet from side street rights-of-way, excepting an alley or bridle path, unless the animals are confined by a five foot chain link fence or a five foot wood fence with horizontal members no more than six inches apart, which fence may be located on an interior side or rear lot line and fifteen (15) feet from a side street right-of-way. The area of human habitation shall not include cabanas, patios, attached or detached private garages or storage buildings.

b. Exception. Those parcels of land upon which a use of keeping and maintaining a horse, or horses, has been established prior to the date of construction of a building used for human habitation located on a neighboring parcel, regardless of any other provisions of this code, shall have applicable to them a nonconforming use right pursuant to Chapter 16.12, Article IX. Such nonconforming use right shall be only that a horse or horses may be kept at a minimum of fifty (50) feet from buildings used for human habitation on adjoining lots or parcels providing the following are complied with:

i. Shall maintain a clearance of at least five feet from interior side and rear property lines.

ii. Shall maintain a clearance of fifteen (15) feet from side street rights-of-way, excepting an alley or bridle path.

iii. Fencing located within the seventy (70) foot setback area pursuant to Section 16.16.080(F)(4)(a) which is used specifically for the confining of horses shall be five feet in height and constructed of solid wood, masonry or other appropriate screen materials. Otherwise the fencing and the keeping of horses shall comply with Section 16.16.080(F)(4)(c) and (d).

c. The location of corrals, fenced enclosures, barns, stables, stalls and similar enclosures used to confine horses, shall conform to the clearances as set forth in this section and Sections 16.20.025 through 16.20.030 inclusive, street setback regulations. Whenever the words "keeping" or "kept" are used in this section, they shall mean and include maintaining, grazing, riding, leading, exercising, tying, hitching, stabling and allowing to run at large. The foregoing, however, shall not preclude the riding or leading of horses to or from the premises in order to gain access to a bridle path, alley or street.

d. Fences shall maintain a height of at least five feet and shall be of such construction as to preclude the escape of horses.

5. An exemption shall be made to allow for the keeping of horses on substandard lots for the purpose of conducting animal projects by 4-H members, specifically and exclusively; provided, the members obtain a special use permit, which shall be subject to the following conditions:

a. Special use permits shall be issued for twenty-four (24) months, during which time unscheduled monthly inspections shall be conducted. Permits may be extended on a twenty-four (24) month basis. Requests for extensions shall be evaluated based on inspections, any complaints on file and other applicable information. The permit shall become invalid when the permittee reaches nineteen (19) years of age, or in the event the 4-H project is discontinued;

b. Property owners contiguous to the permittee shall be notified prior to the issuance of a permit and shall be renotified in the event an extension is requested;

c. In the event of a complaint, or if unsatisfactory conditions are identified through inspection, the 4-H Club leaders shall cooperate with city staff to enforce conditions of the permit;

d. 4-H members shall comply with the operation and maintenance regulations established for their animal projects. A copy of these regulations is available at the community development department;

e. Any violation of the permit requirements may result in the revocation of said permit. Prior to the implementation of this action, the permittee shall be given notification of the pending action and an inspection of the site shall be conducted by city staff and the permittee.

G. Two rabbits or other similar fowl or small animals, separately or by combination, per each three thousand five hundred (3,500) square feet of lot area, not to exceed twenty-five (25) such animals or fowl per acre. Additionally:

1. Peafowl and/or the male of any species of fowl are limited to one such fowl per fourteen thousand four hundred (14,400) square feet of lot area, minimum except:

2. Ten percent of the total of allowable fowls shall be allowed on lots eighteen thousand (18,000) square feet or greater.

H. Residential and agricultural accessory structures. Second dwelling and temporary dependent housing units, and other residential and agricultural accessory structures are allowed pursuant to Article X of Chapter 16.12 and Article X of Chapter 16.20, respectively.

I. One aviary for the keeping of Family Columbiformes and caged birds not to exceed forty (40) such birds.

J. Parking of commercial vehicles, as defined in the California Vehicle Code, pursuant to Section 16.20.090. (Ord. 2001-13 Exh. A §§ 6, 8, 2001; Ord. 299 § 4 (Exh. A § 3 (part)), 2000; amended during 12/98 supplement; amended during 1997 codification; Ord. 237 § 4 (part), 1996; Ord. 208 Exh. A (part), 1995; Ord. 202 § 2 (part), 1994; Ord. 80 § 2, 1989; SBCC § 86.0201(b))

16.16.085 Transitional uses permitted in R-1 district.

Transitional uses shall be permitted where the side of a lot abuts a lot in a less restrictive district; provided, such transitional uses does not extend more than sixty-five (65) feet from the boundary of the less restricted district which it adjoins, as follows:

A. Public parking area when located and developed as required in Sections 16.20.080 through 16.20.120. (Amended during 1997 codification; SBCC § 86.0201(c))

16.16.090 Other uses in R-1 district.

Other uses similar to the above listed uses if approved by the planning commission at a public hearing, as provided in Section 16.16.040(B) and (C). (SBCC § 86.0201(d))

16.16.095 Sign requirements in R-1 district.

Sign regulations shall be as specified by Chapter 16.36. (SBCC § 86.0201(e))

16.16.100 Parking requirements in R-1 district.

Automobile parking requirements are provided in Sections 16.20.080 through 16.20.120. (SBCC § 86.0201(f))

16.16.105 Height limitations in R-1 district.

Buildings or structures and the enlargement of any buildings or structures shall be hereafter erected or maintained not to exceed thirty-five (35) feet in height, with a maximum of two and one-half (2 1/2) stories in the valley and desert areas. (Amended during 12/98 supplement; amended during 1997 codification; SBCC § 86.0201(g))

16.16.110 Minimum areas and dimensions of lots in R-1 district.

A. Each interior lot or parcel shall have a width of not less than sixty (60) feet at the building setback line, a depth of not less than one hundred (100) feet and a net area of not less than seven thousand two hundred (7,200) square feet.

B. Each corner lot or parcel shall have a width of not less than seventy (70) feet at the building setback line, a depth of not less than one hundred (100) feet and a net area of not less than seven thousand two hundred (7,200) square feet.

C. Each lot or parcel on a dead-end street, cul-de-sac or on a curved street where the side lines thereof are diverging from the front to the rear of such lot or parcel, shall have a width of not less than sixty (60) feet, measured along the building setback line established by the required front yard for the main building and between the side lines of such lot or parcel.

D. Each lot or parcel on a curved street where the side lines thereof are converging from the front to the rear of such lot or parcel shall have an average width of not less than sixty (60) feet.

E. All buildings, together with their accessory buildings, shall occupy not more than forty (40) percent of the area of the lot.

F. Where a minimum area requirement greater than the seven thousand two hundred (7,200) square feet required is requested and established in the district, it shall be designated by a number following the district designation symbol; numbers less than one hundred (100) indicating acres, and numbers more than one hundred (100) indicating minimum square feet of area required per lot. (SBCC § 86.0201(h))

16.16.115 Front yard required in R-1 district.

Front yard requirements are found in 16.20.025 through 16.20.030. (SBCC § 86.0201(i))

16.16.120 Interior side yard required in R-1 district.

A. Interior side yards on each side of each lot shall be not less than ten percent of the width of the lot, provided that such interior side yard shall be not less than three feet and need not exceed five feet in width.

B. On all parcels created after January 9, 1969, one side yard of an interior lot shall be no less than ten feet in width, unless access to the rear yard is provided by a dedicated alley or other dedicated right-of-way. (SBCC § 86.0201(j))

16.16.125 Rear yard required in R-1 district.

Rear yards on each lot shall be not less than fifteen (15) feet. (SBCC § 86.0201(k))

16.16.130 Side street yard required in R-1 district.

Side street yard requirements are found in Sections 16.20.025 through 16.20.030. (SBCC § 86.0201(l))

16.16.135 Small lot subdivisions in R-1 district.

A. Purpose and Intent. The purpose of these provisions are to establish procedures for permitting small lot subdivisions on certain lots zoned for residential uses; to implement state law requiring consideration for such uses; to protect and preserve existing neighborhoods by ensuring, through established standards, that small lot subdivisions do not adversely impact either adjacent residential parcels or the surrounding neighborhood, and are developed in a manner which protects the integrity of the residential district, while providing opportunities for affordable housing.

B. Applicability. Each small lot subdivision shall comply with the development standards for the district in which it is located and the provisions of Section 16.16.135(C). The review procedure shall be through a planning commission public hearing, pursuant to Section 16.12.005.

C. Development Standards.

1. Lot Area.

a. Four thousand five hundred (4,500) square foot average, no less than three thousand (3,000) square feet (medium residential land use designations and R-1 zoning);

b. Four thousand (4,000) square foot average, no less than three thousand (3,000) square feet (medium high and high residential land use designations and R-3 zoning);

c. Lot frontages shall be a minimum of forty (40) feet in width at the curb;

d. Driveways shall be a minimum of sixteen (16) feet in width;

e. Building coverages shall not exceed fifty (50) percent. Building coverage shall mean the percentage of lot surface area occupied by any building;

f. Building height shall not exceed thirty (30) feet;

g. The depth to width ratio shall not exceed 3:1.

2. Minimum Yards.

a. Front yard: ten feet or twenty (20) feet if garages open parallel to the street;

b. Side street yard: ten feet;

c. Rear yard: fifteen (15) feet;

d. The sum of the side yards shall not be less than ten feet.

3. Streets.

a. Fifty (50) foot right-of-way;

b. Thirty-six (36) foot curb to curb;

c. Four foot sidewalk between back of curb and utility easement;

d. Three foot utility easement between sidewalk and property line;

e. No signs, vaults, utilities, hydrants, etc. may be located on the sidewalk;

f. No small lot subdivisions shall provide private streets.

4. Miscellaneous.

a. Small lot subdivisions which provide common amenities shall be maintained by home owner associations;

b. Ten percent of the lineal length of the total perimeter wall area of dwelling units accessible to a side and rear yard shall contain penetrable openings such as sliding glass doors that open into usable, private open space;

c. Connection to sewer is required;

d. No undeveloped residential lot sales will be allowed, developer shall construct all homes within small lot subdivisions;

e. The keeping of animals shall be limited to the following:

i. Cats or dogs not to exceed the keeping of two dogs and two cats. A female or neutered male pot bellied pig may be substituted for dogs,

16.16.140 Multiple-family residence (R-3) district—Generally.

The following regulations shall apply in R-3, multiple-family residence districts. (SBCC § 86.0215 (part))

16.16.145 General uses permitted in R-3 district.

In the R-3 district, the following general uses are permitted:

A. Same as R-1 District, except Section 16.16.080(D);

B. Animals.

1. Dogs and cats not to exceed the keeping of one dog and one cat over four months old,
2. One small animal exclusive of fowl per residential unit;
3. Family Columbiformes and caged birds, ten per unit;
4. Female or neutered male pot bellied pigs may be substituted for allowable quantities of dogs;

C. Multiple-family dwelling excluding large-scale housing projects or three one-family dwellings of a permanent nature on each lot;

D. Boarding and lodging houses;

E. Public and private uses as follows shall be permitted if the site approval is approved as provided in Chapter 16.12:

1. Colleges and universities,
2. Private schools,
3. Fraternity and sorority houses, lodges and private clubs except those whose chief activity is a service customarily carried on as a business,
4. Philanthropic and charitable institutions,
5. Motels, mobile home parks and recreational vehicle parks,
6. Hotels, in which incidental business may be conducted for the convenience of the residents of the buildings; provided, there is no entrance to such place of business except form the inside of the building and no sign visible form the outside advertising such business,
7. Large-scale housing projects. (Ord. 202 Exh. A (part), 1994; SBCC § 86.0215(a))

16.16.150 Accessory uses permitted in R-3 district.

In the R-3 district, the accessory uses permitted are the same as those permitted in R-1 districts. (Amended during 1997 codification; SBCC § 86.0215(b))

16.16.155 Transitional uses permitted in R-3 district.

Transitional uses shall be permitted where the side of a lot abuts a lot in a less restrictive district; provided, such transitional use does not extend more than sixty-five (65) feet from the boundary of the less restrictive district which it adjoins as follows:

A. Principal office of a physician, dentist or other professional occupation. (Amended during 1997 codification; SBCC § 86.0215(c))

16.16.160 Parking requirements in R-3 district.

The parking requirements for the R-3 district are found in Sections 16.20.080 through 16.20.120. (SBCC § 86.0215(d))

16.16.165 Loading space requirements in R-3 district.

Loading space to be provided in accordance with Section 16.20.100. (SBCC § 86.0215(e))

16.16.170 Height limitations in R-3 district.

Height limitations in the R-3 district are the same as those in the R-1 district. (Amended during 1997 codification; SBCC § 86.0215(f))

16.16.175 Minimum areas and dimensions of lots in R-3 district.

A. Each interior lot or parcel shall have a width of not less than sixty (60) feet at the building setback line, a depth of not less than one hundred (100) feet and a net area of not less than seven thousand two hundred (7,200) square feet.

B. Each corner lot or parcel shall have a width of not less than seventy (70) feet at the building setback line, a depth of not less than one hundred (100) feet and a net area of not less than seven thousand two hundred (7,200) square feet.

C. Each lot or parcel on a dead-end street, cul-de-sac or on a curved street where the side lines thereof are diverging from the front to the rear of such lot or parcel, shall have a width of not less than sixty (60) feet, measured along the building setback line established by the required front yard for the main building and between the side lines of such lot or parcel.

D. Each lot or parcel on a curved street where the side lines thereof are converging from the front to the rear of such lot or parcel shall have an average width of not less than sixty (60) feet.

E. All buildings on any lot, including accessory buildings, shall occupy not more than sixty (60) percent of the area of such lot.

F. Where a minimum area requirement greater than the seven thousand two hundred (7,200) square feet required is requested and established in the district, it shall be designated by a number following the district designation symbol; numbers less than one hundred (100) indicating acres and numbers more than one hundred (100) indicating minimum square feet of area required.

G. Where a lot has less than four thousand five hundred (4,500) square feet of area and was of record at the time the ordinance adopting this section became effective, the lot may be occupied by no more than two families.

H. Where a lot has less area than herein required, but not less than four thousand five hundred (4,500) square feet, and was of record at the time the ordinance adopting this section became effective, or the lot has been created by court decree or by bequest, the lot may be occupied by three families and all buildings shall occupy not more than sixty (60) percent of the area of the lot.

I. The ordinance creating or extending an R-3 district may limit the density of residential units. A figure in parenthesis before the district designation symbol shall mean that the total lot area in terms of square feet divided by the number of dwelling units placed thereon shall be not less than the figure. (SBCC § 86.0215(g))

16.16.180 Front yard required in R-3 district.

Front yard requirements are found in Sections 16.20.025 through 16.20.030. (Ord. 250 (part), 1997; SBCC § 86.0215(h))

16.16.185 Interior side yard required in R-3 district.

A. Interior side yards on each lot shall be not less than ten percent of the width of the lot; provided, that such side yard shall be not less than three feet and need not exceed five feet in width.

B. On all parcels created after January 9, 1969, one side yard of an interior lot shall be no less than ten feet in width, unless access to the rear yard is provided by a dedicated alley or other dedicated right-of-way. (Ord. 250 (part), 1997; SBCC § 86.0215(i))

16.16.190 Rear yard required in R-3 district.

Rear yards shall be at least ten feet in depth. (Ord. 250 (part), 1997; SBCC § 86.0215(j))

16.16.195 Distance required between main buildings in R-3 district.

The distance requirements between main buildings are found in Section 16.20.030. (Ord. 250 (part), 1997; SBCC § 86.0215(k))

16.16.200 Side street yard required in R-3 district.

Side street yard requirements are found in Sections 16.20.025 through 16.20.030. (Ord. 250 (part), 1997; SBCC § 86.0215(l))

16.16.205 Sign requirements in R-3 district.

Sign regulations shall be as specified by Chapter 16.36. (Ord. 250 (part), 1997; SBCC § 86.0215(m))

ARTICLE VI. RURAL RESIDENTIAL (RR) DISTRICT

16.16.210 Rural residential (RR) district—Generally.

The following regulations shall apply in RR, rural-residential districts. (Ord. 250 (part), 1997; SBCC § 86.0220 (part))

16.16.215 General uses permitted in RR district.

A. Same as R-1 district;

B. Animals.

1. Base quantities are limited to the keeping of four dogs and four cats over four months old; except quantities allowed are increased as provided in subsections (B)(2) and (B)(3) of this section,

2. Six dogs and six cats over four months old for areas between nineteen thousand five hundred (19,500) square feet to 1.5 acres,

3. Eight dogs and eight cats over four months old for areas in excess of 1.5 acres,

4. Female or neutered male pot bellied pigs may be substituted for allowable quantities of dogs. (Ord. 250 (part), 1997; Ord. 202 Exh. A (part), 1994; SBCC § 86.0220(a))

16.16.220 Agricultural uses permitted in RR district.

A. Nurseries, greenhouses, hydroponic growing, commercial flower or vegetable gardens; mushroom farms;

B. Field crops, orchards, tree crops, berry or bush crops;

C. Limited livestock farming with the following maximum numerical limitations on parcels of ten thousand (10,000) square feet and larger.

1. One small livestock for each five thousand (5,000) square feet of lot area. Each lot limited to a maximum of one "buck" goat, or

2. Fifteen (15) chickens, ducks, geese, quail or similar fowl for each ten thousand (10,000) square feet of lot area, or

3. Fifteen (15) rabbits, chinchillas, or other similar small animals for each ten thousand (10,000) square feet of parcel area,

4. Aviaries for the keeping of Family Columbiformes and caged birds, not to exceed sixty-five (65) such birds;

D. One horse for each ten thousand (10,000) square feet of lot area;

E. Buildings and enclosures for fowl or livestock, small or large, placed on any given parcel of land, shall be kept a minimum of seventy (70) feet from any place used for human habitation, public park, school, hospital or church buildings on adjoining properties. (Ord. 250 (part), 1997; Ord. 202 Exh. A (part), 1994; SBCC § 86.0220(b))

16.16.225 Accessory buildings and uses permitted in RR district.

A. Same as R-1 district;

B. Greenhouse or lath house;

C. Stable, corral, pen or coop;

D. Permitted accessory buildings listed above, excluding R-1 accessory buildings, shall be located at least fifty (50) feet from the front lot line;

E. Parking of commerical vehicles, as defined in the California Vehicle Code, pursuant to Section 16.20.090. (Ord. 250 (part), 1997; Ord. 237 § 4 (part), 1996; SBCC § 86.0220(c))

16.16.230 Other uses in the RR district.

Other uses similar to the above listed uses if approved by the planning commission at a public hearing, as provided in Section 16.16.040(B) and (C). (Ord. 250 (part), 1997; SBCC § 86.0220(d))

16.16.235 Sign requirements in RR district.

Sign regulations shall be as specified by Chapter 16.36. (Ord. 250 (part), 1997; SBCC § 86.0220(e))

16.16.240 Parking requirements in RR district.

Parking requirements are found in Sections 16.20.080 through 16.20.120. (Ord. 250 (part), 1997; SBCC § 86.0220(f))

16.16.245 Height limitations in RR district.

Height limitations are the same as in the R-1 district. (Ord. 250 (part), 1997; SBCC § 86.0220(g))

16.16.250 Minimum lot area required in RR district.

The minimum lot area required is the same as in the R-1 district. (Ord. 250 (part), 1997; SBCC § 86.0220(h))

16.16.255 Front yard required in RR district.

Front yard requirements are found in Sections 16.20.025 through 16.20.030. (SBCC § 86.0220(i))

16.16.260 Interior side yard required in RR district.

Interior side yard requirements are the same as in the R-1 district. (SBCC § 86.0220(j))

16.16.265 Rear yard required in RR district.

Rear yard requirements are the same as in the R-1 district. (SBCC § 86.0220(k))

16.16.270 Side street yard required in RR district.

Side street yard requirements are found in Sections 16.20.025 through 16.20.030. (SBCC § 86.0220(l))

ARTICLE VII. LIMITED AGRICULTURAL (A-1) DISTRICT

16.16.275 Limited agriculture (A-1) district—Generally.

The A-1 or limited agricultural district, is a district to protect and encourage those uses which are customarily conducted in areas which are not yet appropriate or suited for urban development or which should be permanently set aside for light agricultural purposes. The following regulations shall apply in the A-1 or limited agricultural district unless otherwise provided in this article. (SBCC § 86.0225(a))

16.16.280 Uses permitted in A-1 district.

The following uses are permitted:

A. Any use permitted in the R-1 and RR districts;

B. One single-family dwelling unit. Additional single-family dwelling units shall be permitted subject to review by the building and safety department; provided, there are no more than two dwelling units on each parcel; and provided, that the area of the parcel is at least twice the minimum parcel size area required by the zoning district for such a second unit. Any such residential structure shall be located at least seventy (70) feet from any enclosure occupied by fowl or livestock existing on adjoining properties;

C. Farms or ranches for orchards, tree crops, field crops, truck gardening, berry and bush crops, flower gardening, nurseries for producing trees, vines and other horticultural stock, mushroom farms and other similar enterprises carried on in the general field of agriculture;

D. Commercial Poultry Ranches. Such ranches established after the effective date of this code amendment must locate on parcels of at least five gross acres, and subject to the following site improvements:

1. Noncommercial poultry raising limited to one hundred fifty (150) chickens, ducks, quail, or similar fowl for each one acre of parcel area, or

