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AGENDA
CITY COUNCIL REGULAR MEETING
Thursday, April 26, 2018 – 7:00 p.m.
Stanwood-Camano School District
Administration Building Board Room
26920 Pioneer Highway, Stanwood, WA 98292

1. **CALL TO ORDER AND PLEDGE OF ALLEGIANCE**
2. **ROLL CALL**
3. **APPROVAL OF THE AGENDA**
4. **CITIZEN COMMENTS**
5. **PRESENTATION**
 - a. Proclamation-National Day of Prayer May 3, 2018
6. **STAFF REPORTS**
 - a. Library Board Meeting Minutes – March 12, 2018
 - b. Police Compstat Report – March 2018
 - c. Public Works Monthly Report – March 2018
 - d. Finance Report 1st Quarter – 2018
7. **COMMITTEE REPORTS**
 - a. Community Development - April 12, 2018 Minutes
 - b. Public Works - April 9, 2018 Minutes
8. **CONSENT AGENDA**
 - a. Approve Vouchers and Payroll Checks
 - b. Approve April 12, 2018 Regular Meeting Minutes
 - c. Approve Vintage Trailer Show Special Event Permit and City Contribution
 - d. Approve the mayor's Library Board Appointment – Patty Tingler
 - e. Approve the mayor's Salary Commission Appointment – Tim Schmitt
 - f. Reject bid(s) for furnace/HVAC at City Hall
9. **OLD BUSINESS**
 - a. Ordinance 1456 – Retail Marijuana Rules, Potential First Reading
10. **NEW BUSINESS**
 - a. Authorize the mayor to sign Ecology Contract for Clean Sweep
 - b. Adopt Resolution 2018-09 Washington Wildlife and Recreation Program (WWRP) and 2018-10 Youth Athletic Facilities (YAF)
11. **REPORTS OF OFFICERS AND COMMITTEES**
 - a. Mayor's Report
 - b. City Administrator's Report
 - c. Councilmember Reports/Questions
12. **CITIZEN CLOSING COMMENTS**
13. **RECONVENE AND ADJOURN**



**CITY OF STANWOOD
COUNCIL AGENDA STAFF REPORT**

ITEM NUMBER: 5a
DATE: April 26, 2018
SUBJECT: Proclaiming May 3, 2018 as National Day of Prayer
CONTACT PERSON: Leonard Kelley, Mayor
ATTACHMENTS: A – National Day of Prayer Proclamation

SUMMARY STATEMENT

The Proclamation proclaiming May 3, 2018 as National Day of Prayer is attached.

PROCLAIMING MAY 3, 2018 AS

NATIONAL DAY OF PRAYER PROCLAMATION

WHEREAS, Throughout our history, Americans have turned to prayer for strength, inspiration, and solidarity.

WHEREAS, Prayer has played an important role in the American story and in shaping our Nation's leaders. President Abraham Lincoln once said, "I have been driven many times upon my knees by the overwhelming conviction that I had nowhere else to go. My own wisdom and that of all about me seemed insufficient for the day."

WHEREAS, It is thus fitting that, from the earliest years of our country's history, Congress and Presidents have set aside days to recognize the role prayer has played in so many definitive moments in our history. On this National Day of Prayer, let us follow the example of President Lincoln. Let us be thankful for the liberty that allows people of all faiths to worship or not worship according to the dictates of their conscience, and let us be thankful for the many other freedoms and blessings that we often take for granted.

Let us pray for the men and women of our Armed Forces and the many selfless sacrifices they and their families make on behalf of our Nation. Let us pray for the police officers, firefighters, and other first responders who put themselves in harm's way every day to protect their fellow citizens. And let us ask God for the sustenance and guidance for all of us to meet the great challenges we face as a Nation.

Let us remember in our thoughts and prayers those who have been affected by natural disasters at home and abroad in recent months, as well as those working tirelessly to render assistance. And, at a time when many around the world face uncertainty and unrest, but also hold resurgent hope for freedom and justice, let our prayers be with men and women everywhere who seek peace, human dignity, and the same rights we treasure here in America.

WHEREAS, The Congress, by Public Law 100-307, as amended, has called on the President to issue each year a proclamation designating the first Thursday in May as a "National Day of Prayer."

NOW, THEREFORE, I, Leonard Kelley, Mayor of the City of Stanwood, Washington, do hereby proclaim May 3 2018, as a National Day of Prayer. I invite all citizens of the City of Stanwood, Washington, as their own faith or conscience directs them, to join me in giving thanks for the many blessings we enjoy, and I ask all people of faith to join me in asking God for guidance, mercy, and protection for our City and Nation.

IN WITNESS WHEREOF, I have hereunto set my hand this 26th day of April, 2018.

City of Stanwood

Leonard Kelley, Mayor



**CITY OF STANWOOD
COUNCIL AGENDA STAFF REPORT**

ITEM NUMBER: 6a
DATE: April 26, 2018
SUBJECT: March 12, 2018 Library Board Meeting Minutes
CONTACT PERSON: Sue Mancer, Secretary
ATTACHMENTS: A – Minutes of the March 12, 2018 Library Board

SUMMARY STATEMENT

The March 12, 2018 Library Board meeting minutes are attached for council review.

STANWOOD LIBRARY BOARD MINUTES

MARCH 12, 2018

President Icicle Crow called the meeting to order at 2:25 p.m. Present were Becky Bolte, Rob Branigan, Icicle Crow, Ryan Larsen, Sue Mancer, Dennis Myers, Larry Sather and Dianne White. Charles Pratt and Bonnie Thielke were unable to attend.