2. Noncommercial small animal raising limited to one hundred fifty (150) rabbits, chinchillas or similar small animals,

3. Poultry cages shall be maintained in open-type houses not to exceed one story in height unless approved by the building and safety department. This limitation shall also apply to all other approved types of poultry enclosures;

E. Commercial Rabbit-raising Enterprises. Such enterprises established after the effective date of this code amendment must locate on parcels of at least one gross acre, with a minimum frontage of one hundred fifty (150) feet;

F. Raising, grazing, breeding, boarding or training of large or small animals, except concentrated lot feeding, subject to the following limitations:

1. Base quantities are limited to the keeping of four dogs and four cats over four months old, except quantities allowed are increased as provided in subsections (F)(1)(a) and (F)(1)(b) of this section:

a. Six dogs and six cats over four months old for areas between nineteen thousand five hundred (19,500) square feet to 1.5 acres;

b. Eight dogs and eight cats over four months old for areas in excess of 1.5 acres;

c. Female or neutered male pot-bellied pigs may be substituted for allowable quantities of dogs;

2. Small livestock, with the number of goats, sheep and similar animals limited to twelve (12) per acre of total ground area, with no more than one male goat, or

3. Cattle and horses, including calves and colts over six months of age, with a maximum number of four animals per acre of total ground area, or

4. Hogs (nongarbage fed) with a maximum number of two per acre of total ground area, the total number of such animals on any parcel or premises not to exceed five, over six months of age,

5. Combinations of the above animals, provided the total density on any given parcel shall not exceed that herein specified,

6. In no event shall there be any limit to the permissible number of sheep which may be grazed per acre, where such grazing operation is conducted on fields for the purpose of cleaning up unharvested crops, stubble, volunteer or wild growth, and further, where such grazing operation is not conducted for more than four weeks in any six month period;

G. Temporary or permanent telephone booths;

H. Aviary for the keeping of Family Columbiformes and caged birds not to exceed one hundred fifty (150) such birds;

I. Worm farms;

J. Frog farms;

K. Fish-raising involving lakes of twenty thousand (20,000) gallons or less;

L. Apiary; provided, that all hives or boxes housing bees shall be placed at least fifty (50) feet from any street, road or highway, any public school, park, "R" district boundary or from any dwelling or place of human habitation other than that occupied by the owner or caretaker of the apiary;

M. The raising of chinchilla, hamsters, guinea pigs, cavy, rats and similar small animals;

N. One stand for display and sale of products produced on the same premises; provided, that the floor area of the stand shall not exceed two hundred (200) square feet. The location of the stand shall be approved pursuant to Chapter 16.12, subject to the parking requirements of Sections 16.20.080 through 16.20.120;

O. Accessory uses and structures including the following:

1. Private garage,

2. Accessory living quarters,

3. Guest house. A guest house is allowed per the building area regulations for a temporary dependent housing unit outlined within Section 16.12.360;

4. Recreation room,

5. Greenhouse,

6. Lath house,

7. Stable,

8. Barn,

9. Pen,

10. Corral,

11. Coop,

12. Beeswax and honey processing building,

13. Room for incidental poultry and rabbit-killing and dressing,

14. Wind machine,

15. Silo,

16. Windmills,

17. Parking of commercial vehicles, as defined in the California Vehicle Code, pursuant to Section 16.20.090;

P. Water storage not exceeding twenty thousand (20,000) gallons capacity;

Q. Sign Requirements. Sign regulations shall be as specified by Chapter 16.36. Section 16.36.240 specifies provisions for residential signs and nonresidential signs in agricultural zone districts;

R. Building and enclosures for fowl and livestock, small or large, placed on any given parcel of land. Such building shall be erected a minimum of seventy (70) feet from any other place used for human habitation, public park or school, on adjoining properties, and thirty-five (35) feet from any "R" district boundary or exterior lot line, including abutting streets. However, this shall not apply to the pasturing of animals within the above-mentioned thirty-five (35) foot setbacks. Pasturing in this paragraph shall mean the grazing of animals on grasses, stubble and natural growth;

S. The following uses shall be permitted if the site approval is approved as provided in Chapter 16.12:

1. Fruit and vegetable packing plants for products raised on the premises,

2. Commercial poultry, rabbit or similar small animal-killing and dressing house when such animals are raised on the same premises,

3. Dog kennels, dog training schools, small animal shelters and dog breeding establishments with outside runs,

4. Labor camp,

5. Animal hospital or clinic with outside runs,

6. Water storage tank or reservoir over twenty thousand (20,000) gallon capacity, and fish-raising on lakes over twenty thousand (20,000) gallon capacity,

7. Commercial riding stable or academy with a minimum parcel of five gross acres, and in conformance with the building and safety department requirements determined at the time of approval,

8. Dude or guest ranch with a minimum parcel of five gross acres,

9. Winery for processing grapes produced on the same premises,

10. Grange halls, community halls and similar uses incidental to the promotion and development of agriculture,

11. Establishments engaged in the washing, candling, grading and packaging of eggs.

12. Wholesale distributor and processor of nursery-plant stock; retail nursery, where incidental and contiguous to propagation of nursery stock or wholesale distributor. Outdoor storage and display are prohibited except for nursery-plant stock,

13. Educational institution,

14. Electrical substation, power booster or conversion plant,

15. Gas metering and regulator station,

16. Airports, heliports, aircraft landing field. (Ord. 2001-13 § 7, 2001; Ord. 250 (part), 1997; Ord. 237 § 4 (part), 1996; Ord. 202 Exh. A (part), 1994; Ord. 84 §§ 4(E), 6(C), 1990; Ord. 75 § 2 (part), 1990; SBCC § 86.0225(b))

16.16.285 Other uses in A-1 district.

Other uses similar to the above listed uses if approved by the planning commission at a public hearing, as provided in Section 16.16.040(B) and (C). (SBCC § 86.0225(c))

16.16.290 Height, yard and area requirements in A-1 district.

A. Minimum Lot Area. Each lot or parcel shall be at least one hundred (100) feet in width and one gross acre (forty-three thousand five hundred sixty (43,560) square feet) in area for uses allowed in this district, unless the parcel is shown as a lot on a subdivision map of record at the effective date of the ordinance adopting this section.

1. Where a minimum area requirement greater than the one gross acre required is requested and established in the district, it shall be designated by a number following the district designation symbol, numbers less than one hundred (100) indicating gross acres.

B. Minimum Lot Width. One hundred (100) feet.

1. Where a minimum width greater than one hundred (100) feet required is requested and established in the district, it shall be designated by a number following the area designation symbol (i.e., A-1-5-300 denotes an A-1 district with a five acre minimum parcel size and three hundred (300) foot minimum lot width).

C. Maximum Building Height. For residential uses, thirty-five (35) feet, with a maximum of two and one-half (2 1/2) stories.

D. Front Yard. See Sections 16.20.025 through 16.20.030.

E. Interior Side Yard. Interior side yards on each side of each lot shall be not less than ten percent of the width of the lot, but such side yard need not exceed fifteen (15) feet and shall be not less than six feet in width.

F. Rear Yard. Same as R-1 district.

G. Side Street Yard. See Sections 16.20.025 through 16.20.030. (Ord. 250 (part), 1997; Ord. 164 § 3, 1993; SBCC § 86.0225(d))

16.16.295 Automobile parking in A-1 district.

Automobile parking requirements are found in Sections 16.20.080 through 16.20.120. (Ord. 250 (part), 1997; SBCC § 86.0225(e))

16.16.300 Condition of animal uses in A-1 district.

Any legal parcel that does not meet the minimum area and width requirements of the A-1 zone district shall be limited to those permitted animal uses of the more restrictive zone for which the minimum area requirements have been met. (Ord. 250 (part), 1997; SBCC § 86.0225(g))

ARTICLE VIII. GENERAL AGRICULTURAL (A-2) DISTRICT

16.16.310 General agriculture (A-2) district—Generally.

The A-2 or general agricultural district is provided to protect and encourage those uses which are customarily conducted in areas not yet appropriate or suited for urban development or which should be permanently set aside for general agricultural purposes. The following regulations shall apply in the A-2 general agricultural district, unless otherwise provided in this code. (Ord. 250 (part), 1997; SBCC § 86.0230(a))

16.16.315 Uses permitted in A-2 district.

A. Any use permitted in the A-1 district;

B. Farms for grazing, breeding, boarding, raising, maintaining or training horses, cattle and similar animals;

C. Sheep and goat raising;

D. Public stable, riding academy or boarding stable, in conformance with the building and safety department requirements determined at the time of approval;

E. Hog ranches;

F. Alligator, ostrich, mink and fox farms, menageries, zoos, aquariums;

G. Animal hospitals with outside runs;

H. Temporary or permanent telephone booths;

I. Dog kennels, dog-breeding establishments, catteries, small animal shelters, dog-training schools, all with outside runs;

J. Cattle or goat dairies on parcels of at least ten gross acres which shall comply with county public health department and building and safety department requirements;

K. Sign Requirements. Sign regulations shall be as specified by Chapter 16.36. Section 16.36.240 specifies provisions for residential signs and nonresidential signs in agricultural zone districts;

L. Buildings and enclosures for fowl or livestock, small or large, placed on any given parcel of land. Such building shall be erected a minimum of seventy (70) feet from any other place used for human habitation, public park or school, on adjoining properties, and thirty-five (35) feet from any "R" district boundary or exterior lot line, including abutting streets. However, this shall not apply to the pasturing of animals within the above-mentioned thirty-five (35) foot setbacks. "Pasturing" in this paragraph shall mean the grazing of animals on grasses, stubble and natural growth;

M. The following uses shall be permitted, if the site approval is approved as provided in Chapter 16.12:

1. Livestock Feed Yard, Stock Yard, Cattle Sales Yard. The maximum number of animals on each parcel of land shall not exceed one animal for each five hundred (500) square feet of corral area. Soil, drainage or other conditions peculiar to the site may cause a reduction in allowable density as determined by the city,

2. Dude ranch or guest ranch,

3. Feed mill for rancher's own use,

4. Scales,

5. Farm labor camp,

6. Community auction and sales yard principally for the sale of farm animals,

7. Hay yards, including minor hay truck maintenance, provided however, that all wholesale hay yards shall meet the following conditions:

a. Minimum parcel size of four acres;

b. Parcel shall either front or side on a primary or secondary highway as designated on the circulation element;

c. Parcel shall be at least three hundred (300) feet from existing residences other than that of the property owner;

d. Area used for movement or storage of vehicles, trucks or hay shall be paved and right-of-way improvements shall be installed to county standards;

e. Commercial buildings on parcel shall be limited to one office building not to exceed two hundred (200) square feet in area and one ramada or pole shed,

8. Calf-growing Facility. On parcels of at least five gross acres,

9. Manure, the stockpiling, spreading, drying, sacking and sale of manure, tree bark and wood chips including shake, screening, mechanical drying and pulverizing with the permitted use of inorganic chemical additives not to exceed ten percent of the raw material inventory, on parcels of at least ten gross acres;

N. Parking of commercial vehicles, as defined in the California Vehicle Code, as an accessory use, pursuant to Section 16.20.090. (Ord. 250 (part), 1997; Ord. 237 § 4 (part), 1996; Ord. 84 § 4 (F), 1990; Ord. 75 § 2 (part), 1990; SBCC § 86.0230(b))

16.16.320 Ancillary commercial and industrial uses in A-2 district.

A. Agriculturally derived, industrial or commercial uses which are directly supported by or which are accessory to established agricultural uses within the general vicinity of the proposed industrial or commercial use may be permitted subject to a site approval in accordance with the provisions of Chapter 16.12 provided:

1. The proposed use is of an appropriate size and scale that will not create a conflict with existing or planned uses of adjacent properties;

2. The proposed use is incidental and subordinate to existing agricultural uses located within the general vicinity;

3. The methods of operation are compatible with existing and planned uses of adjacent properties;

4. The methods of solid waste and sewage and wastewater disposal are safe, practical and will not adversely affect surrounding properties, and underground water supplies; and

5. The approval of the proposed use will not serve to detract from the agricultural character of the area;

6. The proposed use will not have a substantial adverse effect on the service support capacity of the area's infrastructure including groundwater supply.

B. Any use approved in accordance with the provisions of this section may be made subject to the issuance of a special use permit. (Ord. 250 (part), 1997; SBCC § 86.0230(c))

16.16.325 Other uses in A-2 district.

Other uses similar to the above-listed uses, if approved by the planning commission at a public hearing, as provided in Section 16.16.040(B) and (C). (Ord. 250 (part), 1997; SBCC § 86.0230(d))

16.16.330 Height, yard and area requirements in A-2 district.

A. Minimum Lot Area. Each lot or parcel shall be at least three hundred (300) feet in width and five gross acres (two hundred seventeen thousand eight hundred (217,800) square feet) in area for uses allowed in this district, unless the parcel is shown as a lot on a subdivision map of record at the effective date of the ordinance adopting this section, or unless the parcel was of record on the effective date of the ordinance adopting this section, or unless said lot has been created by court decree or by bequest.

1. Where a minimum area requirement greater than the five gross acres required is requested and established in the district, it shall be designated by a number following the district designation symbol; such number indicating gross acres.

B. Minimum Lot Width. Three hundred (300) feet.

1. Where a minimum width greater than the three hundred (300) feet required is requested and established in the district, it shall be designated by a number following the area designation symbol (i.e., A-2-10-500 denotes an A-2 district with a ten acre minimum parcel size and a five hundred (500) foot minimum lot width).

C. Maximum Building Height. For residential uses, thirty-five (35) feet with a maximum of two and one-half (2 1/2) stories. Agricultural accessory structures such as windmills, silo, water tanks and other accessory farm structures are excepted from these provisions.

D. Front Yard. See Sections 16.20.025 through 16.20.030.

E. Interior Side Yard. Same as A-1 district.

F. Rear Yard. Same as A-1 district.

G. Side Street Yard. See Sections 16.20.025 through 16.20.030. (Ord. 250 (part), 1997; SBCC § 86.0230(e))

16.16.335 Automobile parking in A-2 district.

Automobile parking requirements are found in Sections 16.20.080 through 16.20.120. (Ord. 250 (part), 1997; SBCC § 86.0230(f))

16.16.340 Condition of animal uses in A-2 district.

Any legal parcel that does not meet the minimum area and width requirements of the A-2 zone district shall be limited to those permitted animal uses of the more restrictive zone for which the minimum area requirements have been met. (Ord. 250 (part), 1997; SBCC § 86.0230(g))

ATTACHMENT 2

RESOLUTION NO. PC-2011-26

A RESOLUTION OF THE PLANNING COMMISSION OF THE CITY OF HESPERIA, CALIFORNIA, RECOMMENDING THAT THE CITY COUNCIL ADOPT A DEVELOPMENT CODE AMENDMENT TO AMEND THE RESIDENTIAL LAND USE DESIGNATION REGULATIONS (DCA11-10191)

WHEREAS, On January 5, 1998, the City Council of the City of Hesperia adopted Ordinance No. 250, thereby adopting the Hesperia Municipal Code; and

WHEREAS, The City of Hesperia Development Code regulations pertain to Residential Land Use Designations; and

WHEREAS, The City finds that it is necessary to amend the Residential Land Use Designation regulations to be consistent with the City's recently adopted General Plan Land Use designations; and

WHEREAS, The proposed Development Code amendment is exempt from the requirements of the California Environmental Quality Act by Section 16.12.415(B)(10) of the City's CEQA Guidelines, as Development Code Amendments are exempt if they do not propose to increase the density or intensity allowed in the General Plan. The proposed Ordinance does not expand the allowable uses, change densities, or grant entitlements not already permitted by the Development Code and General Plan; and

WHEREAS, On July 14, 2011, the Planning Commission of the City of Hesperia conducted a duly noticed public hearing pertaining to the proposed Development Code Amendment and concluded said hearing on that date; and

WHEREAS, All legal prerequisites to the adoption of this Resolution have occurred.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF HESPERIA PLANNING COMMISSION AS FOLLOWS:

Section 1. The Planning Commission hereby specifically finds that all of the facts set forth in this Resolution are true and correct.

Section 2. Based upon substantial evidence presented to the Commission, including written and oral staff reports, the Commission specifically finds that the proposed Ordinance is consistent with the goals and objectives of the adopted General Plan.

Section 3. Based on the findings and conclusions set forth in this Resolution, this Commission hereby recommends adoption of Development Code Amendment DCA11-10191, amending the Residential Land Use Designation regulations as shown on Exhibit "A."

Section 4. That the Secretary shall certify to the adoption of this Resolution.

ADOPTED AND APPROVED on this 14th day of July 2011.

Chris Elvert, Chair, Planning Commission

ATTEST:

Kathy Stine, Secretary, Planning Commission

EXHIBIT "A"

The following definitions shall be added to Chapter 16.08 - Definitions:

Section 16.08 Definitions

Section 16.08.188 Dude/guest ranch

"Dude/guest ranch" means a working or guest ranch that provides equestrian and recreational activities, overnight accommodations for guests, and facilities related to a working ranch. The dude/guest ranch does not include a commercial restaurant, café or bar available to the general public.

Section 16.08.273 Gross lot area

"Gross lot area" means the total area of a parcel or lot, including any proposed public highways, streets or alleys, other public sites; and existing private streets, alleys or easements, and other areas where development is restricted.

Section 16.08.543 Net lot area

"Net lot area" means the area of a parcel or lot, excluding any proposed public highways, streets or alleys or other public sites.

The following additions and deletions shall be made to Chapter 16.16, Article 1, Sections 16.16.010 through 16.16.040 (additions are underlined and deletions are shown as strikeouts):

Chapter 16.16

LAND USE DESIGNATIONS ~~ZONE DISTRICTS~~

ARTICLE XII. GENERAL PROVISIONS

16.16.010 Establishment of land use desingations ~~zone districts~~.

Any zone or land use designations ~~district~~ previously existing under county standards prior to any annexation shall be determined under the standards most applicable to the existing ~~city~~ General Plan land use designation.

~~In order to carry out t~~ The provisions of the development code are applied to~~,~~ the following land use ~~districts are established~~ designations:

R1, R1-4500, or R1-18000	Single-family residence ~~district~~
R3	Multiple Family residence ~~district~~
RR-20000, RR-1, RR-2 ½, or RR (SD)	Rural-residential ~~district~~
A1 or A1-2 ½	Limited agricultural ~~district~~
A2	General agricultural ~~district~~
AP	Administrative and professional office ~~district~~
C1	Neighborhood commercial ~~district~~
C2	General commercial ~~district~~
C3	Service commercial ~~district~~
~~C-4~~	~~Regional commercial district~~
~~C-R~~	~~Commercial resort district~~
I1	Limited manufacturing ~~district~~
I2	General manufacturing ~~district~~
P-I	Public/institutional ~~district~~
P- GOV	Government Facility [1]
P-SCHOOL	Public School [1]
P-PARK/REC	Park and Recreation [1]

Note:
1. Same as P-I.

16.16.020 Designation ~~District~~ boundaries on land use map.

A. The boundaries of established designations ~~districts~~ are shown and delineated on the ~~land use district~~ maps entitled "official General Plan land use map ~~plan~~," as amended and as certified by the city clerk and on file with the City ~~planning department~~, which are adopted as the official ~~zoning~~ General Plan Land Use map. In addition, the official General Plan land use map incorporates specific plans, including the Main Street and Freeway Corridor Specific Plan. These specific plans are identified on the General Plan land use map by name or number.

B. Changes, additions and amendments to the official General Plan land use map ~~plan~~ shall be determined and defined from time to time by ~~ordinance~~ resolution adopting ~~sectional~~ a land use ~~district~~ maps ~~covering portions of the city of Hesperia, each of~~ which shall become, upon final adoption and certification by the city clerk, a part of the official ~~zoning~~ General Plan map.

C. Unless otherwise noted, General Plan land use designation ~~district~~ boundaries shall extend to street right-of-way centerlines.

16.16.025 Land use maps as part of code.

The land use ~~district~~ maps showing the official General Plan land use map ~~plan~~, classifications and boundaries of land use designations ~~districts~~ and all notations, references and other information shown thereon, after final adoption in the manner required by law, shall thereafter be as much a part of the Development Code as if all the matters and information set forth by the maps were fully described herein.

16.16.030 Designation ~~District~~ boundary uncertainties.

Where uncertainty exists as to the boundaries of any designations ~~districts~~ shown on the land use ~~district~~ maps, the following rules shall apply:

A. Where such boundaries are indicated as approximately following street and alley lines or lot lines, such lines shall be construed to be such boundaries.

B. In unsubdivided property and where a designation ~~district~~ boundary divides a lot, the locations of such boundaries, unless indicated by dimensions, shall be determined by use of the scale appearing on the map.

C. Where any uncertainty exists, the Planning Commission shall determine the location of boundaries.

D. Where a public street or alley is officially vacated or abandoned, the regulations applicable to the property to which it reverts shall apply to such vacated or abandoned street or alley.

16.16.035 General Plan Land Use Designations ~~Districts adopted with code~~.

The boundaries of such designations ~~districts~~ are shown on ~~any sectional~~ the General Plan land use ~~district~~ map ~~adopted by the development code or amendment thereto are adopted and approved and~~. ~~t~~The regulations of the development code governing the uses of land, buildings, structures, the height of buildings and structures, the sizes of yards about buildings and structures and other matters as hereinafter set forth, are established and declared to be in effect upon all land included within the boundaries of each and every designation ~~district~~ shown upon the General Plan land use map.