Minutes

Minutes of the December 2017 meeting were read and approved.

Dianne White, Stanwood City Councilmember and Ryan Larsen, City Administrator were introduced as representatives of the City.

Sno-Isle Libraries Report

Becky Bolte reported on current happenings in the Sno-Isle Libraries:

- A levy lid lift request was approved by the Sno-Isle Board and will be on the ballot in April. An informational campaign is in progress and there will be regional open houses prior to the election.
<https://blog.sno-isle.org/news/levy-open-house-events-online-and-in-communities/>
<https://blog.sno-isle.org/news/library-myth-busters/>
- The "Issues That Matter" series continues to present compelling programs:
<https://www.sno-isle.org/issues-that-matter>
- The Lakewood/Smokey Point Library opened on January 6, and is serving 140-200 people per day.
- The Lake Stevens February bond campaign was unsuccessful.

The board members discussed the challenges of library funding and efforts for success of the levy lid lift.

Stanwood Library Managers Report

Rob Branigan is interim Managing Librarian during Chuck Pratt's paternity leave. Rob focused on the levy lid lift and presented the Sno-Isle-prepared Power Point and video programs for the board's review.

New Business

A Library Board position is open and two applicants have submitted letters of interest, copies of which were distributed. Rob, Icicle and Mayor Kelley will interview the candidates in March.

At the next meeting the board will review the Sno-Isle annexation agreement approved by voters in 2014, with respect to limitations on library construction.

The meeting was adjourned at 3:13 p.m.

The next Board meeting is Monday, June 11, 2018, 2:30 p.m. at the Library.

Respectfully submitted,
Sue Mancer, Secretary



**CITY OF STANWOOD
COUNCIL AGENDA STAFF REPORT**

ITEM NUMBER: 6b
DATE: April 26, 2018
SUBJECT: Police March 2018 Compstat Report
CONTACT PERSON: Peggy Girard, Police Records Clerk
ATTACHMENTS: A – March 2018 Compstat Report

SUMMARY STATEMENT

Attached is the March 2018 Compstat Report for council review.

Stanwood Police Department
March 2018

Administrative Personnel

Chief Norm Link

Sergeant Greg Sanders

Peg Girard – Stanwood City Employee

Amanda Slattery – Stanwood City Employee

Operational Personnel

	Assigned	Vacancies	Percentage
Sergeants	2	0	100%
MPD	0	0	N/A
Deputies	6	0	100%
SRO	1	0	100%
Detectives	1	0	100%
Total	10	0	100%

Area of Operation

The City of Stanwood contracts its police services through the Snohomish County Sheriff's Office. The population for Stanwood is currently 6,635, however due to the makeup of the community the service population is 40,000+. Stanwood's city limit encompasses 2.8 square miles.



COMPSTAT REPORT

Type of Crime	March 2018	Year To Date 2018	March 2017	Year to Date 2017
Homicide	0	0	0	0
Rape	1	1	0	1
Robbery	1	3	1	2
Assault	5	15	6	13
Burglary	1	5	0	2
Larceny	10	34	11	36
Motor Vehicle Theft	2	8	1	3
General	March 2018	Year To Date 2018	March 2017	Year To Date 2017
Calls for Service (Incidents)	706	1963	804	2019
Case Reports	62	167	61	178
Traffic Collisions	12	33	11	31
Arrests (Adult/Juvenile)	19	61	27	65
Drug Arrests	1	8	5	10
Warrant Arrests	4	9	4	10
Impaired Driving Arrests	0	0	2	4
Infractions Issued	7	21	21	48
Public Disclosure Requests	43	126	30	107
Concealed Pistol Licenses	67	193	47	113
Fingerprinting & Approx. timeframe	52 @ 13hrs	132 @ 33hrs	30 @ 7.5hrs	112 @ 28hrs

City Collisions for March 2018

City Collisions for March Totals: 12

Date	Case Number	Location	H & R	Injured	Reason
3/1/2018	2018-1267	27100 Block of Pioneer Hwy			Failure to Yield the Right of Way
3/8/2018	2018-1415	7200 Block of SR 532			Following to Close
3/12/2018	2018-1488	27300 Block of 73rd DR NW			Inattentive
3/14/2018	2018-1536	26500 Block of 72nd Ave NW			Hit & Run
3/22/2018	2018-1726	26700 Block of 72nd Ave NW			Inattentive
3/23/2018	2018-1754	7800 Block of 272nd St NW			Inattentive
3/23/2018	2018-1759	26700 Block of 72nd Ave NW			Speeding to fast for road conditions
3/27/2018	2018-1831	8300 Block of SR 532			Driving while tired
3/29/2018	2018-1881	9200 Block of SR 532			Inattentive
3/30/2018	2018-1916	9200 Block of SR 532			Inattentive
3/31/2018	2018-1957	7200 Block of Centerville Ct			Negligent Driving

Stanwood School Dist. Resource Officer (SRO) Activity Report.