16.16.040 General use provisions.

A. Except as otherwise provided in the development code, buildings or structures shall be erected, reconstructed, structurally altered, enlarged, moved or maintained, and buildings, structures or land shall be used or designed to be used only for uses permitted in the ~~zone~~ land use designation in which such building, structure or land is located, and then only after applying for and securing all permits and licenses required by all laws and ordinances.

B. Where the term "other uses similar to the above" is mentioned, it shall be deemed to mean other uses which, in the judgment of the reviewing authority ~~planning director~~ as evidenced by a written decision, are similar to and not more objectionable to the general welfare than the uses listed in the same section. In no instance, however, shall the reviewing authority ~~planning director~~ determine, nor shall these regulations be so interpreted, that a use shall be permitted in a ~~zone~~ land use designation when such use is specifically listed as first permissible in a less restricted ~~zone~~ land use designation. The Planning Commission may, on its own motion or at the request of any party affected thereby, reconsider and change a written decision regarding other uses previously determined by the reviewing authority ~~planning director~~. Upon requesting such reconsideration, an unsuccessful applicant may appeal to the city council in the same manner and upon payment of the same fee as if the applicant were appealing from denial of a deviation.

C. Prior to taking an action to find a use similar to and not more objectionable to the general welfare than the uses listed within the text of a ~~zone~~ land use designation ~~district~~ of this chapter, the planning commission or reviewing authority ~~planning director~~ shall find all of the following:

1. That the use is not first listed as a permitted use in a less restrictive ~~zone~~ land use designation ~~district~~;
2. That the proposed use is compatible with the intent of the ~~zone~~ land use designation ~~district~~ and is applicable throughout the city in that ~~zone~~ land use designation ~~district~~;
3. That the proposed use is consistent with the general plan and any applicable community plan or specific plan;
4. That the use is capable of meeting the standards and requirements of the ~~zone~~ land use designation ~~district~~;
5. That the use will not be more objectionable to the general welfare than the uses listed within the ~~zone~~ land use designation ~~district~~.

D. Uses of a more restrictive ~~zone~~ land use designation when listed as "permitted uses" in a less restrictive ~~zone~~ land use designation, shall not be applied cumulatively with the same uses in the less restrictive ~~zone~~ land use designation.

Sections 16.16.075 through 16.16.130 (ARTICLE IV. SINGLE-FAMILY (R-1) RESIDENTIAL DISTRICT), Sections 16.16.140 through 16.16.205 (ARTICLE V. MULTIPLE-FAMILY RESIDENCE (R-3) DISTRICT), 16.16.210 through 16.16.270 (ARTICLE VI. RURAL RESIDENTIAL (RR) DISTRICT), 16.16.275 through 16.16.300 (ARTICLE VII. LIMITED AGRICULTURAL (A-1) DISTRICT) and 16.16.310 through 16.16.340 (ARTICLE VIII. GENERAL AGRICULTURAL (A-2) DISTRICT) shall be deleted in its entirety and replaced with the following:

ARTICLE IV: RESIDENTIAL LAND USE DESIGNATIONS

16.16.075 Residential Land Use Designations

A. All residential land use designation regulations in this chapter are intended to be used concurrently with the General Plan and other chapters in this development code. The Residential Land Use Designations are as follows:

1. **Single-family Residence (R1):** The R1 Designation is intended for single-family residences characterized by a more suburban setting. This designation is intended to generally limit equestrian uses and other animals, unless they are permitted through the lot size requirements identified in the Development Code. R1 Designation regulations in this development code shall apply to R1-4500 and R1-18000 designations, unless specifically stated.

2. **Multiple Family Residence (R3):** The R3 designation is intended for multiple family uses in an urban setting. Housing types may include townhouses, condominiums, duplexes, triplexes, apartments, or manufactured housing developments. Active and passive recreational facilities shall be provided within new development. Sewer will be required for all new dwelling units developing within this density. Horses and other large animal uses are not intended within this designation.

3. **Rural Residential (RR):** The RR designation is intended for detached single-family residential uses. This designation is appropriate in areas characterized by rural residential uses and is intended to protect animal keeping. RR Designation regulations shall apply to RR-20000, RR (SD), RR-1, and RR-2 ½ designations, unless specifically stated.

4. **Limited Agricultural (A1):** The A1 Designation is intended to continue the current rural lifestyle for residents living in A1-and A1-2½ designated areas. This designation is intended to support limited agricultural uses. A1 Designation regulations shall apply to the A1-2 ½ designation, unless specifically stated.

5. **General Agricultural (A2):** The A2 Designation is intended to protect agricultural uses. This designation is appropriate in areas characterized by large lot sizes, varying topography, proximity to the Mojave River, or distance from public services such as sewer.

16.16.080 Permitted Uses and Permit Requirements

A. The permitted uses and permit requirements in this Article are provided in a table format. Land uses are provided in the first (vertical) column of the table and residential land use designation in the top (horizontal) row. In order to determine which permit process is applicable, the use must be matched up with the corresponding land use designation. Once the land use and land use designation are matched, the symbol in the box represents the applicable process. The following key legend demonstrates which symbol corresponds with the applicable permit process. Footnotes are also provided and considered part of the development code.

Key to Permit Requirements

Symbol	Applicable Process
A	Accessory Use
CUP	Requires a Conditional Use Permit
NP	Not Permitted
P	Permitted Use
S	Requires a Site Plan Review

B. "See Section(s)" located on the right hand side of the table is intended to reference other code sections that are required to establish the use. This does not excuse proposed land uses from other requirements in this development code if said section is not provided.

16.16.085 Residential and Ancillary Uses

Residential and Ancillary Uses	R1	R3 [1]	RR	A1	A2	See Section(s)
A. Single-family dwelling	P	P	P	P	P	
B. Multiple family dwellings	NP	S	NP	NP	NP	
C. Second dwelling unit	A	NP	A	A	A	16.12.360
D. Guest house [2]	A	NP	A	A	A	
E. Home Occupation	A	A	A	A	A	Chapter 5.44 (Municipal Code)

F. Board and room, not to exceed two persons, without kitchen privileges	A	A	A	A	A	
G. Accessory buildings and structures [3]	A	A [4]	A	A	A	16.20.385-16.20.425
H. Buildings or structures to store agricultural vehicles, food, and equipment (i.e. barn or outbuilding)	A	NP	A	A	A	16.20.385- 16.20.425
I. Buildings or structures to keep animals (i.e. stable, corral, pen or coop)	A	NP	A	A	A	16.16.115 and 16.20.385- 16.20.425
J. Small, community, or handicapped residential care facilities, senior housing, intermediate care of six or less and licensed by the state	P	P	P	P	P	16.16.072
K. Large or community residential care facilities, senior housing, intermediate care of seven or less and licensed by the state	C	C	C	C	C	16.16.072
L. Group homes not licensed by the state with two or more residents	C	C	C	C	C	16.16.072
M. Parking of commercial vehicles, as defined in the California Vehicle Code	A	NP	A	A	A	16.20.090(H)
N. Mobile home parks	S	S [5]	S	S	S	16.28.010-16.28.070
O. Hotels and Motels	NP	S [6]	NP	NP	NP	
P. Other similar uses, as interpreted by the Development Services Director or his/her designee.	P	P	P	P	P	

Notes:

1. Prohibited uses shall be uses not specifically authorized or determined by the Development Services Director or his/her designee to be detrimental to public welfare.
2. Guest house shall not exceed a building area of 499 square feet and shall not include kitchen facilities.
3. An accessory building, which includes a restroom facility and insulation, shall be considered a guest house and subject to area and kitchen limitations for a guest house.
4. Accessory structures and uses shall be customarily incidental to any permitted uses when located on the same site with the main building and use.
5. Shall include recreational vehicle parks.
6. Business may be conducted for the convenience of the residents of the building; there shall not be an entrance to such place of business, except from the inside of the building; and no sign visible from the outside advertising such business.

16.16.090 Public, Institutional, and Resource Uses

Public, Institutional, and Resource Uses	R1	R3	RR	A1	A2	See Section(s)
A. Cultivating and farming of Plants [1]	P [2]	A [2, 3]	P [2]	P [4]	P [4]	
B. Conference centers	S	S	S	S	S	
C. Alternative energy technologies	A	A	A	A	A	16.16.063-16.16.064
D. Civic or community clubs	S	S	S	S	S	
E. Country club together with golf course, excepting miniature course, and similar commercial enterprises	S	S	S	S	S	
F. Public facilities	S	S	S	S	S	
G. Public utilities	S	S	S	S	S	16.16.060(2)(i)
H. Institutional uses	S [5]	S	S	S	S	16.08.340
I. Schools	S [5]	S	S	S	S	
J. Parks and playground	S	S	S	S	S	
K. Church, excluding rescue missions or temporary revival	S	S	S	S	S	16.16.060
L. Cemeteries	S	NP	S	S	S	
M. Museums, not operated for profit	S	S	S	S	S	
N. Conference centers	S	S	S	S	S	
O. Lakes, private	S	S	S	S	S	
P. Airport, helicopters, aircraft landing field	NP	NP	NP	S	S	
Q. Water storage not to exceed 20,000 gallons capacity	NP	NP	NP	P	P	
R. Water storage exceeding 20,000 gallons capacity	NP	NP	NP	S	S	
S. On-site serving of alcohol beverages for public consumption associated with a permitted or conditionally permitted use	C	C	C	C	C	

Notes:

1. Shall Include: Truck gardening; nurseries and greenhouses; orchards; tree, field, berry and bush crops; mushroom farms; hydroponic growing; commercial flower and vegetable gardens; flower gardens; vines and other horticulture stocks. This does not include cultivating or growing of medical marijuana.
2. Uses shall be allowed on a minimum 20,000 square foot residential lot, provided:

a. Retail sales on the premises of plants, products or commodities propagated and/or cultivated on the property; and,
b. The use of one sign that does not exceed two square feet in size, and is in compliance with Section 16.36.010 through 16.36.130.

3. Shall be accessory uses limited to private yards and common areas. This use shall be permitted in common areas with an approved site plan review.
4. One stand for display and sale of products produced on the same premises shall be allowed, provided:
   a. The floor area of the stand shall not exceed two hundred (200) square feet.
   b. The location of the stand shall be approved pursuant to Chapter 16.12, subject to the parking requirements of Sections 16.20.080 through 16.20.120. The required parking does not need to be paved.
5. Colleges and universities shall not be permitted.

16.16.095 Agricultural Uses

Agricultural Uses	A1	A2
A. Silo	P	P
B. Public stable, riding academy, or boarding stable [1]	P [2]	P
C. Establishment engaged in the washing, candling, grading and packaging of eggs	S	S
D. Wholesale distributor and processor of nursery-plant stock; retail nursery, where incidental and contiguous to propagation of nursery stock or wholesale distributor. Outdoor storage and display are prohibited except for nursery-plant stock	S	S
E. Beeswax and honey processing building	A	A
F. Room for incidental poultry and rabbit-killing and dressing	P	P
G. Rabbit or similar animal killing and dressing house when such animals are raised on the premises	S	S
H. Feed mill for rancher's own use	NP	S
I. Scales	NP	S
J. Farm labor camp	S	S
K. Community auction and sales yard principally for the sale of farm animals	NP	S
L. Dog kennel, dog training schools, catteries, small animal shelter and dog breeding establishments with outside runs	S	S
M. Animal hospital or clinic with outside runs	S	S
N. Grange hall, community halls, and similar uses incidental to the promotion and development of agriculture	S	S
O. Dude or guest ranch [2]	S	S
P. Winery for processing grapes produced on the same premises	S	S
Q. Livestock Feed Yard, Stock Yard, Cattle Sales Yard [3]	NP	S
R. Cattle or goat dairies on parcels of at least ten gross acres which shall comply with county public health department and building and safety department requirements	NP	P
S. Calf-growing Facility [2]	NP	S
T. Farms for grazing, breeding, boarding, raising, maintaining or training horses, cattle and similar animals, unless permitted elsewhere in this code	NP	P

U. Manure, the stockpiling, spreading, drying, sacking and sale of manure, tree bark and wood chips including shake, screening, mechanical drying and pulverizing with the permitted use of inorganic chemical additives not to exceed ten percent of the raw material inventory, on parcels of at least ten gross acres	NP	S
V. Hay yards [4]	NP	S
W. Worm and frog farms	P	P
X. Hog ranches	NP	P
Y. Alligator, ostrich, mink and fox farms	NP	P
Z. Menageries, zoos, and aquariums	NP	P
AA. The raising of chinchilla, hamsters, guinea pigs, cavy, rats and similar small animals	P	P
BB. Fish-raising involving lakes of twenty thousand (20,000) gallons or less	P	P
CC. Fish-raising involving lakes of twenty thousand (20,000) gallons or more	S	S
DD. Commercial poultry ranches [5]	P	P
EE. Commercial rabbit-raising enterprises [6]	P	P
FF. Raising, grazing, breeding, boarding or training of large or small animals, except concentrated lot feeding, subject to quantity limitations	P	P
GG. Fruit and vegetable packing plants for products raised on the premises	S	S

Notes:

1. Stables and structures shall be in conformance with the building and safety requirements determined at the time of approval.
2. Lot size shall be a minimum of five gross acres.
3. The maximum number of animals on each parcel of land shall not exceed one animal for each five hundred (500) square feet of corral area. Soil, drainage or other conditions peculiar to the site may cause a reduction in allowable density as determined by the City.
4. Hay yards, including minor hay truck maintenance, provided however, that all wholesale hay yards shall meet the following conditions:
    a. Minimum parcel size of four acres;
    b. Parcel shall either front or side on a primary or secondary highway as designated on the circulation element;
    c. Parcel shall be at least three hundred (300) feet from existing residences other than that of the property owner;
    d. Area used for movement or storage of vehicles, trucks or hay shall be paved and right-of-way improvements shall be installed to City standards;
    e. Commercial buildings on parcel shall be limited to one office building not to exceed two hundred (200) square feet in area and one ramada or pole shed.
5. Apiary shall be allowed provided, that all hives or boxes housing bees shall be placed at least fifty (50) feet from any street, road or highway, any public school, park, "R" designation boundary or from any dwelling or place of human habitation other than that occupied by the owner or caretaker of the apiary;
6. Commercial Poultry Ranches. Such ranches shall be subject to the following site improvements:

a. Noncommercial poultry raising limited to one hundred fifty (150) chickens, ducks, quail, or similar fowl for each one acre of parcel area; or
b. Noncommercial small animal raising limited to one hundred fifty (150) rabbits, chinchillas or similar small animals;
c. Poultry cages shall be maintained in open-type houses not to exceed one story in height unless approved by the building and safety department. This limitation shall also apply to all other approved types of poultry enclosures.

7. Commercial Rabbit-raising Enterprises. Such enterprises shall locate on parcels of at least one gross acre, with a minimum frontage of one hundred fifty (150) feet;

16.16.100 Other uses in Residential Land Use Designations

Other uses similar to those listed in Sections 16.16.090 through 16.16.105 if approved by the Planning Commission at a public hearing, as provided in Section 16.16.040(B) and (C).

16.16.105 Ancillary commercial and industrial uses in A2 Designation.

A. Agriculturally derived, industrial or commercial uses which are directly supported by or which are accessory to established agricultural uses within the general vicinity of the proposed industrial or commercial use may be permitted subject to a site plan review or conditional use permit in accordance with the provisions of Chapter 16.12 provided:

1. The proposed use is of an appropriate size and scale that will not create a conflict with existing or planned uses of adjacent properties;
2. The proposed use is incidental and subordinate to existing agricultural uses located within the general vicinity;
3. The methods of operation are compatible with existing and planned uses of adjacent properties;
4. The methods of solid waste and sewage and wastewater disposal are safe, practical and will not adversely affect surrounding properties, and underground water supplies; and
5. The approval of the proposed use will not serve to detract from the agricultural character of the area;
6. The proposed use will not have a substantial adverse effect on the service support capacity of the area's infrastructure including groundwater supply.

B. Any use approved in accordance with the provisions of this section may be made subject to the issuance of a conditional use permit.

16.16.110 Animal buildings and structures

A. Buildings and structures for fowl and livestock, small or large, placed on any given parcel of land. Such buildings or structures shall be erected a minimum of seventy (70) feet from any other place used for human habitation, public park or school, on adjoining properties, except that:

1. For properties designated A1 or A2, these buildings and structures shall be kept thirty-five (35) feet from any "R" designation boundary or exterior lot line, including abutting streets. However, this shall not apply to the pasturing of animals within the above-mentioned thirty-five (35) foot setbacks. Pasturing in this paragraph shall mean the grazing of animals on grasses, stubble and natural growth;
2. In the R1 land use designation, buildings and structures for small livestock, fowl, cows, and goats shall be kept fifty (50') feet from property line, except for pasturing of animals.

ARTICLE V: RESIDENTIAL DEVELOPMENT STANDARDS

16.16.115 Residential Lot Area and Density

In all residential land use designations, the General Plan shall be used to determine the required density. Densities in the General Plan are calculated using gross lot area. However, in determining lot size minimums, net lot area shall be used in the R1 and R3 designations and for properties below 1 acre in the RR designation; and gross lot area shall be used in the A1 and A2 designations and for properties 1 acre or more in the RR designation.

16.16.120 Development Standards. The development standards in this table shall be required within each land use designation:

Type of Standard	Land Use Designation					
	R3	R1 (SLS[1])	R1	RR	A1	A2
A. Height [2]	35	30' [3]	35' (max. 2.5 stories)			
B. Minimum lot area	5 acres [4]	The minimum lot area is identified on the General Plan Land Use Map [5]				
C. Minimum lot width dimension	300' [4]	50' [6]	60' (at setback)		100'	300'
D. Minimum lot depth dimension	500' [4]	75' [6]	100'		none	
E. Minimum lot dimension - Width for Corner Lots	300' [4]	60' [6]	70' (at setback)		100'	300'
F. Front Yard Setback [7, 8]	25'	10'; or 20' if garages open parallel to the street	Section 16.20.025 through 16.20.030			
G. Front Yard Setback -Corner Lot [7, 8]	25'					
H. Side Yard Street Setback [7, 8]	25'	10'				
I. Interior Setback [8]	10'	The sum of the side yards shall not be less than 10' [10]	5' and 10'		10% of lot width, but not more than 15' or less than 6'	
J. Lot Created before Jan. 9, 1969			10% of lot width, but not less than 3' and more than 5'			
K. Rear Setback [8, 9]	15'					
L. Lot Coverage	60%	50% [11]	40%	Not to exceed regulations in		

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				Article X
M. Signs	Section 16.16.095			
N. Parking	Section 16.20.080 through 16.20.120			

Notes:

1. SLS shall stand for Small lot subdivision.
2. Exceptions are noted in Section 16.20.060.
3. The maximum building height shall be 18 feet to a depth of 20 feet from the street property line. For corner lots, all street-facing sides shall meet this requirement.
4. Minimum lot size and width/depth requirements shall not apply to townhome and condominium units.
5. The minimum lot area shall be designated by a number following the designation symbol on the General Plan Land Use map; numbers less than one hundred (100) shall indicate acres, and numbers more than one hundred (100) shall indicate minimum square feet of area required per lot.
6. Exception in Section 16.16.130(B).
7. Adequate visibility for vehicular and pedestrian traffic at all 90 degree angle intersections of public rights-of-way and private driveways shall be maintained by limiting the height of any walls, fences, monument signs or other man-made visual obstructions to less than 36 inches within a clear sight triangular area at the corner as illustrated in Section 16.20.045.
8. The setback shall be open and unobstructed from finished grade or from such other specified level at which the yard is required, to the sky, except for buildings/structures allowed in the yard by the table in Section 16.20.075. The architectural projections listed in this section must be attached to the principal building allowed on the lot.
9. In computing depth of a rear yard where such yard opens into an alley, one-half of the width of such alley may be assumed to be a portion of the required rear yard.
10. A zero setback on one of the interior sides with shared party walls between adjacent attached units and the creation of usable yard space on the other side shall be permitted.
11. Lot coverage shall mean the percentage of lot surface area occupied by any building or structure.

16.16.125 Additional Development Standards for Small Lot Subdivisions in the R1 designation.

A. Purpose and Intent. Small Lot Subdivisions are permitted in the R1 designation by which densities are supported in the General Plan. These subdivisions are primarily developed and constructed by a single development entity as for-sale housing and provide an important housing type for first-time home buyers, empty nesters, and small families. Variation in building form and massing will play a significant role in making such developments attractive and positive contributors to the residential neighborhoods in Hesperia.