March 2018

ACTIVITY	SHS	PSMS	SMS	CES	SES	TCE	EBE	UBE	LHHS
Administrative	77	4	4			1			1
Arson									
Assault	3								
Bomb Threat									
Burglary	1								
Collision									
Counseling	12	3				1			1
CPS Referral	1								
Crisis Planning	4								
Felony VUCSA									
Fight									
Harassment	1								
Mal Mis									
Marijuana	1								
Mental Health	3								
MIP									
Paraphernalia									
Public Assist									
Runaway	1								
Sexual Assault									
Suspicious	1		2						
Teaching	1								
Theft									
Threats		2							
Trespass									
Violation of Order									
Warrant									
Weapons									



SRO REPORT



March 2018

MARCH EVENTS

THREATS



A couple of students at the two separate middle schools made threats to harm the school and/

or students. The threats involved a student saying he was going to shoot other students and another threatening the school administration. Both of the students were given school discipline, reports filed, and I completed a threat assessment on each student. Neither threat was found to be credible and the students were not an immediate threat. The students were found to have some mental health issues and were referred to the school psychologists.



Once again several students were assessed for suicide threats and suicide ideation. I am con-

tacted on all possible suicide threats to make a determination of imminent danger to themselves or others. This month all the students were released to their parents to arrange for additional help.

EDIBLES



Edibles were again being distributed at the high school. A student obtained the marijuana edible candies from a friend in Everett. The student currently resides at Co-

coon House and is transported to Stanwood High School. The candy was located during a search after a Snapchat message was shown to the assistant principal. The message advertised the candies being available for purchase. The student planned on selling the candies to purchase personal hygiene items and clothing. The student received school discipline and referred to DYC for possession of marijuana.

SAFETY DRILLS

The police department and the fire department partnered with Stanwood High School to conduct a functional high risk drill. The drill has been in the planning stages for several weeks. The high risk drill scenario was an active shooter and the school was put in lockdown. There were significant improvements in communication and operating an incident command.

DETECTIVE REPORT



March, 2018

QFC Store Theft



On 03-23-18 at about 3:23 am three males entered the Stanwood QFC store and forced open a register to gain access to the cash inside. The suspects attempted to force open a second register, but were not successful. Employees discovered the register's open cash drawer shortly after the incident occurred. Still images of the suspects were obtained from the store's video.

IN THIS ISSUE

- QFC Store Theft
- Vehicle Theft and Recovery
- Suspect Bites Store Owner
- Stolen Vehicle Recovery

Vehicle Theft and Recovery

On 03-19-18 Deputy Chaney responded to the report of a vehicle stolen from the Stanwood High School. A teacher discovered that their vehicle was missing when they returned to the school at about 9:00 pm from a school function. A student reported seeing the vehicle near the Stanwood library and described the driver as a white male in his late teens.

On 03-20-18 Deputy Chaney recovered the stolen vehicle from a property in the 28300 block of 28th AV NW, Stanwood.

On 03-21-18 Deputy Chaney identified the vehicle theft suspect.

On 03-22-18 Stanwood Police contacted the suspect shortly after he walked past the police station, wearing some of the same clothing items that he was wearing the night he stole the vehicle. The suspect admitted being involved in the vehicle theft, but declined to provide a statement to Detective Martin.

Detective Martin is completing follow up investigation on the Stanwood robberies in preparation for a potential future trial.

Suspect Bites Store Owner

On 03-19-18 at about 11:15am Deputy Rasar responded to a theft complaint at a local grocery store. The adult female suspect left the store with items that she did not pay for. The suspect bit the store's owner on the leg when he attempted to detain her. The woman was booked into the Snohomish County Jail.



Stolen Vehicle Recovery

On 03-20-18 at about 5:06pm Deputy Scott responded to a report of a suspicious vehicle parked in the 8000 block of 283rd ST NW, Stanwood. A check of the vehicle's license plates did not reveal any information of concern, but Deputy Scott suspected that the car might be stolen. Deputy Scott checked the vehicle identification number and confirmed that the car had recently been stolen out of Everett. Deputy Scott arranged for the registered owner to pick up the car.





CITY OF STANWOOD COUNCIL AGENDA STAFF REPORT

ITEM NUMBER: 6d
DATE: April 26, 2018
SUBJECT: 1st Quarter 2018 Financial Report
CONTACT PERSON: David A. Hammond, CPA, Finance Director/City Clerk
ATTACHMENTS: A – Monthly Expense & Revenue Report, March 2018
B – Local Sales Tax Received

SUMMARY STATEMENT

The first quarter 2018 financial statements are hereby submitted to City Council for review.

DISCUSSION

Attached are the first quarter financial reports, including a first quarter summary for all funds (Attachment A), and local sales tax analysis (Attachment B).

One key message in this report is that beginning cash balances were higher than expected, primarily due to higher than budgeted sales tax revenues; also, all funds revenues and expenditures are within expectations for first quarter.

INVESTMENT PERFORMANCE - Q1 2018				
	January	February	March	Quarter Average
Amount Invested	\$ 13,357,965	\$ 13,365,982	\$ 13,374,898	\$ 13,366,282
Return (average percentage yield)	1.45%	1.56%	1.52%	1.51%
March 2018 Benchmark*	1.28%			
*Per Finance Policy, Two Year Average of Two-Year Treasury Note				

Investment Category	Amount	Current Allocation	March Rate
CASH			
Cash/Money Market	\$ 1,878,301	12%	0
INVESTMENTS			
Opus Public Checking	\$ 1,054,659	7%	1.68%
WA State LGIP	\$ 274,336	2%	1.58%
Snohomish County Inv. Pool	\$ 7,492,288	49%	1.46%
U.S. Treasury Notes	\$ 2,502,875	16%	1.52%
U.S. Agency Securities	\$ 2,050,740	13%	1.65%
Total	\$ 15,253,199		

General Fund

At the end of the first quarter, revenues were 18% of the budget which is expected as the majority of property taxes, the largest tax source, are received during the second and fourth quarters. Expenditures were at 21% which is slightly under budget, partially due to the unfilled Community Development Director position.

General Fund Revenue

General Fund revenues for the first quarter of 2018 were \$1,157,296, which is ahead of last year due to increased utility taxes and planning department fees. Details are provided below.

Revenue Category	Q1 2017	2018 Budget	Q1 2018	Percent +/- 2018 Budget
Taxes	\$ 743,983	\$ 5,031,630	\$ 815,031	16%
Licenses & Permits	\$ 73,966	\$ 412,004	\$ 86,489	21%
State Generated	\$ 26,686	\$ 225,280	\$ 27,417	12%
Charges for Services	\$ 119,399	\$ 587,545	\$ 215,517	37%
Fines and Forfeits	\$ 4,875	\$ 30,500	\$ 3,384	11%
Miscellaneous	\$ 6,065	\$ 10,065	\$ 9,458	94%
Non-Revenue/Other	\$ 410	\$ 100	\$ -	
Total	\$ 975,384	\$ 6,297,124	\$ 1,157,296	18%

General Fund Taxes:

Property and sales tax are the two highest revenue sources of taxes received by the city. The city also collects various utility taxes on telephone, cable, garbage and other utility activities in the city.

Property/EMS Tax – Property tax payments during the first quarter of 2018 are comparable to the prior year:

YTD Comparison of Property Tax and EMS Levies

Description	YTD 3/31/17 Actual	YTD 3/31/18 Actual	Difference	% Increase/ (Decrease)
Property Tax Levy	\$ 81,345	\$ 74,540	\$ (6,805)	-8.4%
EMS Levy	\$ 8,004	\$ 8,201	\$ 197	2.5%
Total Levies	\$ 89,349	\$ 82,741	\$ (6,608)	-8.0%

Sales Tax

Sales tax received in the first quarter 2018 was \$381,909, which was 12 percent higher than the \$344,657, collected in first quarter of 2017. The city budgeted \$1,200,000 for sales tax revenues in 2018 in anticipation of continued strength in the economy and new construction. Sales tax from construction was 17.6%, which exceeds the prior year and is close to Q1 of 2016, in which almost 20 percent was from construction. The city must be careful to match one-time construction revenues with one-time expenditures.

Type of Tax Collected	3/31/2017	3/31/2018	Increase (Decrease)	Percentage Change
Construction Sales Tax	\$ 39,950	\$ 67,448	\$ 27,498	41%
All other Sales & Use Tax	\$ 304,707	\$ 314,461	\$ 9,754	3%
Total	\$ 344,657	\$ 381,909	\$ 37,252	10%

General Fund Licenses & Permits

The city has received \$86,489 or 21%, of budgeted License and Permit Revenues.

General Fund State Generated Revenues

State Generated revenues include the city's share of liquor excise tax and liquor board profits along with other miscellaneous state shared revenues. First quarter 2018 receipts are on track with prior years.

General Fund Charges for Services

Although passport revenue is not a large revenue source, it is an opportunity to provide convenient service to our residents and is a service that has grown steadily each year. First quarter 2018 saw a slightly lower number than the first quarter of 2017, although we did process over 400 applications, which keeps City Hall busy. Below is an analysis of historical passport fee activity:

Passport Fee Revenue Comparison

Passport Activity 2011-2018								
Month	2011	2012	2013	2014	2015	2016	2017	2018
January	53	56	84	97	68	109	159	134
February	49	73	94	90	90	130	154	115
March	79	78	67	95	83	119	190	157
April	74	71	94	77	100	120	113	
May	39	78	98	47	85	101	107	
June	58	52	52	55	56	85	101	
July	51	53	38	68	71	68	85	
August	59	57	45	62	69	100	132	
September	46	30	44	54	64	79	99	
October	51	52	45	44	61	60	87	
November	46	49	46	47	66	81	80	
December	62	35	42	53	62	108	78	
Total:	667	684	749	789	875	1160	1385	406

General Fund Expenditures

At the end of first quarter 2018 general fund expenditures were 21% of budget. The governmental services department include annual expenditures such as liability insurance and dues which are paid in the first quarter.

Expenditure Category	Q1 2017	2018 Budget	Q1 2018	Percent +/- 2017 Budget
Clerk and City Council	\$ 68,040	\$ 168,610	\$ 39,189	23%
Judicial	\$ 6,736	\$ 40,510	\$ 9,321	23%
Mayor	\$ 4,374	\$ 26,640	\$ 5,602	21%
Administration	\$ 185,453	\$ 720,205	\$ 146,189	20%
Legal	\$ 13,485	\$ 88,690	\$ 9,983	11%
Buildings & Grounds	\$ 37,095	\$ 147,045	\$ 31,641	22%
Governmental Services	\$ 47,695	\$ 68,803	\$ 46,135	67%
Law Enforcement	\$ 223,729	\$ 2,064,278	\$ 350,697	17%
Jail	\$ 86	\$ 86,000	\$ 10,621	12%
Fire Services	\$ 320,848	\$ 1,679,600	\$ 407,893	24%
Emergency Services	\$ 1,959	\$ 8,370	\$ 2,070	25%
Planning & Building	\$ 154,526	\$ 874,435	\$ 155,784	18%
Library	\$ 2,281	\$ 14,000	\$ 2,951	21%
Parks	\$ 54,339	\$ 270,120	\$ 56,870	21%
Non-Expenditures	\$ (732)	\$ -	\$ 1,110	0%
Interfund Transfers	\$ 30,558	\$ 172,792	\$ 43,198	25%
Total	\$ 1,150,472	\$ 6,430,098	\$ 1,319,254	21%

Park Improvement Fund

Presented below is a summary of park capital improvement expenditures year to date as compared to the 2018 adopted budget.