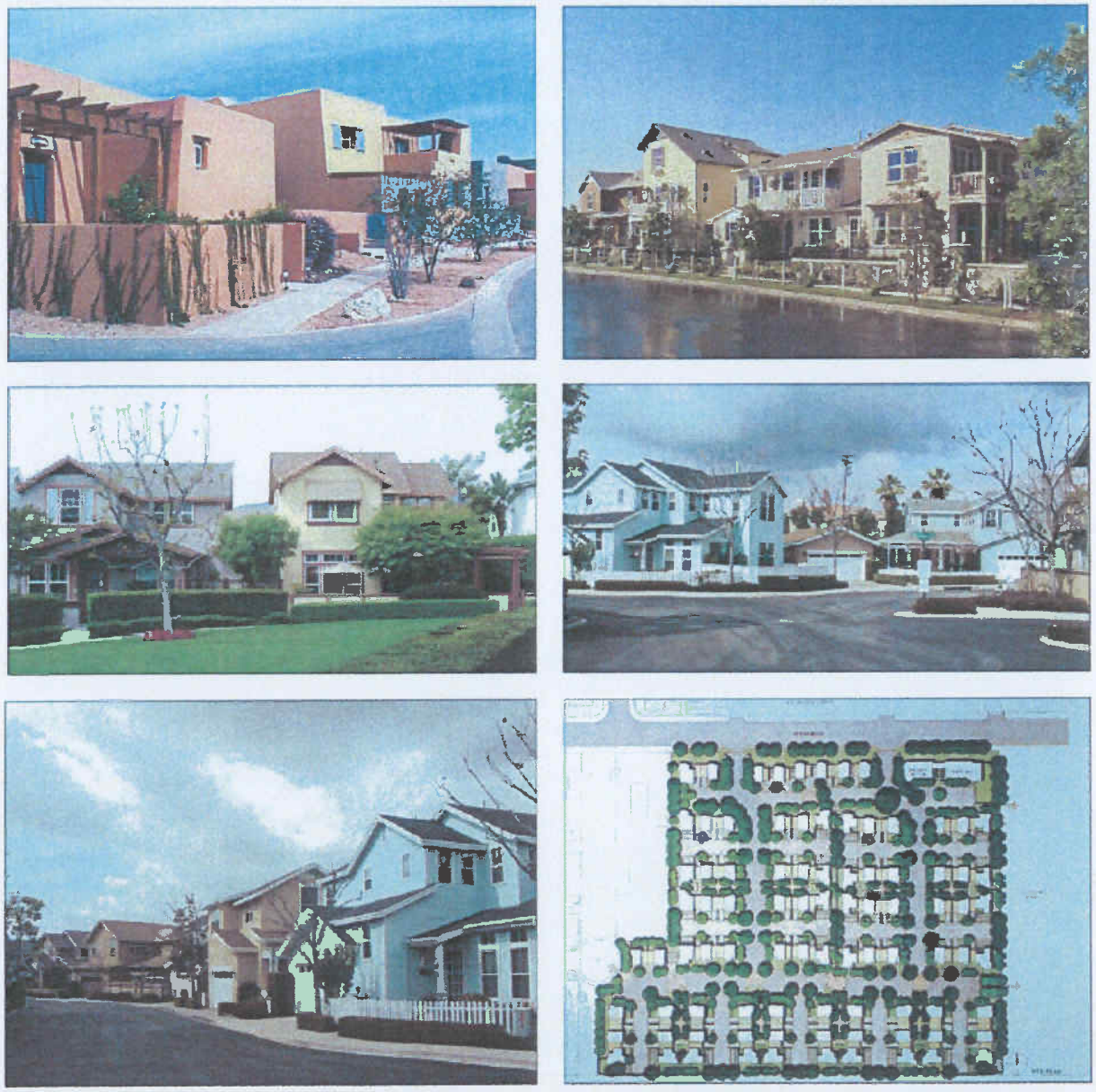
B. Minimum Lot Size and Dimensions. For projects less than 10 acres, the minimum lot size and dimensions for new Small Lot Subdivisions are as listed below:

1. The minimum width of an interior lot shall be 50 feet, a minimum depth of 75 feet and a minimum net area of 4,500 square feet.

2. The minimum width of a corner lot shall be 60 feet, a minimum depth of 75 feet and a minimum net area of 4,500 square feet.

For projects 10 acres or more, the minimum lot size and dimensions for new Small Lot Subdivisions are as follows:

1. A minimum net area of 3,000 square feet and an average net area of 4,000 square feet among the proposed lots within the project.
2. The minimum width of an interior lot shall be 40 feet, a minimum depth of 60 feet and
3. The minimum width of a corner lot shall be 50 feet, a minimum depth of 60 feet.



Examples of appropriate small lot development.

C. Usable Private Yard Space

1. A minimum of 200 square feet per dwelling unit with no dimension less than 10-feet shall be provided.

2. Ten percent of the lineal length of the total perimeter wall area of dwelling units accessible to a side and rear yard shall contain penetrable openings such as sliding glass doors that open into usable, private open space.

D. Common Usable Open Space

1. A minimum of 500 square feet per residential unit within the Small Lot Subdivision shall be designated and permanently reserved as usable common open space for use by residents of the small lot development. This required open space shall be suitably improved for its intended purposes and all landscaped areas shall be provided with a permanent irrigation system to maintain such areas.

2. Common usable open space area amenities include, but are not limited to the following: swimming pool, spa, community recreation room, sports courts for tennis, basketball, racquetball, volleyball, barbecue areas, community gardens or play areas with a slope of less than 5 percent. Areas used for providing site drainage and water retention cannot be used as part of the common usable open space area requirements described herein.

E. Driveways and Garages. In addition to the off-street parking requirements and standards set forth in Chapter 16.20, Article IV (Parking and Loading Standards), the following shall apply:

1. Garages shall be located to prevent vehicles from projecting into the street/sidewalk right-of-way. In order to prevent vehicles from blocking sidewalk areas, the driveway shall have a depth minimum of 20 feet and width minimum of 16 feet.
2. The following exception to the above-mentioned standards shall apply: No overnight parking (during the hours of 10 PM and 7 AM) is allowed within the street yard setback(s), except on the approved driveway.

F. Streets

1. All streets within a small lot subdivision shall be 54-foot right-of-way and 32-foot curb-to-curb.
2. A four-foot sidewalk between back of curb and utility easement shall be provided.
3. A three-foot utility easement between the sidewalk and property line shall be provided.
4. No signs, vaults, utilities, hydrants, etc. may be located on the sidewalk.
5. All streets within small lot subdivisions shall be public.

G. Walls, Fences and Hedges. Decorative walls and fences are permitted in the setbacks as follows:

1. In no event shall any fence, wall or hedge obscure any clear sight triangle.
2. In the street yard setback, a wall, fence or hedge shall not exceed thirty-six inches in height above grade when view-obscuring. However, non-view-obscuring estate-type decorative fences may be constructed in the street yard setback up to a maximum height of seventy-two inches. A non-view-obscuring estate-type fence is defined as a fence with solid masonry pillars with ornamental metal fencing between. The masonry pillars shall not be more than thirty inches in width and shall not be placed less than eight feet apart.
3. The wall or fence height shall not exceed six feet in the rear and interior side yard setbacks.

4. Both sides of all perimeter walls should be architecturally treated. Appropriate materials include ornamental metal grillwork, decorative masonry, stone and brick. Chain link is not considered a decorative material and shall not be used.

H. Homeowner Associations. Homeowner associations shall maintain small lot subdivisions that provide common amenities.

I. Miscellaneous

1. Connection to sewer is required;
2. No undeveloped residential lot sales will be allowed, developer shall construct all homes within small lot subdivisions;
3. Small lot subdivisions are subject to Article VI in this Chapter.

16.16.130. Additional Development Standards for the Multiple Family Residence (R3) designation.

A. Multiple Family Residence (R3) Designation. The Multiple Family Residence designation is established to provide areas for multi-family housing in a garden setting such as courtyard apartments, condominiums and walk-up townhomes.

Examples of appropriate development in the Medium Density Residential zone.

B. Development Standards

All property in the R3 designation shall be developed according to the following standards:

1. Residential Density. The gross residential density range permitted in this zone is 8 – 15 units/acre.

2. Minimum Living Area. The minimum living area for residential units shall be 675 square feet for a studio unit, with 200 square feet for each additional bedroom.

3. Distance Between Buildings. If the development contains multiple buildings, the minimum distance between buildings shall be 10 feet. No minimum distance shall be required for structures, such as carports.

4. Private Usable Open Space. The required amount of private and common open space is as follows:

a. Private Usable Open Space: Each dwelling unit shall have a minimum private usable open space of 100 square feet, accessible directly from the living area of the unit. A rectangle inscribed within each private usable open space shall have no dimension less than eight feet. Private usable open space for ground floor units shall be in the form of a fenced yard or patio, or an uncovered deck, with no more than 50 percent of ground level space covered by an overhang balcony or patio roof. Private usable open space for above ground level units shall have at least one exterior side open above the level of railing or fencing. All balconies and patios that front a public street shall have opaque balcony/railing enclosures to screen items being stored on the balcony or patio.
b. Common Usable Open Space: At least 200 square feet of common usable open space shall be provided per dwelling unit. Common usable open space may be divided into more than one area, however, each area shall be a minimum of 1,000 square feet and a rectangle inscribed within each shall have no dimension less than 25 feet. All required common open space shall be suitably improved for its intended purposes and all lawn and landscaped areas shall be provided with a permanent irrigation system to maintain such areas. Each multi-family development shall include, but not be limited to, two of the following recreational amenities, or equivalent, as approved by the reviewing authority:
    i. Tot lot with multiple play equipment
    ii. Pool and spa
    iii. Barbecue facility equipped with grill, picnic benches, etc.
    iv. Exercise room
    v. Court facilities (e.g., tennis, volleyball, basketball, etc.)
    vi. Clubhouse
    vii. Common gardening area.
    viii. Other recreational amenities not listed above, may be considered in lieu of those listed subject to reviewing authority review and approval.
c. All recreation areas or facilities required by this section shall be maintained by private homeowners' associations, property owners, or private assessment districts subject to the reviewing authority's approval.

C. Parking. In addition to the off-street parking requirements and standards set forth in Chapter 16.20, Article IV (Parking and Loading Standards), the following apply:

1. Except for required landscaped areas, parking and loading is permitted in the interior side yard and rear yard setbacks.

2. Driveways, drive aisles and interior streets shall not be used for any purpose that would prevent vehicle access to parking spaces, inhibit vehicular circulation, or emergency response.
3. Parking areas should be designed in a way to allow room for turnarounds and prevent backing onto public streets.

D. Trash Collection Areas.

1. Centralized trash/recyclable materials collection areas shall be provided for all multifamily residential development projects. All such required areas shall be enclosed and screened pursuant to the requirements of this section and in accordance with City standards.
2. All trash/recyclable materials collection enclosure areas shall be easily accessible to residents and tenants, including easy pedestrian access for the disposal of materials and collection by refuse vehicles.
3. The collection area(s) shall be enclosed on three sides by a minimum 6-foot tall decorative masonry wall. The wall materials used shall be complementary in color and style to architectural components of the development they serve. The fourth side of the enclosure shall be enclosed with an opaque, self-latching gate.

E. Miscellaneous

1. All new construction shall be subject to the general and specific standards contained in Chapter 16.20, Article V, (General Performance Standards).
2. Connection to sewer is required.
3. Decorative walls and fences shall be subject to Section 16.16.125(G).
4. Refer to Article VII of this Chapter for site and architectural design standards and guidelines for residential uses.

ARTICLE VI: SINGLE-FAMILY RESIDENTIAL DESIGN GUIDELINES

16.16.135 General Provisions and Administration.

All projects that require approval of a new or revised Tentative Tract Map or extension of time for a Tentative Tract Map after the effective date of this ordinance shall provide and maintain design standards and guidelines in compliance with the provisions of this Article.

It is the duty of the Development Services Department to enforce all permitting and entitlement provisions of this Article. The Director or his/her designee may impose such conditions deemed necessary to achieve the purpose of this Article.

16.16.140 Architectural design standards and guidelines.

While there is no specific architectural style required for residential buildings and structures in the City, high quality, innovative architecture is strongly encouraged. The primary focus is to develop a high quality residential environment. The architectural style and design of building elements should be consistent within itself and complimentary with the neighborhood. The building design should take advantage of the site's unique natural amenities and surroundings, and consider compatibility with adjacent houses and the overall streetscape appearance. Human scale form and proportions are encouraged.

All projects that require approval of a new or revised Tentative Tract Map or extension of time for a Tentative Tract Map, including small lot subdivisions, should meet or exceed the standards of quality that have been set by surrounding development. New design, additions, and alterations to existing homes in tracts that were subject to this Article should complement the surroundings and also contribute to the improvement of the area.

A. Facades and Architectural Detailing

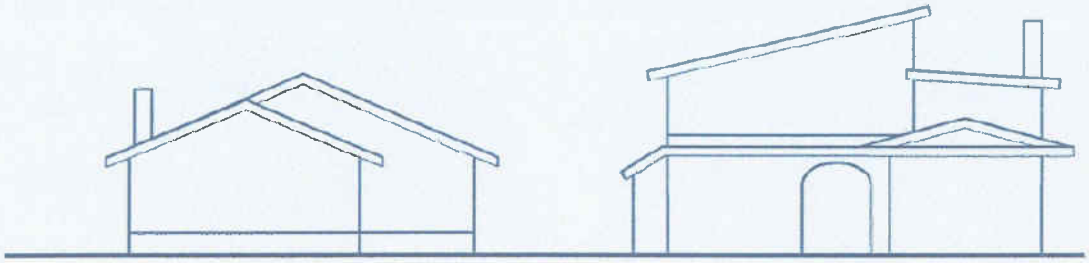
1. Residential facades should be articulated to add visual interest and minimize the mass of a building by breaking up the appearance of the façade. Facades should help to provide a sense of human scale. Elements of articulation include change of wall plane, door and window placement, facade details (moldings, material changes, etc.), and other appropriate architectural treatment.

Residential facades should be articulated to add visual interest.

2. Architectural details such as decorative moldings, windows, dormers, chimneys, balconies and railings, and landscaped elements such as lattices, can also add detail to a facade and are strongly encouraged.
3. Facade treatment and architectural detailing should be relevant to the home's architectural style and should be carried throughout the entire house with each façade and any accessory building/structure.
4. Flat, blank walls, particularly along the front and side elevations, which are viewed from the street, are strongly discouraged and should be avoided. Also, excessive façade treatment and architectural detailing should be avoided as it can create a chaotic appearance.

B. Height and Roof Lines

1. The roof is one of the most important elements contributing to the sense of scale and proportion of the building. Depending on the height and roof line, it could be the most visible architectural feature as viewed from the street. Height and roof lines should be consistent with the style of architecture of the house, and complement qualities of neighboring residential buildings such as type, slope, size, material and color.
2. The use of expansive, predominantly flat roofs (with a slope of less than 2 in 12) is discouraged. On the other hand, the use of too many different roof angles or roof types on a building should also be avoided as this can create a disjointed, chaotic appearance.
3. Additions should maintain the same floor-to-floor height of the original building. Roof lines for additions should match the original slopes and ridgelines of the roof of the primary building.



The overall shape of the roof should be relatively simple and consistent. Too many roof changes result in a chaotic and incompatible structure.

C. Front Entries

1. A front entry consists of the front door and its surrounding architectural elements. Front entries are important as they serve as the primary focal point of a residence. Front entries shall be visible from the street and well illuminated.
2. Smaller, understated entries are strongly encouraged because they help create a more human scale to a home. Large, massive entries that are double height and appear two-story are strongly discouraged. Recessed entries can also add a human scale to a home and create an intimate feel and are encouraged.
3. Front entry doors and decorative elements such as moldings, columns, posts, lighting, and built-in benches and planters should be architecturally consistent with the style of the house.

4. Front porches are strongly encouraged as they provide a clear sense of entry, design interest, shade, weather protection for the front door, and help foster community interface. To ensure usability, a minimum porch depth of eight feet is required.

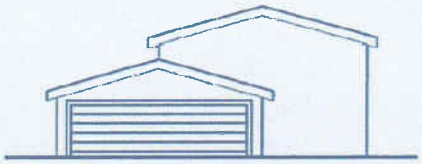
Front porches, designed at a human scale, are strongly encouraged.

D. Doors and Windows

1. The placement and relationship of doors and windows is important in creating a unified building composition. Wherever possible, window sizes should be coordinated vertically and horizontally and window design should be consistent in terms of style and general arrangement on all building sides.
2. All doors and windows should be related with the chosen architectural style. Windows with widely varying styles are strongly discouraged. For additions, all new doors and windows should match those that are on the existing building/structure. All doors and window frames should be composed of the same material as those found on the existing building.
3. For additions and remodels, match the existing windows of the house. Double glazing is encouraged, if not required by Title 24 standards.
4. Knockers or door bells should be provided on doors. Entrance doors should provide viewers for safety and security.
5. Shutters, trim and moldings on windows are encouraged. Proposed window mullion widths, window trim or surrounds, material, and type should complement all existing windows. Mullion widths should be in scale with the windows and the building. Wider trim, such as 1x4 and 1x6, is preferred to narrower trim, such as 1x2.
6. Raw or clear anodized aluminum window frames are strongly discouraged.
7. Operable windows should have screens so they can be used for ventilation.

E. Garage Doors

Garage doors should not dominate the streetscape. Multiple paneled doors, windows, or other architectural detailing should be used on garage doors to reduce their visual impact from the street and better fit the scale of the house. Any architectural detailing should be compatible with the architectural style of the house.



Double size garage door may be appropriate in some neighborhoods.

Two smaller doors articulate the facade in neighborhoods not characterized by double garage doors.

Garages that are designed as an integrated architectural feature of the house are strongly encouraged.

F. Awnings

1. Awnings should be used only when compatible with the existing architectural style of the house. The same type and color awnings shall be used for the entire building. Awning color should accent the colors on the building.
2. Awning frames shall be designed to withstand the minimum wind speed as required in the adopted building code.
3. Canvas, vinyl or polyester awnings are preferred. Awnings shall be regularly maintained and deteriorating awnings shall be replaced promptly.

G. Dormers

1. Dormers provide light and ventilation to the top floor of a building and can provide a means to increase livable area. They are highly visible elements of a roof. The dormer style should be consistent with the overall architectural style of the building. New dormers should be designed to match those already existing on the building.
2. Dormers should align with, or be centered between, the windows found on the main body of the building.
3. Dormer trim work should be painted to match the main body trim. Dormer sidewalls should be made with the same wall materials, finish, and color found on the main building.

H. Chimneys

1. If chimneys are provided, they should be designed to reflect the architectural style of the building and be appropriate in scale with the building. Chimneys should use materials and detailing compatible with those found on the building. For remodels and additions, new chimneys should match the scale, design, and materials of any existing chimneys.

2. Spark arresters shall be provided with all chimneys and be architecturally compatible with the building.

I. Materials and Finishes

1. The choice and mix of materials on residential facades and garage doors has a significant visual impact. Materials and finishes should be of high quality, appropriate for the style and scale of the house, and consistently applied. Piecemeal embellishment with frequent changes in materials should be avoided.
2. The use of at least one strong accent material is encouraged. The number of materials and finishes should be limited to those appropriate for the style of the house. Each style of house calls for a different mixture of finishes. For some architectural styles, only one or two finishes are appropriate, while others can support more. Too many materials are discouraged and can result in a chaotic, unpleasant façade.
3. For new buildings, the repetition of textures and color found in the neighborhood can help tie the new building to its surroundings. In remodels and additions, new materials should match those of the existing buildings. Accessory buildings/structures should match materials, finishes, and colors, found on the primary building.
4. Architectural design and exterior materials should be applied consistently on all sides of the building to provide continuity. Materials tend to appear substantial and integral to the building when material changes occur at changes in plane. Material changes not accompanied by changes in plane appear "tacked-on" and are strongly discouraged. When using wood siding or masonry as a primary or accent material in the front, extend it along the sides, or at least to an inside corner. Do not stop at an outside corner.
5. Exposed gutters and downspouts should be colored to match fascia or wall materials, unless designed as an outstanding architectural feature of the overall theme.
6. Materials that are responsive to climate, adjacent context and site orientation are encouraged. Natural materials suitable to the High Desert environment include stone, brick, and metals such as copper and are encouraged. Synthetic materials made to simulate natural wood and masonry are discouraged.
7. Stucco and plaster finishes should be consistent with the architectural style of the building. The use of very rough, "knock-down" stucco finishes is discouraged.
8. The use of sustainable building materials is strongly encouraged. This includes using quality materials with a long lifespan, selecting materials that are not energy-intensive to manufacture, using building products made from recycled materials, and repairing and maintaining well-built existing buildings to the fullest extent possible.

J. Color and Texture

1. For most architectural styles, the number of colors on the exterior should be limited to a maximum of three, with an additional contrasting color for accent. In general, the lighter colors should be used for the main body, with darker shades for trim and accent. The larger and simpler the house design, the more subtle the color should be to reduce the massiveness of large wall planes.
2. Earth tones are best suited and are appropriate for most of the architectural designs found in the city. The use of strong or bright, unnatural colors, including the bright "white-on-white" color schemes for exterior stucco, wood siding, trim doors and shutters, should be avoided. However, the use of strongly contrasting, natural colors can be appropriate for accent use, such as for shutters and doors.
3. Details such as trim, shutters, posts, etc. should be articulated by the use of color, texture or both.

4. Color palettes and texture palettes should be kept relatively simple so that clashes and very dramatic contrasts are avoided.

K. Roofing Materials

1. Roofing materials should be compatible with the architectural style and design of the building. Permanent roof materials, such as concrete and clay tile, are encouraged because of their low maintenance and consistent appearance over time. Metal roofing, wood shake or shingle roof is acceptable.
2. Natural barrel clay tile roofs should be replaced with the same material. For repairs, remodels, and additions, care should be taken in the selection of material and installation to match as closely as possible the color of the "aged" tiles, so that the finished roof does not have a patched look.
3. The use of composition shingles shall be prohibited.
4. The colors of natural roofing materials, such as barrel tiles and slate should be left natural and not be altered by staining or painting. Colors of synthetic roofing materials should simulate natural materials and should be consistent with the architectural style of the house.
5. Roofing materials with glossy surfaces appear unnatural and are strongly discouraged.