Park Improvement Fund - Summary			
Description	2018 Budget	2018 YTD	Percent +/- 2018 Budget
Hamilton Landing	\$ 275,000		0%
Ovenell	\$ 55,000		0%
Johnson Farm Easement	\$ 700,000	\$ 24,733	4%
Church Creek	\$ -		
Heritage Park Improvements	\$ 50,000	\$ 22,713	45%
Total	\$ 1,080,000	\$ 47,446	4%

Street Funds

Operating

In 2016, the street operating fund began receiving 8% of the property tax received in the city, which is estimated to be \$205,449 in 2018, and is intended to replace transfers from the real estate excise tax fund. Another major portion of the revenue that the street fund relies on originates from unrestricted motor vehicle excise tax (MVET), or “fuel tax”. The city receives about \$130,000 per year in fuel taxes.

Fund 101—Street Operating

Fund Balance	Q1 2017	2018 Budget	Q1 2018	Percent +/- 2017 Budget
Beginning Fund Balance	\$ 209,221	\$ 118,317	\$ 143,818	122%
Revenues	\$ 56,703	\$ 392,249	\$ 58,215	15%
Expenditures	\$ 91,844	\$ 374,320	\$ 95,710	26%
Ending Fund Balance	\$ 174,080	\$ 136,246	\$ 106,323	78%
Revenues				
Taxes	\$ 7,074	\$ 205,449	\$ 6,482	3%
Licenses & Permits	\$ 6,218	\$ 18,300	\$ 4,806	26%
State Generated	\$ 34,116	\$ 133,400	\$ 37,635	28%
Charges For Services	\$ 270	\$ -	\$ 180	0%
Miscellaneous	\$ 275	\$ 100	\$ 362	362%
Other Financing	\$ 8,750	\$ 35,000	\$ 8,750	25%
Total	\$ 56,703	\$ 392,249	\$ 58,215	15%
Expenditures				
Salaries & Benefits	\$ 46,790	\$ 217,620	\$ 51,396	24%
Supplies	\$ 6,467	\$ 27,400	\$ 5,798	21%
Services	\$ 26,933	\$ 38,100	\$ 21,940	58%
Utilities	\$ 10,946	\$ 60,000	\$ 10,428	17%
Repair & Maintenance	\$ 708	\$ 16,200	\$ 6,148	38%
Sno Co Striping	\$ -	\$ 15,000	\$ -	0%
Total	\$ 91,844	\$ 374,320	\$ 95,710	26%

Street Construction Projects

There are several street capital related projects planned in the 2018 budget and as a result both the street impact fee and the construction funds are estimated to have reduced ending fund balances as shown in the following tables.

Street Impact Fee Fund - Summary				
Description	Q1 2017	2018 Budget	Q1 2018	Percent +/- 2017 Budget
Beginning Fund Balance	\$ 641,811	\$ 261,771	\$ 385,911	147%
Revenues	\$ 127,488	\$ 78,006	\$ 43,894	56%
Expenditures	\$ 87,500	\$ 125,000	\$ 31,250	25%
Ending Fund Balance	\$ 681,799	\$ 214,777	\$ 398,555	186%

Street Construction Fund - Summary				
Description	Q1 2017	2018 Budget	Q1 2018	Percent +/- 2017 Budget
Beginning Fund Balance	\$ 127,041	\$ 113,335	\$ 492,222	434%
Revenues	\$ 154,694	\$ 2,820,100	\$ 158,700	6%
Expenditures	\$ 31,717	\$ 2,380,085	\$ 29,396	1%
Ending Fund Balance	\$ 313,452	\$ 553,350	\$ 621,526	112%

Presented below is a summary of street construction expenditures:

Project	Budget 2018	YTD 3/31/2018	Remaining
New Sidewalk/ Trail Installation	70,000	-	70,000
Downtown Street & Sidewalk Imp.	20,000	-	20,000
68th Street Sidewalk Construction	-	5,000	-
Pioneer Highway Overlay - CHAP	-	481	(481)
Viking Way Right of Way	-	1,414	(1,414)
Viking Way Construction	300,000	-	300,000
Misc Capital Projects	25,000	-	25,000
271st St 94th-SR532 TIB	-	1,789	(1,789)
88th/SR532 - Florence (84th Ave) TIB	-	1,789	(1,789)
Pioneer Hwy Overlay/72nd-City Limit TIB	-	1,789	(1,789)
Cedarhome Dr. Overlay	300,000	8,567	291,433
92nd Ave. Overlay	400,000	8,567	391,433
102nd Ave. Overlay	390,000	-	390,000
SR 532/Ovenell Access	330,000	-	330,000
Downtown Connection Study	75,000	-	75,000
SR 532/Corridor Study	350,000	-	350,000
102nd Ave. Sidewalk	106,498	-	106,498
92nd Av. Sidewalk	72,228	-	72,228
72nd Ave. Sidewalk	391,359	-	391,359
Total	2,830,085	29,396	2,805,689

Transportation Sale Tax Fund 108

For 2018, the transportation sales tax fund has budgeted revenue of \$292,900. As of the end of the first quarter, \$89,515 has been received.

There are no directly funded capital projects budgeted from fund 108 in 2018, although transfers to the street construction fund are anticipated in support of the city match portion of grant-funded street overlay and sidewalk projects.

Funding of \$19,215 will also be used to support the general repair and maintenance of city streets.

Sewer Funds

Sewer Operating

For first quarter 2018 sewer service fee revenues were \$470,647, which is 26.3% of budget. This is 5.1% higher than the same period last year, which is primarily attributable to the 3.5% rate increase effective January 1st.

Operating expenditures (excluding debt service and transfers for capital) were \$250,741, which is 23.4% of budget. There is currently one vacancy in the department.

Sewer Construction

Sewer Construction and Plant Investment Fee revenue and expenditures are within budget. Increased expenditures are expected later during construction season.

Sewer Construction Fund - Summary				
Description	Q1 2017	2018 Budget	Q1 2018	Percent +/- 2017 Budget
Beginning Fund Balance	\$ 2,295,170	\$ 898,169	\$ 1,442,266	161%
Revenues	\$ 42,603	\$ 311,972	\$ 83,013	27%
Expenditures	\$ 210,653	\$ 1,152,000	\$ 22,312	2%
Ending Fund Balance	\$ 2,127,120	\$ 58,141	\$ 1,502,967	2585%

Sewer Plant Investment Fund - Summary				
Description	Q1 2017	2018 Budget	Q1 2018	Percent +/- 2017 Budget
Beginning Fund Balance	\$ 744,272	\$ 776,902	\$ 825,957	106%
Revenues	\$ 78,753	\$ 188,054	\$ 81,077	43%
Expenditures	\$ 24,285	\$ 142,472	\$ 35,618	25%
Ending Fund Balance	\$ 798,740	\$ 822,484	\$ 871,416	106%

Presented below is a summary of sewer construction expenditures:

Description	Budget 2018	YTD 3/31/2018	Remaining
Biosolids Processing Facility	110,000	-	110,000
Wastewater Rate Study	22,000	2,508	19,492
271st (94th - 99th)	400,000	-	400,000
Improvements	-	4,076	(4,076)
Pioneer (Cedarhome to 267th)	50,000	-	50,000
Telemetry Equipment	225,000	15,728	209,272
Collector/Int Syst Flow	45,000	-	45,000
Smoke Testing/Camera/Flow	300,000	-	300,000
Total	1,152,000	22,312	1,129,688

Drainage Funds

Operating

Drainage charges for services were \$150 for first quarter 2018, or 33.4% of budget. This is a 22.9% increase over service revenue for the same period in 2017, due to an increase in drainage rates for multi-family and commercial properties, which were implemented partially in 2017. Operating expenditures of \$110,727 were 27.0% of budget.

Construction

Description	Budget 2018	YTD 3/31/2018	Remaining
Drainage Rate Study	32,000	2,371	29,629
SR 532 Flood Berm	55,000	232	54,768
Irvine Slough Erosion Control	30,000	6,878	23,122
Stormwater Separation	300,000	29,052	270,948
Sheetpile Walls	250,000	-	250,000
Total	667,000	38,533	628,467

Water Funds

Operating

Water service charges for first quarter 2018 were \$423,963, or 24.6% of budget. This represents a 5.4% increase over service revenues for the same period in 2017, attributed to a 5% increase effective January 1, 2018. Operating expenditures were \$250,981 or 21.1% of budget. The under expenditure is attributed to two un-filled vacancies in the department.

Construction

Presented below is a summary of water utility construction expenditures:

Description	Budget 2018	YTD 3/31/2018	Remaining
Water Rate Study	22,000	2,508	19,492
Improvements	50,000	-	50,000
Cedarhome Well Pump	-	5,126	(5,126)
Total	72,000	7,634	64,366

Building Improvement Fund

The city budgeted \$670,000 in building improvements to fund the following projects:

New City Hall	\$ 600,000
City Hall Furnace	\$ 20,000
Fire Station Improvements	\$ 50,000
	<u>\$ 670,000</u>

Through March 31, 2018 the city expended \$1,520.

REET Funds

REET I and REET II revenues are budgeted for 2018 at \$160,000 each. First quarter REET I & II revenues were each \$40,717. This represents 25.4% of the budget for each fund. REET I transferred \$106,250 to the Park Improvement Fund in the first quarter, and a transfer of \$107,500 was made from REET II to the park improvement fund.

Connection and Impact Fees

Connection fees are paid by new utility customers to hook up to the system and are deposited into the appropriate construction fund and used for capital expenditures.

Impact fees are paid by new development to mitigate the impacts of new development on the city's existing infrastructure. Impact fees cannot be used for operating expenses.