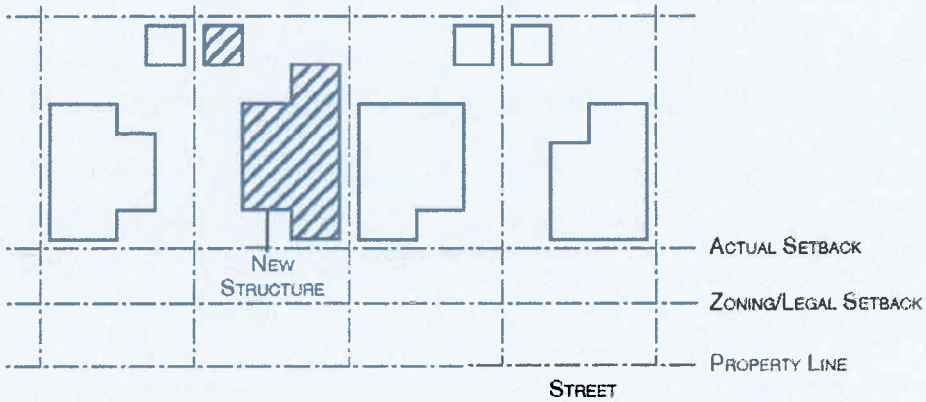
16.16.145 Site design standards and guidelines

The appearance of a residential property as it is viewed from the street or sidewalk is important to the overall appearance of a neighborhood. How well a house fits with its site and its surrounding environment contributes to the public view of the streetscape and to the success of the project. All forms of residential development including additions, new accessory buildings and new homes should first take into account the site on which the building will be built and the streetscape pattern of the neighborhood. In well-established neighborhoods, it is especially important to maintain the character of the neighborhood by respecting the pattern of the streetscape.

New homes should be compatible with the setback, proportion, and scale of the houses in the neighborhood. They should also be compatible with the existing on-site relationships of the surrounding neighborhood such as front facade orientation, scale of front entries, front porches, and front yard landscaping. Effective site planning should reflect the natural attributes of the site, while maintaining compatibility with the neighborhood.

A. Setbacks

1. While respecting the minimum front and side yard setback as established in this code, a new dwelling's front and side yard setbacks should generally approximate that of adjacent residences. The front and side yard setback pattern on the block should be identified and respected to help unify the neighborhood.

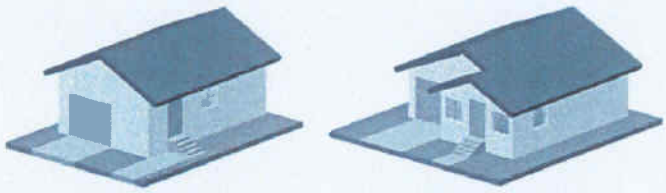


New structure respects the setback pattern of the street.

2. While some variation in setbacks can add interest and diversity to the street view, particularly in subdivisions, a setback that significantly differs from an established pattern may be disruptive to the character of the neighborhood.

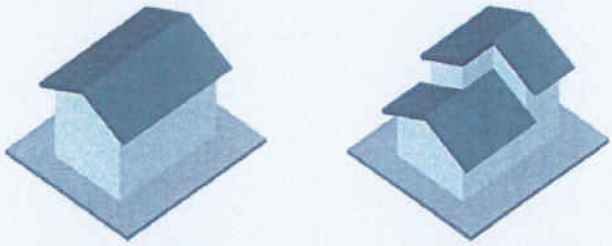
B. Orientation

Dwellings should orient themselves to the street with a clearly identifiable front door and windows that face the street. Front windows and the front door contribute to "eyes on the street" which helps neighborhood security.



Discouraged Encouraged

Orient the front of the house and entry to face the street.



Discouraged Encouraged

C. Scale, Mass and Form

1. The scale and mass of a new dwelling should blend well with neighboring houses and not overwhelm them with disproportionate size or a design that is out of character. Buildings that are out of scale with the neighborhood, with large, blank, flat surfaces, and

insufficient open space and mature landscaping can appear out of place and incompatible with their surroundings.

2. A two-story building should not be constructed in a one-story neighborhood unless it is carefully designed to be similar in scale and mass with surrounding buildings. In such instances, the second story should be setback from the front of house to make the second story less visible from the street. Second floor balconies and small decks accented with landscaping can also reduce the visual impact of two-story buildings.

3. The size, mass, and height of a building should also be in proportion with the size of the property. It is not necessarily desirable to maximize the allowable lot coverage, but to provide ample open space and setbacks and preserve the character of the neighborhood.

Setback the second story to reduce the overall mass of structure.

Facade articulation, a second floor balcony, and landscaping lessen the visual impact of this two story house.

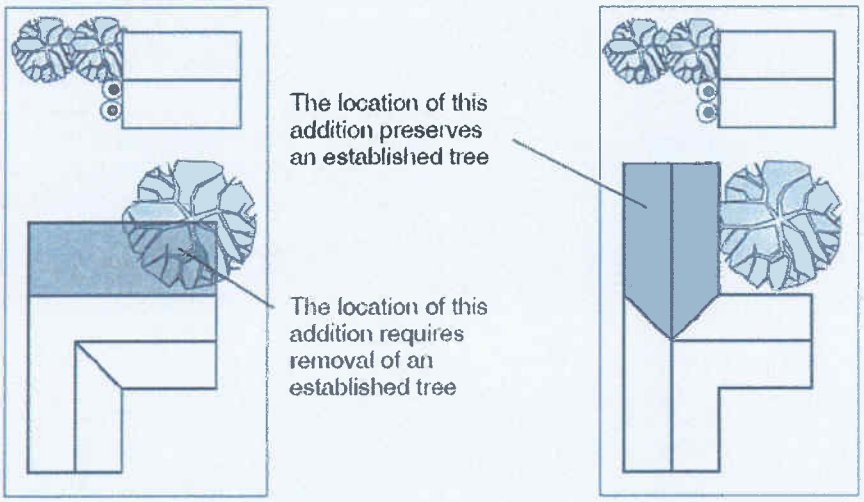
4. Architectural elements, such as simple roof forms, facade articulation, roof breaks, walls with texture materials and ornamental details, and incorporation of landscaping, are encouraged because they add visual interest and reduce the appearance of mass and scale.

5. If allowed, accessory buildings/structures and second dwellings should have comparable massing and form as the primary residence.

D. Environmental Considerations

1. A house should be designed to be sensitive to its natural surroundings and compatible with the natural slope of the land, reflecting its contours. Grading should be minimized to follow the natural contours to the greatest extent possible. A house should be sited to maximize views of the High Desert environment and surrounding mountains.
2. Significant existing trees, vegetation and any other natural site attributes should be preserved to the greatest extent possible in the design and development of the house. Site design that requires altering landforms and removing trees is strongly discouraged.
3. A new house or addition should be designed to make best use of available sun, light and shade. This can be accomplished in the following ways:
   a. Use windows for natural light as much as possible. Design windows for through airflow to promote natural cooling.

b. Use trees or roofs with large overhangs to shade the house, particularly over south facing windows.
c. Use patios and porches to buffer the building from heat gain.
d. Incorporate attic turbines for ventilation and energy-efficient heating and air conditioning systems.
e. Locate open space in a manner to maximize use of sun and shade patterns, natural drainage and existing trees and vegetation.



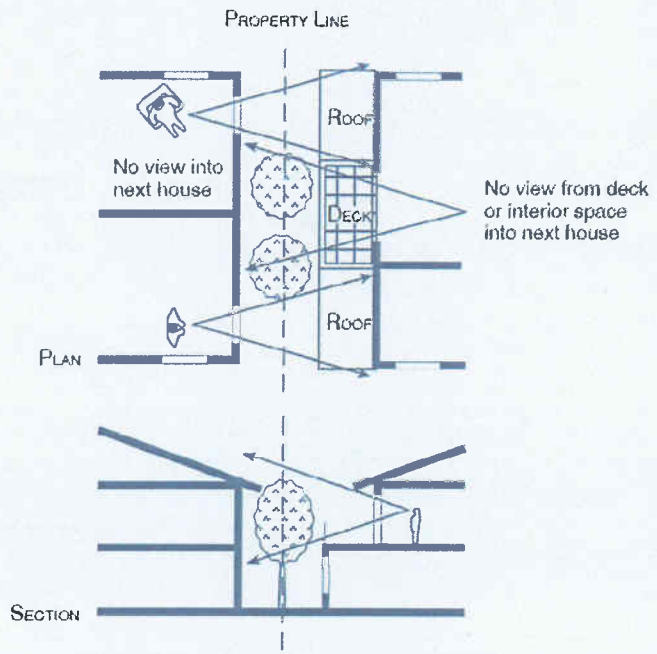
Design new structures and additions to preserve established trees.

4. Maximize vegetative ground cover on the lot to absorb rainwater, provide drainage to large trees on the site, and reduce runoff. Extensive paving in the front, side and rear yards is strongly discouraged. Consideration should be given to the reduction of landscape maintenance and water consumption when selecting landscape materials.

E. Relationship to Adjacent Properties

1. The visual impact of a new house and/or accessory buildings on adjacent properties should be minimized. Taller sections of buildings should be located where they will not obstruct sunlight to adjacent gardens, patios, pools, or rooms. Carefully positioning or limiting the width, depth, or height of proposed building elements is encouraged to preserve a neighbor's privacy and view. Privacy issues are extremely important on flag lots, where neighboring houses could abut a flag lot on four or five sides.

2. New windows should be placed where they promote privacy between properties. Windows should be offset or staggered from neighboring windows to maintain privacy between houses. Clerestory windows can be placed high on a wall to allow natural light and air, but no view to the adjacent property. Where a second story addition is planned, the new windows and walls should be positioned to promote visual and sound privacy between houses.



Plant appropriate trees and offset windows and decks to maintain privacy between houses.

3. Second floor balconies should be located to minimize the loss of privacy for neighboring properties. Avoid locating balconies so that they directly overlook a neighboring patio or yard.
4. Appropriate landscaping should be provided for privacy between neighboring properties in the rear and side yards. The use trees and shrubbery is encouraged to provide screens and buffers between neighbors and to shape spaces. Protect and care for any existing trees in the rear or side yards.
5. Outdoor lighting should be positioned so that no direct light extends onto neighboring properties. Take care in choosing and locating outdoor lighting fixtures so that privacy is maintained between properties.

F. Additions, New Accessory Buildings and Second Dwelling Units

1. Additions and new accessory buildings/structures, and second dwelling units should maintain the look and appearance of the existing primary buildings so that they do not appear as an addition or new building. They should respect the architectural style, scale, and rhythm of the existing primary building. Building elements, such as roof pitch and style, building proportions, exterior siding and roofing materials, door and window style and materials, color, and texture, should match the existing primary building.
2. An addition should complement and balance the overall form, mass, and composition of the existing primary building on the property.
3. Additions are strongly encouraged to be located behind the house away from public view. Additions in the front yard are strongly discouraged.
4. When building an addition, efficient use of floor area is encouraged. Maximize floor area by combining uses of space, eliminating unnecessary rooms, and organizing rooms to eliminate hallways.

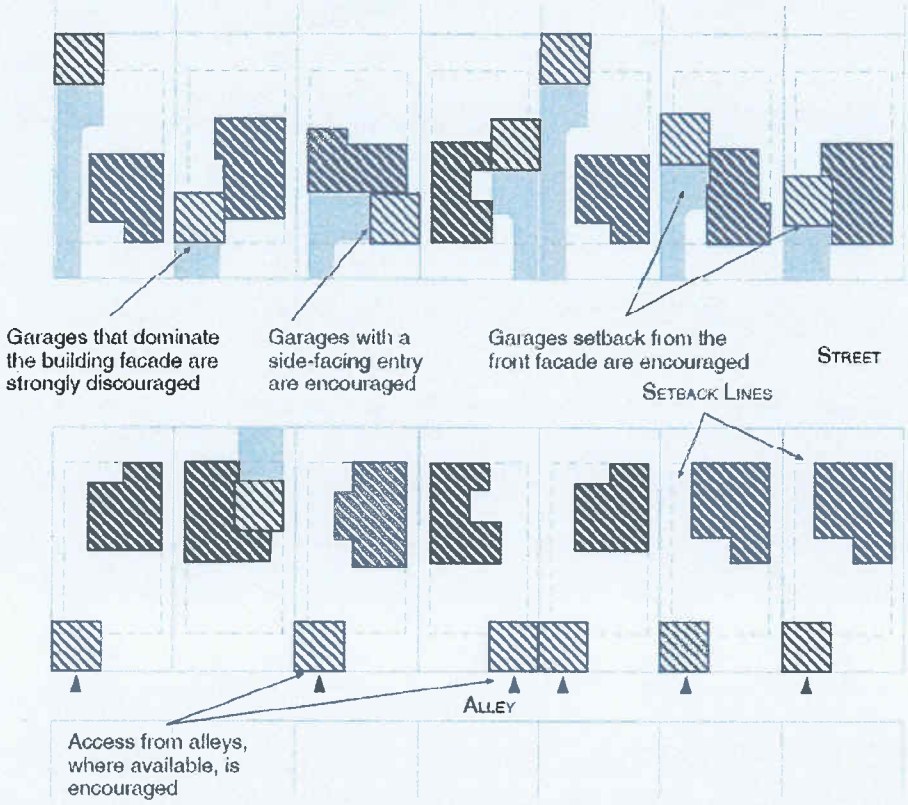
G. Garages

1. Garages should not dominate the front elevation. The visual impact of garage doors along street frontages can diminish the character of the neighborhood. Garages should be located and designed in one of the following ways:
   a. Access the garage from the side or rear of the lot. Where there is a rear alley and auto access is feasible, rear detached garages with alley access should be used.
   b. Offset the garage behind the front façade of the house. The frontage of any garage should be setback a minimum of 3 feet from the dwelling's first story frontage.
   c. If a garage must be located closer to the street than the front façade of the house, provide usable open space, such as a balcony or deck, above the garage with a trellis or roof along the frontage of the garage to reduce the visual impact. Also, designing an entry porch or trellis located in front of the living area to meet the setback of the garage can improve the visual appearance from the street.
   d. Provide a side entry garage: locate the garage so that it faces the side of the lot, rather than the fronting the street.

Garage doors that dominate the front elevation have a negative visual impact on the character of the street.

A side entry garage reduces its visual impact on the street.

2. Recreational vehicles, boats, trailers, etc. shall not be located in view from the public right-of-way. They add visual clutter and detract from the appearance of the neighborhood. They shall be stored inside or rear yards, screened from street by fences or landscaping.



Typical Garage Location

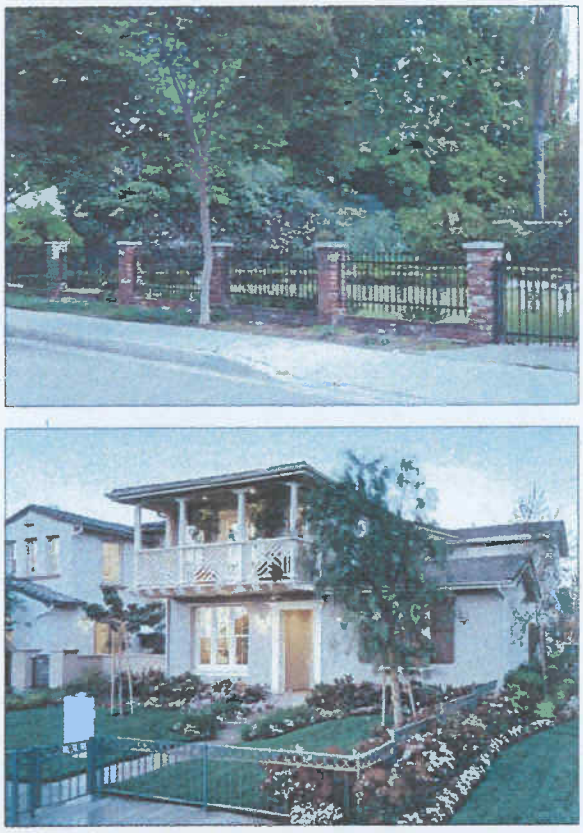
H. Driveways and Walkways

1. Large expanses of paving for driveways and walkways should be avoided to reduce visual impact and impervious coverage in the front yard. Minimizing the width of driveways where feasible is encouraged.
2. Driveways are encouraged to incorporate natural materials into their design with the use of stone or colored concrete. The use of decomposed granite is limited to small expanses such as the center portion of a driveway.
3. The walkway to the front entry should be designed at a human scale – between 3 to 5 feet in width - and not be excessively wide. Natural materials such as brick pavers or stone, tiles, and textured or stamped concrete for walkways are strongly encouraged.
4. The use of asphalt for driveways and walkways is prohibited.

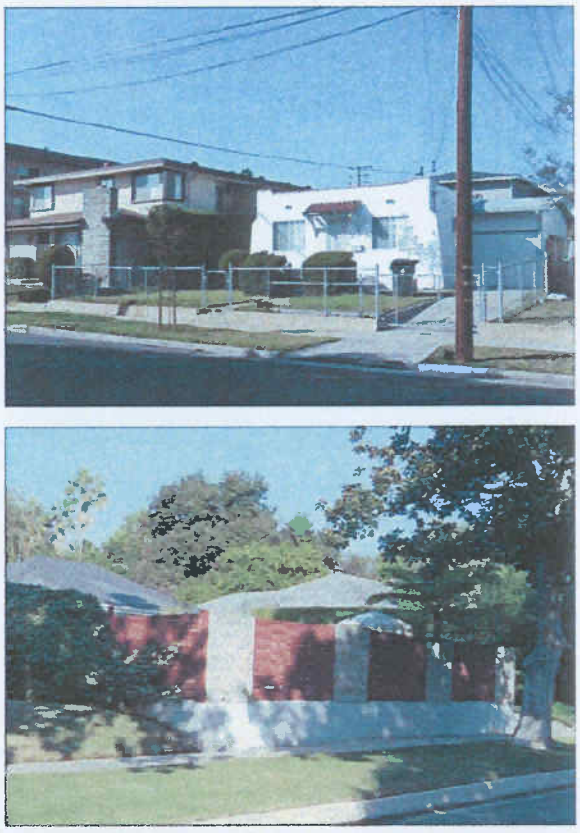
I. Fences, Walls, Gates and Hedges

1. Front yard fences and walls are strongly discouraged, particularly in neighborhoods where the predominant streetscape pattern has no existing fences in the front yard. This provides a quality of openness that contributes to an attractive overall streetscape in residential neighborhoods. Where permitted, front yard fences and walls shall not dominate the streetscape or reduce compatibility of the home with adjacent residences.
2. Fences, walls, gates and hedges for privacy may be used in side and rear yards.
3. The materials, design, height, and length of the fence or wall should be compatible with the architectural style, materials and overall size of the primary building. Landscaping should be provided adjacent to fences along street frontages to soften their appearance.

4. Fences and gates should be designed with simplicity to complement the house. Avoid ornate fences and gates, which draw attention, and detract from the main building.
5. Front yard fences and walls should provide a decreasing level of opaqueness as the height of the fence or wall increases to the maximum permitted.
6. Columns and other architectural features such as posts should be architecturally compatible with the primary building.
7. Gates should be designed to reflect the architecture of the primary building and the style and design of the fence or wall.
8. Hedges that are intended to provide screening and privacy should be planted so as not to encroach over the sidewalk or front property line if no sidewalk exists.



Appropriate front yard fencing.



Inappropriate front yard fencing.

9. Fences and walls should be constructed with materials such as masonry, metal, wood, or a combination thereof. The use of true wrought iron is preferred to hollow metal tubing. Barbed wire and chain link fencing are prohibited.
10. "Good neighbor" fences (fences that look equally good from both sides) are encouraged in side and rear yards.

J. Exterior Lighting

1. Exterior lighting includes all lighting fixtures on front facades, security lighting, and landscape lighting. Adequate exterior lighting shall be provided on the front of the house to ensure neighborhood safety and security. Exterior lighting that accentuates architectural and landscape elements of the property is encouraged.
2. Recessed porches must be lit.

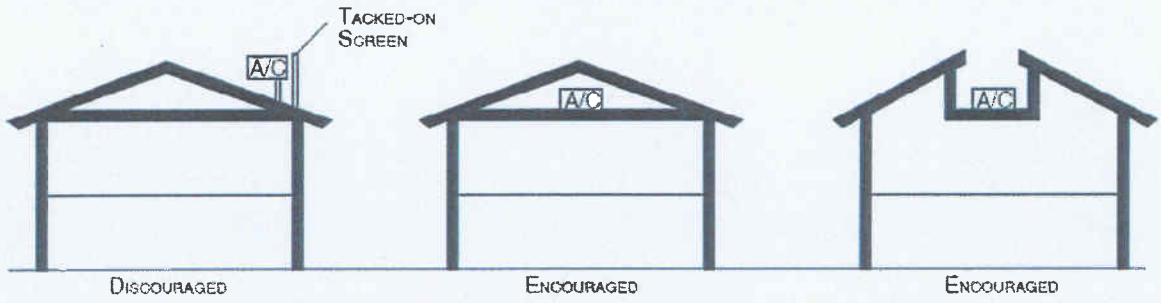
3. Light fixtures should complement the design of the house.
4. Photo-sensitive off/on switches are strongly encouraged for energy conservation and safety.
5. Exterior lighting should be positioned so that no direct light extends into neighboring properties or public rights-of-way. Illumination should be screened from adjacent properties. Cut-off luminaries should be used to prevent nighttime light pollution.

K. House Address Numbers

1. Address numbers should be located near the front entry door or front entry porch in a location that is visible from the street.
2. Address numbers shall be a minimum of four inches in height or as required by the building code. The design of the numbers should be simple in shape so that they can be read easily from a distance.
3. Number colors should provide a strong contrast with background color. Address number illumination is required.

L. Utility and Mechanical Equipment

1. All mechanical equipment shall be screened from view. Utility meters, transformers, backflow devices and equipment should be placed in locations that are not exposed to view from the street or they should be suitably screened. All screening devices should be compatible with the architecture and color of the house and should not look like a "tacked on" addition.
2. Roof mounted equipment should be avoided.
3. All antennas should be placed in building attics or interiors. All new units should be prewired to accommodate cable reception. Satellite dishes shall be located away from public view and should be considered early in the design process in terms of location and screening from view from the street and from common recreation areas.



Screening of Mechanical Equipment

16.16.150. Additional design standards and guidelines for small lot single-family developments

Small lot single-family developments shall be developed according to the provisions and standards of this code. In addition to the aforementioned design standards and guidelines in this Article, the following additional standards and guidelines should be incorporated into the design of projects for small lot, detached single family development to create functionality and visual variety along local residential streets:

1. The architectural design, scale and mass of the development should blend well with the surrounding neighborhood and complement the character of the neighborhood.
2. Variation should be provided in unit types, architectural design and building massing to provide visual interest within the development.
3. Where possible, there should be some variation in setbacks, unit placement, and orientation to achieve efficient and unique site design and avoid a monotonous street scene.
4. Both active and passive open space and recreational amenities for private and common use by the residents shall be provided.
5. Decorative elements, such as architectural details, intensified landscaping, pedestrian paths, decorative lighting, etc. are encouraged to complement and enhance the development and create variety and interest.
6. Gated entries into small lot single family developments are prohibited.

Variation in massing, architectural detailing, and setbacks provides visual interest and an attractive street scene in small lot single-family developments.

ARTICLE VII. MULTIPLE-FAMILY RESIDENTIAL (R-3) DESIGN GUIDELINES

16.16.155. Architectural Design Standards and Guidelines

While there is no specific architectural style required for multi-family residential buildings in the City, high quality, innovative architecture is strongly encouraged. The primary focus is to develop a high quality residential environment. The architectural style and design of building elements should be consistent within the development and complimentary with the neighborhood in terms of scale, materials, and color, but it does not need to copy or duplicate existing buildings. Variation of building styles produces healthy design diversity and is encouraged. New projects should meet or exceed the standards of quality that have been set by surrounding development and contribute to the improvement of the area.

A. Building Articulation and Detailing

1. Individual units should be articulated to diminish the massing of large buildings and be compatible with the scale of surrounding development. Building design shall avoid large monotonous facades, long straight line building fronts, plain box shapes, and barren exterior treatment.
2. Avoid designing buildings that are longer than 125 feet. Facades of multi-family buildings should be divided into shorter modules a maximum of 30 feet in width to give the appearance of an assemblage of smaller buildings, with each of the units individually recognizable. This can be accomplished through the use of porches, balconies and architectural projections; varied unit setbacks within the same building; staggered or jogged building planes; and a mix of different unit types within the same unit cluster. Units can be further articulated by the rhythm and pattern of windows and doors. The use of mansard roofs or segments of pitched roof applied at building's edge is not an acceptable method to provide articulation.

Avoid large monotonous facades, plain box shapes, and barren exterior treatments.

3. When located adjacent to lower-density residential zones, the bulk of multi-family developments can be imposing on adjacent residential uses. This necessitates that the scale of projects be considered within the context of their surroundings. Buildings of greater height may require additional setbacks so as not to dominate the character of the neighborhood. Buildings of greater mass should be separated into smaller units that better resemble single-family homes.
4. For projects that front arterial streets, the street floor building level should be raised between two and four feet to protect the privacy of ground floor units.
5. Distinctive architectural elements, materials and colors should be used to denote primary building entries or individual unit entries.

Articulate buildings with architectural detailing, balconies and porches, staggered building planes, and varied roof lines.

6. Awnings, moldings, pilasters and comparable architectural embellishments are encouraged.
7. The incorporation of balconies, porches and patios within multi-family buildings is encouraged to break up large wall masses, provide offsets between floors on multi-level buildings, and add human scale to buildings.
8. Exterior stairways should be designed as an integral part of the architecture of a project and should incorporate solid wall portions, columns, and/or a decorative balustrade. They should be of the same materials, color and detail of the building. Thin-looking, open metal, prefabricated stairs shall not be used. Design of railings and steps should be varied from unit to unit if possible, but must maintain continuity.

B. Height and Roof Lines

1. Roof lines should be segmented and varied within an overall horizontal context. Varying heights are encouraged. Combinations of one, one and a half, and two story units create variation and visual interest, and are encouraged. Flat roof design should be avoided.
2. In some cases, it may be desirable to "step back" the upper stories of new multi-family buildings to "scale down" facades that face the street, common space, and adjacent residential buildings.
3. Hipped or gabled roofs covering the entire building are preferable to mansard roofs and segments of pitched roofs applied at the building's edge.
4. The roof pitch for a porch may be slightly lower than that of the main building.

5. Carport roofs visible from buildings or streets should incorporate roof slope and materials to match adjacent buildings. Flat carport roofs are discouraged.

UNACCEPTABLE ROOF TREATMENTS

Avoid mansard roofs and segments of pitched roofs applied at the building's edge that appear" tacked on."

C. Doors and Windows

1. The placement and relationship of doors and windows is important in creating a unified building composition. Wherever possible, window sizes should be coordinated vertically and horizontally and window design should be consistent in terms of style and general arrangement on all building sides.
2. All doors and windows should be related with the chosen architectural style. Windows with widely varying styles are strongly discouraged. All doors and window frames should be composed of consistent material.
3. For new multi-family developments, double glazing should be used consistent with energy code requirements.
4. Knockers or door bells should be provided on doors. Entrance doors should provide viewers for safety and security.
5. Shutters, trim and moldings on windows are encouraged. Proposed window mullion widths, window trim or surrounds, material, and type should complement all existing windows. Mullion widths should be in scale with the windows and the building. Wider trim sizes, such as 1x4's and 1x6's, is preferred to narrower trim sizes, such as 1x2's.
6. Raw or clear anodized aluminum window frames are strongly discouraged.
7. Operable windows should have screens so they can be used for ventilation.

Coordinate windows vertically and horizontally to create a unified building composition.

D. Materials and Finishes

1. The building and its elements should be unified by textures, colors and materials. Materials should be consistently applied and should be chosen to work harmoniously with adjacent materials. Piecemeal embellishment and frequent changes in materials should be avoided.
2. Buildings should be treated as a whole and finished appropriately on all sides to provide continuity. Materials tend to appear substantial and integral to the building when material changes occur at changes in plane. Material changes not accompanied by changes in plane appear "tacked-on" and are strongly discouraged.

UNACCEPTABLE

Avoid low quality materials that are "tacked on" to the building.

3. Exterior columns for trellises, porches or colonnades should utilize materials and colors that are compatible with the adjacent building.
4. Exposed gutters and downspouts should be colored to match fascia or wall materials, unless designed as an outstanding architectural feature of the overall theme.
5. Accessory and service buildings/structures, such as carports, detached garages, recreational buildings, laundry facilities, and storage buildings/structures, should be designed as an integral part of the project architecture and should be similar in material, color, and detail to the primary buildings.
6. Building materials should be high quality, durable, and require low maintenance.
7. Materials that are responsive to climate, i.e. those suitable to the High Desert environment, adjacent context and site orientation are encouraged. Natural materials are encouraged. Materials such as brick, stone, copper, etc. should be left in their natural colors. Synthetic materials made to simulate natural wood and masonry are discouraged. Other suitable materials include textured concrete, trowel-finish concrete, metal cladding, and glass curtain or glass block walls.

8. Stucco and plaster finishes should be consistent with the architectural style of the building. A smooth trowel or fine sand float finish is desirable while the use of rough, "knock-down" stucco finishes is discouraged.
9. The use of sustainable building materials is strongly encouraged. This includes using quality materials with a long lifespan, selecting materials that are not energy-intensive to manufacture, using building products made from recycled materials, and repairing and maintaining well-built existing buildings/structures to the fullest extent possible.

E. Color and Texture

1. For most architectural styles, the number of colors on the exterior should be limited to a maximum of three, with an additional contrasting color for accent. In general, the lighter colors should be used for the main body, with darker shades for trim and accent. The larger and simpler the building design, the more subtle the color should be to reduce the massiveness of large wall planes.
2. Earth tones are best suited and are appropriate for most of the architectural designs found in the city. The use of strong or bright, unnatural colors, including the bright "white-on-white" color schemes for exterior stucco, wood siding, trim doors and shutters, should be avoided. However, the use of strongly contrasting, natural colors can be appropriate for accent use, such as for shutters and doors.
3. Color and finishes on exteriors of all elevations of a building should be coordinated to provide a total continuity of design. Unusual patterns and color schemes should be avoided. Garish, non-harmonious, or out-of-character colors should not be used.
4. The blending of compatible colors in a single facade or composition is a good way to add character and variety, while reducing, or breaking up the mass of a building. Lower wall wainscots and built-up or recessed reveals may be employed to add interest and break up vertical monotony.
5. Details such as trim, shutters, posts, etc. should be articulated by the use of color, texture or both.

F. Roofing Materials

1. Roofing materials should be compatible with the architectural style and design of the building. Permanent roof materials, such as concrete and clay tile, are encouraged because of their low maintenance and consistent appearance over time. Asphalt shingle roof is not allowed.
2. Natural barrel clay tile roofs should be replaced with the same material. For repairs, remodels, and additions, care should be taken in the selection of material and installation to match as closely as possible the color of the "aged" tiles, so that the finished roof does not have a patched look.
3. The colors of natural roofing materials, such as barrel tile and slate should be left natural and not be altered by staining or painting. Colors of synthetic roofing materials should simulate natural materials and should be consistent with the architectural style of the project.
4. Roofing materials with glossy surfaces appear unnatural and are strongly discouraged.

G. Noise Impacts

1. Units within the project should be adequately insulated to protect residents from noise intrusion from adjoining units. In addition to insulation between common walls, vertical insulation on exterior walls and from floor-to-floor should be provided.

2. Loading docks, service entries, mechanical equipment and recreational play areas should be sited as far away from adjoining single-family properties as reasonably possible.
3. Projects adjacent to major arterials or railroad tracks should incorporate additional noise mitigation measures to protect residents. Mitigation measures include, but are not limited to, double-glazed windows, sound walls, and earth berms.

16.16.160. Site Design Standards and Guidelines

Multiple-family or multi-family developments are characterized by higher density residential buildings comprised of attached units and common facilities such as parking, open space and recreation areas. If not properly designed, multi-family development can result in projects surrounded by high walls, projects with monotonous blank facades, or projects dominated by large parking areas with minimal landscaping and open space areas. The primary goal of these guidelines is to help mitigate the effects of these situations and to provide a pleasant residential environment within multi-family developments. New projects should meet or exceed the standards of quality set by surrounding development and contribute to improvement of the area.

A. Setbacks

1. While respecting the minimum front and side yard setbacks as established in Article V (Residential Development Standards) of this Development Code, the front and side yard setbacks of a new multi-family residential development should generally approximate that of adjacent development, with some variation in setbacks to provide visual interest and varying shadow patterns.
2. The setback area should be used for planting landscape screens to protect the privacy of the ground floor units.

B. Building Orientation, Siting and Entrances

1. Multi-family developments should have a strong street presence with public entrances oriented towards the street. The majority of unit entrances must be accessed from the street or from the main open space. Where there is a common building entrance for all units, it should be accessed from the street or main open space.
2. Multi-family units in large projects should be clustered, or broken up into groups of buildings. The use of long access balconies and corridors should be avoided. Access points to individual units in large projects should be clustered in groups of four or less.
3. The use of distinctive architectural elements and materials to denote entrances is encouraged. Weather protection, such as a porch covering or canopy, should be provided for individual entry doors.
4. New projects shall have transitional spaces in the form of stoops, overhangs and porches between public areas and entrances to the units. Front porches are encouraged on all street front units.

Use enhanced landscaping and paving to distinguish entries and edges to multi-family developments.

5. Multi-family developments should be distinguished by entry and edge design features such as ornamental landscaping, open space areas, natural features, architectural monumentation and enhanced paving.
6. Multi-family residential uses should be buffered from incompatible development. Intensified landscaping, increased setbacks and appropriate building orientation should be utilized as a means of providing adequate separation between such land uses. In addition, where possible, residential projects should utilize parking areas, in addition to landscaping, as a buffer along edges common with commercial or industrial uses.

C. Buildings Fronting Arterial Streets

1. Some multi-family developments within the City will be located on shallow lots along major arterial streets. These streets will need to be taken into account in the project design. The perceived front yard will be created by parkways and street trees, together with landscaped setbacks, and should be considered in providing appropriate buffer for the street facing units from traffic.
2. Raising the ground floor level by up to three feet can provide additional privacy and noise buffer for street-facing ground floor units. Another means is to provide transitional spaces in the form of raised stoops and entry porches.
3. Additional landscaping with taller shrubs and groundcover in the front setbacks will also contribute to the privacy and sound-buffering objective for these units.

D. Scale and Mass

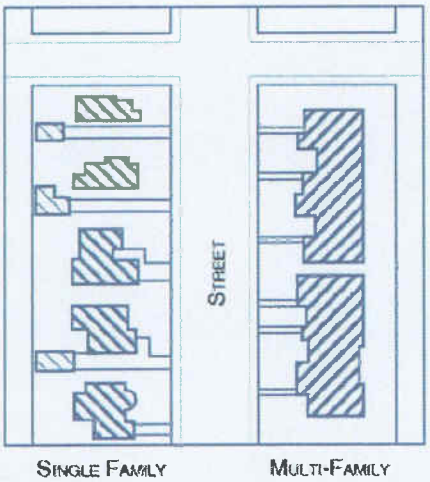
1. The scale and mass of a new multi-family residential development should be consistent with neighboring developments and not overwhelm them with disproportionate size or a design that is out of character.
2. Larger multi-family projects should avoid massive apartment-type buildings. Windows shall be provided facing the street for all units adjacent to the street to break up massing and to contribute to "eyes on the street" which helps neighborhood security.

Raised ground floor units can increase privacy along arterial streets.

Consider street trees and parkways in the treatment of landscape setbacks.

3. Heights of individual buildings should be varied to reduce building mass by using a combination of single-level and two story units, as well as varying the roof pitch within a project.
4. As the vertical height of a building increase, it should increasingly step back from the street (i.e. when possible, the second story of a building should be set back further than the first floor).
5. Buildings located on properties directly adjacent to a residential and agricultural designated properties shall be designed to provide a transition between the two designations; i.e. the units directly adjacent to the street should be of a single story design if the adjacent residential neighborhood is developed primarily with single-story homes.

E. Environmental Considerations



Similar scale and massing visually "break up" large buildings.

1. To the extent possible, site grading should relate to the natural surroundings and be designed to minimize grading by following the natural ground contours and recognizing existing drainage patterns. Graded slopes should be rounded to blend with existing terrain.
2. Multi-family developments should be designed to be sensitive to their natural surroundings and should be sited to maximize views of the High Desert and surrounding mountains, particularly from common and private open space areas.
3. Significant existing trees, vegetation and any other natural site attributes should be preserved to the greatest extent possible in the project's design and development. Site design that requires altering land forms and removing trees is strongly discouraged.
4. A new multi-family development should be designed to make best use of available sun, light and shade. This can be accomplished in the following ways:
    a. Use windows for natural light as much as possible. Design windows for through airflow to promote natural cooling.
    b. Use trees or roofs with large overhangs to shade the units, particularly over south facing windows.
    c. Use patios and porches to buffer the units from heat gain.
    d. Locate private and common open space in a manner to maximize use of sun and shade patterns, natural drainage and existing trees and vegetation.
5. Maximize vegetative ground cover on the lot to absorb rainwater, provide drainage to large trees on the site, and reduce runoff. Extensive paving is strongly discouraged. Consideration should be given to the reduction of landscape maintenance and water consumption when selecting landscape materials.

F. Privacy Between Buildings

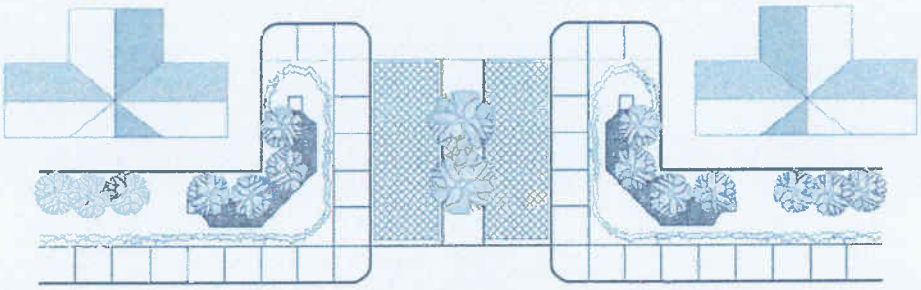
1. Buildings should be oriented to promote privacy to the greatest extent possible.
2. Windows, balconies or similar openings above the first story should be oriented so as not to have a direct line-of-sight into adjacent units within the development. In addition, units above the first story should be designed so that they do not look directly onto private patios or backyards of adjoining residential property or units.
3. Landscaping should be used to aid in privacy screening.
4. Outdoor lighting should be positioned so that no direct light extends onto neighboring properties.

G. Vehicle Circulation and Access

1. Site access and internal circulation in multi-family developments should promote safety, efficiency, and convenience. Vehicular traffic should be adequately separated from pedestrian circulation. Vehicular entrances should be clearly identified and easily accessible to minimize pedestrian/vehicle conflict.
2. Principal vehicular access into multi-family developments should be through an entry drive rather than a parking aisle.
3. The number of site access points or driveway aprons shall be minimized for aesthetic purposes, to achieve efficient and productive use of paved accessways, and to eliminate traffic hazards. They should be located as far as possible from street intersections (a minimum distance of 100 feet is recommended) and should be coordinated with existing or planned median openings and driveways on the opposite side of the roadway. Common driveways that provide vehicular access to more than one site are encouraged.
4. When possible, and especially for properties containing more than 150 feet of street frontage, landscaped islands shall be incorporated into the driveway entry area to

separate driveway lanes for ingress and egress. Continuous driveways, uninterrupted by landscaping are not permitted.

5. Continuous circulation should be provided throughout the site to the greatest extent possible. Dead-end driveways should be minimized. Adequate areas for maneuvering, stacking, and emergency vehicle access should be provided.
6. Project entries and driveway areas should contain design features, including landscaping and textured paving, to break up the expanse of paving in a project. Paving materials should complement the architectural design. The use of stamped concrete, stone, brick, pavers, exposed aggregate or color concrete is encouraged. Long, uninterrupted broom finished concrete should be avoided. The use of asphalt for driveways and walkways is prohibited.



Use decorative paving and landscaping to facilitate pedestrian access at project entries.

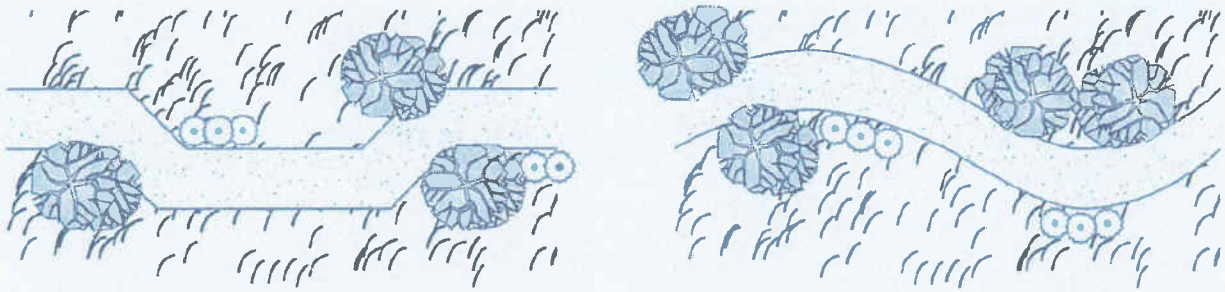
7. Alley improvements should coincide with site planning to minimize alleyway deterioration and address problems such as debris, safety, and any nuisance odors or hazards.

H. Pedestrian Circulation

Provide pleasant pedestrian walkways throughout the project that are well defined by landscaping, lights, and decorative paving.

1. Multiple-family developments shall include pedestrian walkways. Pedestrian circulation should be adequately separated from vehicular traffic. Pedestrian entrances and walkways should be clearly identified and easily accessible to minimize pedestrian/vehicle conflict.
2. Pedestrian walkways should link dwelling units with common open space and recreation areas, parking areas, and the street at the project entries. Where possible, multi-family

developments should incorporate pedestrian connections to adjoining residential and commercial projects, and other compatible land use facilities.



Off-set and curvilinear pedestrian walkways are strongly encouraged.