Description	Budget 2018	YTD 3/31/2018	Remaining
Connection Fees			
Sewer Connection Fees	14,500	6,000	8,500
Drainage Connection Fees	5,800	2,600	3,200
Water Connection Fees	13,200	7,200	6,000
Total Connection Fees	33,500	15,800	17,700
Impact Fees			
Street Impact Fees	77,506	42,119	35,387
Park Impact Fees	14,098	2,612	11,486
Fire Impact Fees	4,400	2,200	2,200
Total Impact Fees	96,004	46,931	49,073

Grant Status

Following is a list of grants and their status:

1. Safe Routes to Schools – 68th Ave NW – (Department of Commerce) The project includes sidewalk, curb, gutter, planter strip, educational materials and events, speed feedback signs, and emphasis patrols. We have completed this project and submitted our final reimbursement request to the Department of Commerce. The total Federal grant reimbursement on this project was \$171,737 and the total State grant funding received will be \$456,870.
2. Irvine Slough Storm Water Separation – (Department of Commerce) Expenditures were \$25,174 in 2016, \$183,481 in 2017, and \$29,052 in 2018. Dept. of Commerce rules do not allow reimbursement until “site control” is established, which for this project is going to be when design is complete later this year.
3. 90th Ave NW (also called Viking Way) – The first phase of preliminary engineering and design was complete in 2016 with a \$140,000 grant from WSDOT. The next phase for right of way will be partially funded by a grant from the Puget Sound Regional Council; the grant requires a 50 percent match, and is a maximum of \$350,000. In October, we received a reimbursement of \$24,293. Since then we have spent \$13,230 on this project.
4. SR532 Flood Berm & Bike/Pedestrian Path – (Department of Commerce) – The City was awarded an \$82,450 grant. Phase 1 will complete design and permitting. On April 6th, \$74,205 was received for grant reimbursement. We recently submitted a reimbursement request for the remaining 10 percent, and will then close out the grant.
5. Pioneer Hwy, 88th, 271st St 94th-SR532, Pioneer Hwy/72nd-City Limits – these four overlay projects were funded by the Transportation Improvement Fund. These projects are complete and a final reimbursement was received on February 5 for \$126,160, making the total grant reimbursement \$851,698.
6. We have received approval for TIB grant funding for two, 2018 projects: 92nd Ave, from 271st Street to Lover’s Lane and Cedarhome Drive, from the Viaduct to 276th Street. Engineering has begun on the ADA ramp portion of these projects.

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001 General Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 00 01 Restricted Beginning Cash & Invest	0.00	0.00	0.00	0.00	0.0%
308 80 00 01 Beginning Cash & Investments	2,474,510.00	0.00	3,169,377.28	(694,867.28)	128.1%
308 80 00 02 Beginning Cash & Investments	590.00	0.00	0.00	590.00	0.0%
308 Beginning Balances	2,475,100.00	0.00	3,169,377.28	(694,277.28)	128.1%

310 Taxes

311 10 00 00 Property Tax	2,410,000.00	68,316.40	74,540.49	2,335,459.51	3.1%
311 10 10 00 EMS. Levy	379,065.00	6,083.61	8,200.56	370,864.44	2.2%
313 11 00 00 Sales Tax	1,200,000.00	116,523.44	381,908.62	818,091.38	31.8%
313 31 00 00 Hotel/Motel Lodging Tax	0.00	0.00	0.00	0.00	0.0%
313 61 00 00 Natural Gas Tax	3,100.00	286.25	840.13	2,259.87	27.1%
313 71 00 00 Sales Tax Criminal Justice	95,000.00	9,145.26	31,363.01	63,636.99	33.0%
316 43 00 00 Gas Utility Tax	100,000.00	11,824.45	33,321.72	66,678.28	33.3%
316 45 00 00 Garbage Utility Tax	74,000.00	7,820.23	23,638.26	50,361.74	31.9%
316 46 00 00 Cable Tv Utility Tax	35,000.00	0.00	9,519.01	25,480.99	27.2%
316 47 00 00 Telephone Utility Tax	145,000.00	38,514.65	77,556.12	67,443.88	53.5%
316 48 00 00 Electric Utility Tax	312,300.00	36,734.47	67,377.97	244,922.03	21.6%
316 49 10 00 Water/Sewer/Drainage Utility Tax	274,665.00	33,561.21	105,807.34	168,857.66	38.5%
316 81 00 00 Gambling Tax	3,000.00	0.00	749.51	2,250.49	25.0%
337 00 00 00 Local Grants, Entitlements, And Other Payments	500.00	0.00	208.29	291.71	41.7%
310 Taxes	5,031,630.00	328,809.97	815,031.03	4,216,598.97	16.2%

320 Licenses & Permits

321 60 00 00 Professional & Occupational Lic & Permit	0.00	0.00	0.00	0.00	0.0%
321 91 00 00 Cable Tv Franchise Fee	56,105.00	0.00	16,164.01	39,940.99	28.8%
321 99 00 00 Business Lic & Permits	53,249.00	5,904.16	18,350.01	34,898.99	34.5%
322 10 00 00 Building Permits	277,900.00	13,298.19	30,640.46	247,259.54	11.0%
322 10 00 01 Mechanical Permits	4,200.00	1,180.00	6,007.00	(1,807.00)	143.0%
322 10 00 02 Plumbing Permits	500.00	1,371.25	3,345.00	(2,845.00)	669.0%
322 10 00 03 Grading Permit	500.00	37.00	37.00	463.00	7.4%
322 10 00 04 Demolition Permit	300.00	0.00	0.00	300.00	0.0%
322 10 00 05 Roofing Permits	1,000.00	209.25	1,372.31	(372.31)	137.2%
322 10 00 06 Sign Permit	4,000.00	50.00	627.51	3,372.49	15.7%
322 10 00 07 3% Permit Technology Fee	3,000.00	822.04	3,993.11	(993.11)	133.1%
322 30 00 00 Animal Licenses	500.00	30.00	260.00	240.00	52.0%
322 40 00 00 Parking Permits	50.00	0.00	0.00	50.00	0.0%
322 90 00 00 Gun Permits	5,200.00	1,166.00	3,082.00	2,118.00	59.3%
322 90 00 01 Right Of Way And Utility Admin	4,000.00	950.00	2,280.00	1,720.00	57.0%
322 90 00 02 Other Licenses & Permits	1,500.00	113.75	330.75	1,169.25	22.1%
320 Licenses & Permits	412,004.00	25,131.64	86,489.16	325,514.84	21.0%