3. Pedestrian walkways should be safe, visually attractive, and well defined by landscaping and lights. Use of varied surfaces and decorative pavement is encouraged. At a minimum, decorative paving should be used to delineate crossings at circulation drives and parking aisles.
4. Curvilinear and off-set paths provide a more inviting and interesting experience and are generally preferred over long, straight alignments. Paths that traverse open space areas are encouraged.
5. Pedestrian walkways should be a minimum of four feet in width. If combined with a bicycle path, as a part of a dedicated public path/paseo, the minimum total walkway width shall be 14 feet.
6. Pedestrian access to the first floor units should be via traditional residential front doors. Entry walks from the sidewalk to the front door should reflect the residential character of the project. The width of entry walks should not exceed five feet.
7. Transit shelters should be provided near major concentrations of residents. As far as feasible, where a transit stop is planned adjacent to a project of at least five acres in size, the developer should coordinate with the transit district to determine a suitable location for a transit shelter onsite. Freestanding shelters should be integrated architecturally with the project with respect to color, materials and architectural style to the extent allowed by the transit provider.

I. Parking

1. Parking for multi-family developments shall be provided on site in on-grade or underground structures, parking courts, carports, or attached garages. Adverse visual impacts from parking areas, carports, structures, and garage doors on the residential character of the street or project site should be minimized through proper siting and design.
2. Parking shall be located within close proximity to the building and located to the rear of the parcel wherever possible. Parking shall be designed to avoid awkward turning maneuvers and the backing of vehicles into public streets.
3. Pedestrian walkways should be safe, visually attractive, and well defined by landscaping and lights. Use of varied surfaces and decorative pavement is encouraged. At a minimum, decorative paving should be used to delineate crossings at circulation drives and parking aisles.
4. Curvilinear and off-set paths provide a more inviting and interesting experience and are generally preferred over long, straight alignments. Paths that traverse open space areas are encouraged.

Underground parking for multi-family developments is strongly encouraged.

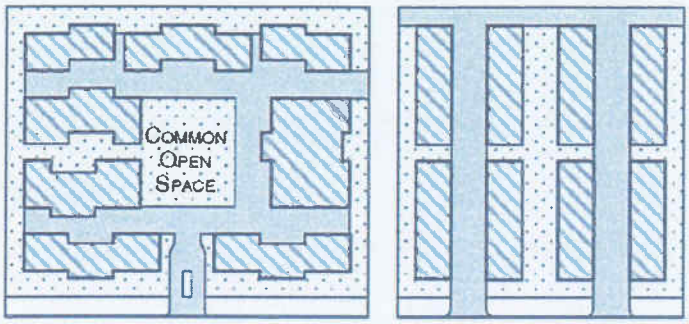
5. Parking should not occupy more than 30% of any linear street frontage and parking in the front setback areas is discouraged.
6. Except for townhome projects with attached garages, all multi-family parking should be in efficient, multiple stall configurations. Large multi-family parking areas should be divided into a series of connected smaller parking courts. Long runs of parking spaces are discouraged.
7. Parking courts should be treated as important spaces whose character is clearly defined by landscaping, lighting, building massing, and pedestrian/vehicular circulation areas. Parking courts should be separated from buildings by a walkway (minimum four feet wide) and landscape strip (minimum seven feet wide).
8. Carport structures should be architecturally compatible with the design of the main building in the project. Pitched roofs for carports are strongly encouraged. Flat aluminum carport structures are prohibited, particularly in long interrupted runs. Carports shall meet setback and building separation requirements.
9. If tuck-under parking is provided, the first floor of the residential units shall not occur more than four feet above the finished street/sidewalk grade level. Parking may need to be below grade or occur behind the living spaces. These parking areas shall not be visible from the street.
10. The visual impact of parking courts, carports, and parking structures shall be mitigated with landscaping. Landscaping materials should have adequate room to grow and be protected from abuse by cars. Continuous 6-inch concrete curbs shall be provided as wheel stops where parking adjoins landscaping.
11. Parking areas, driveways and pedestrian areas shall contain automatically controlled lighting.
12. Bicycle parking shall be provided for multi-family developments.

Unacceptable carport design.

Acceptable carport design.

J. Open Space

1. Residents of multi-family developments should have safe and efficient access to usable open space for recreation and social activities. The design and orientation of these areas should take advantage of available sunlight and should be sheltered from the noise and traffic of adjacent streets or other incompatible uses.
2. Open space areas should be provided in large meaningful and usable areas, pursuant to the requirements of Article V of this Development Code.
3. Common open space areas should be convenient to the majority of dwellings and should be secure and visible from dwellings to ensure safe use. Common open space areas should contain amenities appropriate to the project's size; i.e. pools, spas, recreation buildings are encouraged for large projects, while barbecue areas and gazebos, may be more appropriate for smaller projects. Children's play areas shall be sited to be visible from residential units.



Orient buildings to create usable open space in a convenient location.

Play areas can be incorporated into the common area.

Barbecue areas, gazebos and green pocket parks are appropriate for smaller projects.

Pools, spas, and other recreational amenities are encouraged for larger projects.

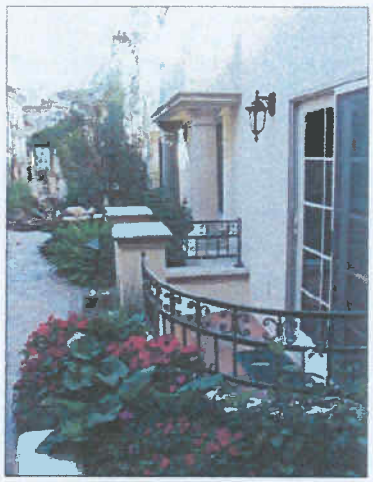
4. Private open space should be contiguous to the unit they serve and should be screened from public view for privacy. All balconies and patios that front a public street should be substantially enclosed to screen items being stored on the balcony or patio.

K. Fences, Walls, Gates and Hedges

1. Walls and fences should be planned and designed as an integral part of multi-family development, and should be consistent with the landscaping and building design.
2. If street fencing is required for security reasons, decorative types of view fencing, such as wrought iron, are encouraged. Solid fencing, such as stucco or masonry, is strongly discouraged when they will block the view of the buildings or provide hiding places.
3. Perimeter walls or fencing that do not front a public street should be of decorative masonry (split-face block, plaster/stucco finish), decorative metal (wrought iron), wood, hedges, or a combination of materials. They should be designed in a style, material and color to complement the development. Both sides of walls should be architecturally treated.
4. Tiered planting should be provided adjacent to project perimeter walls along street frontages to soften their appearance.
5. Walls should be eliminated or sited to provide additional setback areas at project entries to accommodate landscaping, ornamental gateways, signage and street furniture.
6. Wall sections greater than 50 feet in length fronting a street shall incorporate at least two of the following design features, in proportion to the length of the wall:

a. A minimum 2-foot change in horizontal plane for at least 10 feet.
b. A minimum 18-inch change in height for at least 10 feet.
c. A minimum 18-inch high raised planter for at least half the length of the wall.
d. Use of pilasters at 25-foot maximum intervals and at changes in wall planes.

7. Gates or comparable design solutions should be provided in perimeter walls or fences to allow emergency access and facilitate convenient pedestrian access to activity areas and adjacent uses.
8. Walls should be curved or angled at corner locations along street frontages to allow sight line views around the corner.
9. Barbed wire and chain link fencing are prohibited.



Provide quality landscaping, lighting and architectural detailing in common and private open space areas.

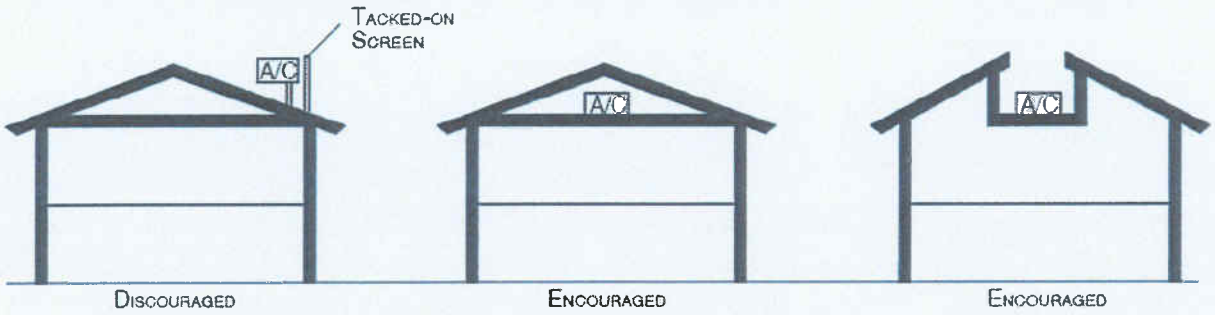
L. Exterior Lighting

1. Every multi-family project shall have adequate lighting to provide for security and visibility. Site lighting should not be pervasive or impact surrounding or neighboring properties. The type and location of site and building lighting should preclude direct glare onto adjoining property, public rights-of-way, or skyward. All lighting fixtures must be shielded to confine light spread on-site and to prevent nighttime light pollution.
2. The design of all exterior light fixtures shall be compatible with the building's architecture.
3. Pedestrian scale/decorative lighting along walkways and driveways is strongly encouraged. "High mast" poles are discouraged. The maximum height of walkway lighting shall be 15 feet.
4. Main entrances to parking areas or buildings should have strong architectural lighting, particularly for project name or addresses.
5. Open spaces should be adequately lighted with durable low maintenance fixtures.
6. The location of light fixtures should correspond to anticipated use. Lighting of pedestrian movement paths should illuminate changes in grade, path intersections, seating areas and any other uses along the movement path that, if left unlighted, would create an unsafe situation.
7. Night lighting of buildings is encouraged, but should be accomplished in a selective manner, avoiding overall building illumination that produces an undesirable look. Night lighting of buildings may be used to highlight special building features, emphasize

repeated or decorative features, and use the juxtaposition of light and shadow to articulate the building facade.

M. Utility and Mechanical Equipment Screening

1. All exterior mechanical equipment, except solar collectors, whether on a roof, side of a building, or on the ground, shall be appropriately screened from public view. The method of screening shall be architecturally integrated with the primary building in terms of materials, color, shape and size. Where individual equipment is provided, a continuous screen is desirable.
2. Roof mounted equipment should be avoided or appropriately concealed. For rooftop equipment, the screening materials shall be at least as high as the equipment being screened. Equipment requiring screening includes, but is not limited to, heating, air conditioning, refrigeration equipment, plumbing lines, ductwork, and transformers. Mechanical equipment shall not be permitted on any exposed portion of a pitched roof, except as may be approved through the Site Plan Review process.



Screening of Mechanical Equipment

3. Equipment should be placed in locations that are not exposed to view from the street or they should be suitably screened. Ground-mounted utility equipment such as, but not limited to, transformers, backflow devices, cable television boxes, electric power transformers and distribution facilities, water pumps, and telecommunications facilities (not including pole-mounted equipment) shall be screened from view on all sides with solid masonry walls or similar permanent buildings. Such masonry wall or building shall be of a neutral color. Screening with wood, chain-link, or similar fencing materials shall not be permitted. Electric and other metering equipment and panels shall be painted to match adjacent building and wall surfaces.
4. All screening devices should be compatible with the architecture and color of the main building(s) and should not look like a "tacked on" addition.
5. All antennas should be placed in building attics or interiors. All new units should be prewired to accommodate cable reception. Satellite dishes shall be located away from public view and should be considered early in the design process in terms of location and screening from view from the street and from common recreation areas.

N. Refuse and Storage Areas

1. Decorative treatment of trash and storage enclosures shall be used to minimize the adverse visual impact of these areas. Trash disposal areas, including dumpsters, shall be screened from view by a 6-foot high enclosure with gates. Trash and storage enclosures shall be architecturally compatible with the project design, and landscaping

shall be incorporated into their design to screen them and deter graffiti. Screening materials shall consist of fences, landscaping, and/or berming, and the use of natural terrain where possible.

2. Trash enclosures should be located for the convenience of the residents and should be easily accessible for trash and recyclables collection, but should not impede circulation during loading operations. They should be designed to avoid areas that are dark or hidden from view of residents or neighbors.

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City of Hesperia
STAFF REPORT

DATE: July 14, 2011

TO: Planning Commission

FROM: Dave Reno, AICP, Principal Planner

BY: Stan Liudahl, AICP, Senior Planner

SUBJECT: Consideration of Development Code Amendment DCA11-10167, to reorganize and amend the animal regulations; Applicant: City of Hesperia; Affected area: Citywide

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RECOMMENDED ACTION

It is recommended that the Planning Commission adopt Resolution No. PC-2011-24, approving DCA11-10167, reorganizing and amending the animal regulations.

BACKGROUND

Prior to adoption of the General Plan Update on September 7, 2010, many properties had inconsistencies between its General Plan Land Use designation and zoning district. As part of adoption of the General Plan Update, it was the Council's intent that land use within the City would be guided by only the General Plan Land Use map. The Development Code regulates many uses based on the zoning map, including animal uses. Consequently, a Development Code Amendment to invalidate the zoning map will also need to be adopted. Prior to invalidation, land uses, including the animal regulations need to be revised consistent with the designations on the General Plan Land Use map.

ISSUES/ANALYSIS

This Ordinance is necessary to reconcile allowable animal uses as a result of changes established as part of adoption of the General Plan Update and the Main Street and Freeway Corridor Specific Plan. The following table identifies developed areas in which the zoning changed in 2010 and its potential impact to animal uses. These areas are also located on a map (Attachment 1).

Change	Location	Potential impact upon animal uses
RR to R1 Map ID 1	▪ Southeast corner of Sage and Tamarisk (2 residences affected) ▪ Northwest corner of Sage and Tamarisk (1 residence affected)	May eliminate small livestock and reduce the allowable number of dogs & cats, small animals and fowl
RR-1 to R1-18000 Map ID 2	▪ Northwest of Eucalyptus and Maple (about 200 residences affected)	

Change	Location	Potential impact upon animal uses
A1-2 ½ to RR-20000 Map ID 3	▪ South of Orange between Maple and Eleventh (about 25 residences affected) ▪ Hickory between Orange and Muscatel (about 75 residences affected)	May eliminate cattle, hogs and bees and reduce the allowable number of small livestock, small animals, and fowl
A1 to RR-20000 Map ID 3	▪ West side of Eleventh between Sultana and Muscatel (about 30 residences affected)	May eliminate cattle, hogs and bees and reduce the allowable number of small livestock, small animals, and fowl
A1 to RR (SD) Map ID 4	▪ North of State Hwy. 138 between Rancho Las Flores and Summit Valley Ranch (1 residence affected)	
R1-1 to RR-2 ½ Map ID 5	▪ Southeast corner of Mesquite and Opal (1 residence affected)	May introduce small livestock and increase the allowable number of dogs & cats, small animals and fowl
R1-1 to RR-1 Map ID 6 & 7	▪ South of Mission, east of Opal (4 residences affected) ▪ Northeast of Lemon and I (about 500 residences affected)	
R1-18000 to RR-1 Map ID 8	▪ Southwest corner of Verde and First (2 residences affected)	
R1-20000 to RR-20000 Map ID 9	▪ Northeast of Eucalyptus and I (about 1,000 residences affected)	

As shown above in red text, 7 of the 12 areas in which the type and/or quantity of animals permitted would be affected by adding the existing animal regulations on the new General Plan Land Use map. During adoption of the General Plan, the City Council did not want existing animal rights to be reduced. Elimination of the allowance for small livestock and a decrease in the allowable number of animals would result in RR areas which were changed to R1. Those areas changed from A1 to RR would receive a much more significant change, as the A1 designation allows bees, cattle, hogs and pigs while the RR does not. A significant decrease in the allowable number of animals would also result. Consequently, this Ordinance has been drafted to increase the animal rights within the R1 and RR Land Use designations in order to accommodate the change in the land use designation.

Due to the adopted changes in land use designations, this Ordinance will allow the type and number of animals currently allowed within the A1 designation to be kept on lots at least 19,500 square feet in area within the RR designation. Cattle will only be permitted as an accessory use in the RR designation on lots at least one gross acre. Similarly, R1 lots will be allowed to keep the number and type of animals currently allowed on 18,000 square foot and larger lots within the RR designation. This Ordinance will also increase the allowable number of birds, small animals and poultry on lots at least 19,500 square feet in net area in both the R1 and RR designations.

As part of this amendment, the animal regulations will be removed from the individual zone districts and placed in a new article within the general regulations of the Development Code. This amendment would preserve the animal uses currently allowed within the City and would enable more animal keeping for the areas identified in the table, due to the reduction in the number of residential Land Use designations adopted by the General Plan Update. This amendment also includes omission of a special exception within the educational animal project requirements approved in 1990 allowing horses on two substandard lots. Inasmuch as the two educational animal permits are expired, this exception is no longer necessary. This amendment also clarifies the intent that all animal keeping is accessory to a primary use in all but the A1, A2, VLR and RER designations on lots of at least one gross acre. Finally, this amendment includes other non-substantive text corrections.

The recommended changes to the Development Code are identified within the (Exhibit "A") of the Ordinance. Additions are shown on the resolution Exhibit "A" using red underlined text and ~~deletions are represented by strikethroughs~~.

Environmental: Approval of the Development Code Amendment is exempt from the requirements of the California Environmental Quality Act by Section 15061(b)(3) of the CEQA Guidelines. The proposed Ordinance does not expand the allowable uses or grant entitlements not already permitted by the Development Code.

CONCLUSION

Staff supports this Development Code Amendment, as it will allow the same or slightly greater animal keeping as the current code while enabling the zoning map to be rescinded. This is part of the changes needed for completion of the single-map system adopted as part of the 2010 General Plan Update.

FISCAL IMPACT

None.

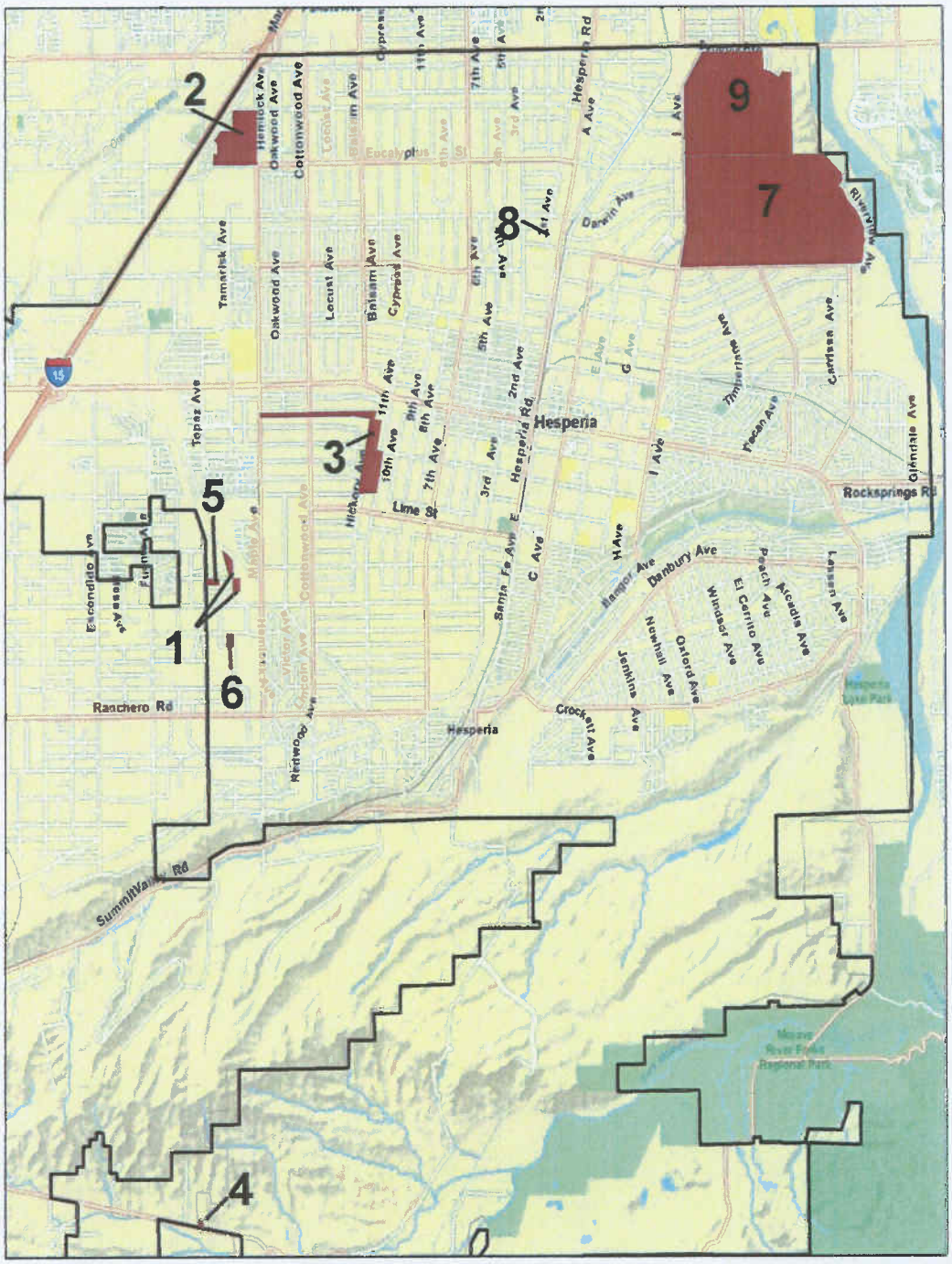
ALTERNATIVES

1. The Planning Commission may choose to maintain the current zoning map for purposes of animal use regulations. This will result in no change in animal uses within the City. Staff does not support this alternative, as one of the objectives of the General Plan Update was to establish a single map to replace the General Plan and the zoning map.
2. The Commission may direct staff to amend the animal regulations based upon lot size alone. This is practical in most, but not all designations. In particular, the A2 designation allows for much greater intensity animal keeping than any other designation. In contrast, the R3 designation is very limited in allowable animal keeping due to the limited private yard area and that animal quantities are allowed on a per dwelling unit basis. As such, staff does not support this alternative.
3. Provide alternative direction to staff.

ATTACHMENTS

1. Map of areas in which animal uses may be affected
2. Resolution No. PC-2011-24, recommending adoption of DCA11-10167, with Exhibit "A"

ATTACHMENT 1



APPLICANT(S): CITY OF HESPERIA	**FILE NO(S):** DCA11-10167
LOCATION: CITY-WIDE	**APN(S):** VARIOUS
PROPOSAL: CONSIDERATION OF A DEVELOPMENT CODE AMENDMENT TO REORGANIZE AND AMEND THE ANIMAL REGULATIONS	**N** ↑

AREAS IN WHICH ANIMAL USES MAY BE AFFECTED

DCA11-10167 Graphic.DOC

ATTACHMENT 2

RESOLUTION NO. PC-2011-24

A RESOLUTION OF THE PLANNING COMMISSION OF THE CITY OF HESPERIA, CALIFORNIA, RECOMMENDING THAT THE CITY COUNCIL ADOPT A DEVELOPMENT CODE AMENDMENT TO REORGANIZE AND AMEND THE ANIMAL REGULATIONS (DCA11-10167)

WHEREAS, On January 5, 1998, the City Council of the City of Hesperia adopted its Ordinance No. 250, thereby adopting the Hesperia Municipal Code; and

WHEREAS, The City of Hesperia Development Code regulations pertaining to animal regulations requires reorganization and modification due to adoption of the General Plan Update on September 7, 2010; and

WHEREAS, It is the City's intent to maintain the animal regulations in effect prior to adoption of the General Plan Update and reorganizing the regulations within the appropriate chapter of the Development Code; and

WHEREAS, The proposed Development Code amendment is exempt from the requirements of the California Environmental Quality Act by Section 15061(b)(3) of the CEQA Guidelines, as there is no possibility that the proposed Development Code Amendment can have a significant adverse effect on the environment; and

WHEREAS, On July 14, 2011, the Planning Commission of the City of Hesperia conducted a duly noticed public hearing pertaining to the proposed Development Code Amendment and concluded said hearing on that date; and

WHEREAS, all legal prerequisites to the adoption of this Resolution have occurred.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF HESPERIA PLANNING COMMISSION AS FOLLOWS:

Section 1. The Planning Commission hereby specifically finds that all of the facts set forth in this Resolution are true and correct.

Section 2. Based upon substantial evidence presented to the Commission, including written and oral staff reports, the Commission specifically finds that the proposed Ordinance is consistent with the goals and objectives of the adopted General Plan.

Section 3. Based on the findings and conclusions set forth in this Resolution, this Commission hereby recommends adoption of Development Code Amendment DCA11-10167, reorganizing and amending the current animal regulations as shown on Exhibit "A."

Section 4. That the Secretary shall certify to the adoption of this Resolution.

ADOPTED AND APPROVED on this 14th day of July 2011.

Chris Elvert, Chair, Planning Commission

ATTEST:

Kathy Stine, Secretary, Planning Commission

EXHIBIT "A"

All references to animal regulations within the current Development Code, excepting the definitions within Chapter 16.08, shall be eliminated pursuant to this ordinance.

The following definitions shall be added to Chapter 16.08 – Definitions:

16.08.237 Fish Farming.

"Fish farming" involves raising fish commercially in tanks or enclosures, usually for food. A facility that releases young (juvenile) fish into the wild for recreational fishing or to supplement a species' natural numbers is generally referred to as a fish hatchery.

16.08.353 Keeping or Kept.

"Keeping" or "kept" includes maintaining, grazing, riding, leading, exercising, tying, hitching, stabling and allowing animals to run at large. The foregoing, however, shall not preclude the riding or leading of horses or other animals generally recognized as suited to ride such as mules and donkeys to or from the premises in order to gain access to a bridle path, alley or street.

GENERAL REGULATIONS

ARTICLE XIII. ANIMAL REGULATIONS

16.20.660 Purpose.

These provisions define the type, number, and regulations regarding the keeping of animals in residential and agricultural designations in order to ensure land use compatibility. These provisions balance the desire for animal keeping with the rights of neighboring property owners. This Article also includes regulations which provide minimum distances between areas for the keeping of animals and habitable structures in furtherance of maintaining land use compatibility.

Section 16.20.670 Key to permit requirements.

The permitted uses and permit requirements in this Article are provided in table format. The type of animals is provided in the first (vertical) column of the table and land use designations are in the second column. In order to determine which permit process is applicable, the use must be matched up with the corresponding land use designation. Once the animal use and land use designation are matched, the symbol in the box represents the applicable process. The following key legend demonstrates which symbol corresponds with the applicable permit process. Footnotes are also provided and are considered part of the Development Code.

Symbol	Applicable Process
A	Accessory Use
P	Permitted Use
C	Requires a Conditional Use Permit
E	Requires an Exotic Animal Permit
S	Requires a Site Plan Review
NP	Not Permitted

16.20.680 Permit requirements for animals by Land Use Designation.

Type of animal	Land Use Designation					
	R3 MDR HDR MU	LDR[1]	R1 LDR[2]	RR LDR[3] VLR[4]	A1 VLR[3] RER	A2
Bees	NP	NP	NP	NP	P	P
Cattle	NP	NP	NP[10]	NP	P	P
Columbiformes/caged birds	A	A	A	A	P	P
Domestic cats	A	A	A	A	A	P
Domestic dogs	A	A	A	A	A	P
Exotic animals[5] (not normally domesticated)	E	E	E	E	E	E
Fishbowls and aquariums[6]	A	A	A	A	A	A
Fowl and poultry	NP	NP	A	A	P	P
Foxes[5]	NP	NP	NP	NP	NP	E
Hogs and large pigs	NP	NP	NP	NP	P	P
Horses, mules, donkeys and llamas	NP	NP	A[7]	A[7]	P	P
Mink[5]	NP	NP	NP	NP	NP	E
Ostriches and emus	NP	NP	NP	NP	NP	P
Pot bellied pigs (female or neutered male)[8]	A	A	A	A	A	P
Rabbits and other small animals	A[9]	A[9]	A[9]	A[9]	P[10]	P
Small livestock/goats and sheep	NP	NP	NP[11]	A	P	P

1 Applicable to lots smaller than 7,200 square feet in area within this designation.
2 Applicable to lots 7,200 square feet and larger within this designation.
3 Applicable to lots of one gross acre or larger within this designation.
4 Applicable to lots less than one acre in within this designation.
5 As defined within Section 16.08.215 and Title 14, Section 671 of the California Fish and Game Code.
6 Applicable only to small private fish, amphibian, and reptile collections and does not allow large tanks and/or buildings in which fish and other animals are kept and shown to the public.
7 Horses or llamas are allowed only on a lot at least 20,000 square feet in area. Approval of one horse or llama on a lot less than 20,000 square feet but at least 19,000 square feet in area may be granted if written approval is obtained from all contiguous property owners.
8 Female or neutered pot-bellied pigs can be substituted for numbers of dogs allowed.
9 These animals shall not be kept for meat or pelts.
10 Commercial raising of these animals is permitted on lots at least one gross acre in size and 150 feet of street frontage.
11 Not permitted unless authorized by an educational animal project or prior to residential use on five acres or more.

16.20.690 Number of animals allowed by land use designation.

Type of animal	Land Use designation: R3 MDR HDR MU	R1 LDR RR VLR A1 RER					A2
	Lot area (sf = net square feet)						
	Any size	Less than 7,200 sf	7,200 sf to 17,999 sf	18,000 to 19,499 sf	19,500 sf to 1.4 acres	1.5 acres and larger	Any size
Ostriches, mink, fox	0	0	0	0	0	0	Noncommercial animal keeping shall not exceed the number of animals allowed in the A1 designation. Large scale animal keeping shall be limited to local and industry standards.
Cattle	0	0	0	0	0[12]	6[12]	
Columbiformes/caged birds	10	20	40	65	150	150	
Domestic cats[13]	2[14]	2	2	4	6	8	
Domestic dogs[13]	2[14]	2	2	4	6	8	
Exotic animals[15]	0	0	0	0	0	0	
Fowl and poultry	0	0	4[16]	27[17]	67[18]	225[18]	
Hogs and pigs	0	0	0	0	0[19]	3[19]	
Horses and llamas[20]	0	0	0	0	0	6	
Pot bellied pigs[21]	2	2	2	4	6	8	
Rabbits and other small animals	1	2[22]	2[16]	27[17]	67[18]	225[18]	
Small livestock/goats & sheep	0	0[23]	0[23]	0[23]	5[24]	18[24]	

All animal quantities are for the lower range of each lot size within the land use designations. Prior to being weaned, the number of juveniles of an allowed animal type are permitted.

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[12] A minimum 1 gross acre lot area is required to keep even one animal. Four animals are allowed per gross acre.
[13] One additional animal is allowed for every ½ acre over one net acre in single-family residential designations.
[14] One dog and one cat, 2 dogs, or 2 cats are permitted.
[15] Only allowed if approved as part of an exotic animal permit.
[16] Two animals are allowed for every 3,500 sf net lot area, not to exceed 25 per acre. Peafowl and any male fowl shall be limited to 1 for every 14,400 sf min. Lots 18,000 sf or larger are allowed 10% to be male.
[17] 15 animals are allowed for every 10,000 sf net lot area.
[18] 150 animals are allowed per gross acre.
[19] A minimum 1 gross acre lot area is required to keep even one animal. Two animals are allowed per gross acre, up to a maximum of 5. The animals cannot be garbage fed.
[20] A minimum 20,000 sf lot size is required. Lots 19,000 sf and larger may be allowed one horse with written approval from all contiguous property owners. One horse is allowed for every 10,000 sf net lot area.
[21] Female and/or neutered male pot bellied pigs can be substituted with the number of dogs allowed.
[22] Two small animals are allowed per dwelling unit.
[23] Only allowed if approved as part of an educational animal project or on a vacant lot five gross acres or larger.
[24] Twelve animals are allowed per gross acre, but only one male is permitted.

All animal quantities are for the lower range of each lot size within the land use designations. Prior to being weaned, the number of juveniles of an allowed animal type are permitted.

16.20.700. Standards for the keeping of animals.

A. General animal use regulations. The keeping of animals shall be in accordance with Article XIII of Chapter 16.20 and Title 6.

1. All animals shall be allowed as an accessory use to a primary use except on a minimum five gross acre vacant parcel within the R1 designation and as a permitted agricultural use within the RR, RER, A1, and A2 Designations. On a vacant five gross acre property designated R1, one cow or two goats are allowed per acre or four hundred (400) fowl per acre.

2. All buildings and enclosures for animals, except for cats, dogs, and pot-bellied pigs, shall be in accordance with Section 16.16.105 entitled "Animal buildings and structures."

B. Standards of care and licensing of animals.

1. All areas used for the keeping of animals shall be adequately maintained to reduce odors and other negative effects in accordance with Title 6 of the Municipal Code.

2. All animals shall be licensed as required by Title 6.

3. Commercial animal facilities shall comply with Title 6.

~~A~~C. **Educational animal project.** ~~For the purpose of this section, an "educational animal project" shall be defined as an animal husbandry activity which is part of an educationally-oriented youth program or organization.~~ An educational animal project may be permitted as a temporary accessory use on a lot and shall require approval of an educational animal project application in accordance with this chapter.

~~2.~~1. The number of animals that may be permitted is shown in Table 16.20.690. Animals born to the project animal pursuant to an approved educational animal project permit under the age of four months may also be kept.

~~3.~~2. Combinations of ~~the above listed~~the listed animals may be kept, provided the maximum number does not exceed the allowable number ~~shall be permitted provided the total density shall not exceed that herein specified, except in the case of young animals born to the project animal, which may be kept in the R-1 district until such animals are weaned.~~ within Table 16.20.710.

Table 16.20.710. Allowed number of animals for an educational animal project

The number and type of animals allowed with an approved 4h~~educational~~ animal project permit as a function of net lot area	**Maximum number**
One bovine per 20,000 sq. ft.	3
Two calves per 10,000 sq. ft. (to a maximum age of six (6) months)	9
Two sheep per 10,000 sq. ft.	9
Two goats per 10,000 sq. ft.	9

~~4.~~3. ~~The keeping of a~~An educational animal project shall be subject to the following. The educational animal project shall be kept only on an improved and occupied lot or parcel.

a. Such animals shall be kept at least seventy (70) feet from buildings used for human habitation, public park, school, hospital or church buildings on adjoining lots or parcels~~,~~. Buildings used for human habitation shall not include cabanas, patios, attached or detached private garages or storage buildings.

b. ~~and shall~~ Areas for animal keeping shall ~~maintain a clearance of at least~~be a minimum of five feet from interior side and rear property lines, and fifteen (15) feet from side street rights-of-way, excepting an alley or bridle path~~,~~. Animals shall not be kept within any front yard.

c. ~~unless~~ The ~~the~~ animals ~~are~~ shall be confined by a ~~five~~ five-foot high chain link fence or a five foot wood fence with horizontal members no more than six inches apart, ~~which fence may be located on an interior side or rear lot line and fifteen (15) feet from a side street right-of-way~~in accordance with the fencing limitations within the Development Code. ~~The area of human habitation shall not include cabanas, patios, attached or detached private garages or storage buildings.~~

~~b. Exception. Those parcels of land upon which a use of keeping and maintaining a horse, or horses, has been established prior to the date of construction of a building used for human habitation located on a neighboring parcel, regardless of any other provisions of this code, shall have applicable to them a nonconforming use right pursuant to Chapter 16.12, Article IX. Such nonconforming use right shall be only that a horse or horses may be kept at a minimum of fifty (50) feet from buildings used for human habitation on adjoining lots or parcels providing the following are complied with:~~

~~i. Shall maintain a clearance of at least five feet from interior side and rear property lines.~~

~~ii. Shall maintain a clearance of fifteen (15) feet from side street rights-of-way, excepting an alley or bridle path.~~

~~iii. Fencing located within the seventy (70) foot setback area pursuant to Section 16.16.080(F)(4)(a) which is used specifically for the confining of horses shall be five feet in height and constructed of solid wood, masonry or other appropriate screen materials. Otherwise the fencing and the keeping of horses shall comply with Section 16.16.080(F)(4)(c) and (d).~~

~~c~~d. The location of corrals, fenced enclosures, barns, stables, stalls and similar enclosures used to confine horses~~,~~ shall conform to the clearances as set forth in this section and ~~Sections 16.20.025 through 16.20.030~~Chapter 16.20 ~~inclusive~~, street setback regulations. Whenever the words "keeping" or "kept" are used in this section, they shall mean and include maintaining, grazing, riding, leading, exercising, tying, hitching, stabling and allowing to run at large. ~~The foregoing, however, shall not preclude the r~~Riding or leading of horses to or from the premises in order to gain access to a bridle path, alley or street is allowed.

~~d~~e. Fences shall ~~maintain~~ be a minimum height of ~~at least~~ five feet and ~~shall be of such construction as to preclude the escape of~~capable of securing horses.

~~5~~4. An exemption shall be made to allow for the ~~keeping of horses on substandard lots for the~~ purpose of conducting animal projects by ~~4-H~~ H, FFA or other state accredited program members, specifically and exclusively; provided, the members obtain an educational animal project ~~special use~~ permit, which shall be subject to the following conditions:

a. ~~Special use~~Educational animal project permits shall be issued for twenty-four (24) months, during which time unscheduled monthly inspections shall be conducted. Permits may be extended on a ~~twenty-four~~twelve (~~24~~12) month basis. Requests for extensions shall be evaluated based on inspections, any complaints on file, and other applicable information. The permit shall become invalid when the permittee reaches nineteen (19) years of age, or in the event the 4-H or FFA project is discontinued;

b. Property owners contiguous to the permittee shall be notified prior to the issuance of a permit and shall be renotified in the event an extension is requested;

c. In the event of a complaint, or if unsatisfactory conditions are identified through inspection, the 4-H, FFA or other accredited program ~~Club leaders~~ representative shall cooperate with city staff to enforce the conditions of the educational animal project permit;

d. ~~4-H members shall comply with~~All ~~the~~ operation and maintenance regulations established ~~for their animal projects~~under an approved educational animal project permit shall be met. ~~A copy of these regulations is available at the community development department;~~

e. Any violation of the permit requirements may result in the revocation of ~~said~~ the educational animal project permit. ~~Prior to the implementation of this action, t~~The permittee shall be given written notification ~~of the pending action and an inspection of the site shall be conducted by city staff and the permittee~~prior to consideration for revocation.

City of Hesperia

CITY OF HESPERIA
DEVELOPMENT REVIEW COMMITTEE

City Hall Joshua Room
9700 Seventh Avenue
Hesperia, CA 92345
BEGINNING AT 10:00 A.M.
WEDNESDAY, JUNE 22, 2011

A. PROPOSALS:

1. MAIN PLACE, LP (SPR11-10152)

Proposal: An extension of time for approved Site Plan Review SPR-2008-02, to construct a 21,400 square foot commercial center on 2.5 gross acres within the Office Commercial (OC) District of the Main Street and Freeway Corridor Specific Plan.

Location: North side of Main Street at its intersection with Hickory Avenue (APN: 0408-181-32)

Planner: Stan Liudahl

2. HESPERIA OUTDOOR POWER EQUIPMENT (SPR11-10190 / ME11-10189)

Proposal: A revised site plan review to construct a 1,000 square foot workshop building and minor exception to encroach four feet within the required 20-foot rear setback.

Location: 17494 Main Street (APN: 0411-291-50)

Planner: Daniel Alcayaga

3. ABBAS ESLAMI (SPR11-10192)

Proposal: An extension of time for approved Site Plan Review SPR-2008-24, to construct a two-story, 14,360 square foot medical office building on 1.2 gross acres within the Office Commercial District of the Main Street and Freeway Corridor Specific Plan.

Location: South side of Main Street, 846 feet east of Cottonwood Avenue (APN: 0408-171-07)

Planner: Lisette Sanchez-Mendoza

4. **PATRICK MONJARAZ (SPR11-10194)**

Proposal: A revised site plan review to allow a cheer and tumbling training business.

Location: 12221 Poplar Street # 11 zoned CIBP (APN: 0408-171-07)

Planner: Holly Effiom

5. **TEAM TRUCK DISMANTLING (CUP11-10195)**

Proposal: A conditional use permit to establish a vehicle storage yard on 6.0 acres zoned I-1.

Location: 11399 Santa Fe Avenue East (APN: 0415-011-10)

Planner: Daniel Alcayaga

6. **SILVIANO GARCIA (SPR11-10200 / ME11-10201)**

Proposal: A revised site plan review to reestablish a restaurant and a minor exception to allow a two parking space deficiency.

Location: 14343 Main Street (APN: 3057-131-06)

Planner: Daniel Alcayaga

7. **ALTEC ENGINEERING CORP (SPR11-10182 / VAR11-10208)**

Proposal: A revised site plan review to add automotive repair to an existing car wash, move vacuums to the rear of the primary building, add a patio cover and a variance to allow the patio cover to encroach 10 feet into the rear setback, on 2 acres zoned C-2.

Location: 17985 Bear Valley Road (APN: 0399-132-31)

Planner: Lisette Sanchez-Mendoza

City of Hesperia

CITY OF HESPERIA
DEVELOPMENT REVIEW COMMITTEE

City Hall Joshua Room
9700 Seventh Avenue
Hesperia, CA 92345
BEGINNING AT 10:00 A.M.
WEDNESDAY, JULY 6, 2011

A. PROPOSALS:

1. MIKE DOBAN (SPR11-10202)

Proposal: A revised site plan review to install 6 roof mounted windmills on an existing building.

Location: 16718 Smoke Tree Street
(APN: 0410-101-01)

Planner: Lisette Sanchez-Mendoza

2. KAY MURRAY (SPR11-10210)

Proposal: A revised site plan review to install a ground-mounted solar energy system.

Location: 6740 Cottonwood Avenue
(APN: 0405-582-36)

Planner: Lisette Sanchez-Mendoza

3. RANDALL KELLMER (SPR11-10207)

Proposal: A revised site plan review to install a roof-mounted solar energy system.

Location: 8255 Cleveland Avenue
(APN: 3046-221-33)

Planner: Daniel Alcayaga

4. **TED WILLIAMS (SPR11-10216)**

Proposal: A revised site plan review to establish a gym in an existing commercial office building.

Location: 17615 Alder Street
(APN: 0415-271-05)

Planner: Daniel Alcayaga

5. **HESPERIA GATEWAY MARKETPLACE, LLC (SPR11-10215)**

Proposal: An extension of time for SPR-2008-01 and VAR-2008-03 to construct a 246,217 square foot commercial shopping center on 31.0 gross acres zoned Regional Commercial.

Location: North side of Main Street between Mariposa Road and Escondido Avenue. (APN: 0405-062-74)

Planner: Daniel Alcayaga