330 State Generated Revenues

331 10 10 00 USDA - Farmers' Market	0.00	0.00	0.00	0.00	0.0%
333 16 80 00 Dept Of Justice State Passth	0.00	0.00	0.00	0.00	0.0%
333 20 60 00 Dept. Of Transportation - NHTSA	0.00	0.00	0.00	0.00	0.0%
333 97 00 00 F E M A	0.00	0.00	0.00	0.00	0.0%
334 00 30 01 Other State Grants	0.00	0.00	0.00	0.00	0.0%

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001 General Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
330 State Generated Revenues					
334 00 30 10 Unanticipated Grants	0.00	0.00	0.00	0.00	0.0%
334 01 80 01 State Grant Military Dept	0.00	0.00	0.00	0.00	0.0%
334 03 10 00 Department Of Ecology - CPG	5,000.00	0.00	0.00	5,000.00	0.0%
334 03 50 00 Traffic Safety Commission	0.00	0.00	0.00	0.00	0.0%
334 04 20 00 State Of WA Dept Of Commerce	0.00	0.00	0.00	0.00	0.0%
335 00 91 00 Pud Privilege Tax	35,895.00	0.00	0.00	35,895.00	0.0%
336 06 20 00 Criminal Justice-high Crime	0.00	0.00	0.00	0.00	0.0%
336 06 21 00 Criminal Justice-population	1,690.00	0.00	481.17	1,208.83	28.5%
336 06 25 00 Contracted Police Services	11,000.00	0.00	2,974.89	8,025.11	27.0%
336 06 26 00 Criminal Justice Special Pro	6,345.00	0.00	1,743.11	4,601.89	27.5%
336 06 42 00 Marijuana Excise Tax	0.00	0.00	0.00	0.00	0.0%
336 06 51 00 Crim Justice--dui Cities	1,300.00	0.00	250.97	1,049.03	19.3%
336 06 94 00 Liquor Excise Tax	31,500.00	0.00	7,899.97	23,600.03	25.1%
336 06 95 00 Liquor Board Profits	57,300.00	14,067.11	14,067.11	43,232.89	24.5%
342 10 00 00 School Resource Officer Reim	75,250.00	0.00	0.00	75,250.00	0.0%
330 State Generated Revenues	225,280.00	14,067.11	27,417.22	197,862.78	12.2%

340 Charges For Services

341 43 00 00 School Impact Admin. Fee	0.00	0.00	0.00	0.00	0.0%
341 43 00 01 Credit Card Proc	100.00	0.20	0.20	99.80	0.2%
341 43 00 02 Credit Card Proc Fee-CD	500.00	93.13	285.03	214.97	57.0%
341 43 00 03 Credit Card Proc Fee-City Clerk	250.00	47.40	129.82	120.18	51.9%
341 43 00 04 Credit Card Proc Fee-Law Enf	50.00	0.80	2.50	47.50	5.0%
341 43 00 05 Credit Card Proc Fee-PW	50.00	1.05	1.05	48.95	2.1%
341 81 00 00 Services	500.00	80.00	190.00	310.00	38.0%
341 99 00 00 Passport / Naturalization Fe	22,000.00	3,925.00	10,150.00	11,850.00	46.1%
342 10 90 00 Law Enforcement - Other Fees	2,700.00	240.00	657.00	2,043.00	24.3%
344 10 51 00 TBD Management Fee	0.00	0.00	0.00	0.00	0.0%
345 23 00 00 Animal Control And Shelter	0.00	0.00	0.00	0.00	0.0%
345 60 00 00 Tourism Services - POS Discover	0.00	0.00	0.00	0.00	0.0%
345 60 00 01 Tourism Services - Snohomish	0.00	0.00	0.00	0.00	0.0%
345 81 00 00 Zoning/inspection Fees	15,000.00	7,498.85	70,563.85	(55,563.85)	470.4%
345 81 00 01 Engineering Fees	9,400.00	0.00	0.00	9,400.00	0.0%
345 83 00 00 Plan Checking Fees	142,722.00	7,606.71	19,368.09	123,353.91	13.6%
345 89 00 00 Environmental Fees	1,000.00	0.00	900.00	100.00	90.0%
345 89 00 01 Other Planning & Development	0.00	2,075.00	2,962.26	(2,962.26)	0.0%
347 30 00 00 Park Fees- Per Use	10,000.00	6,335.00	6,425.00	3,575.00	64.3%
347 30 00 01 Park Fees- Tourn/Comm Use	1,000.00	500.00	500.00	500.00	50.0%
347 30 00 02 Park Fees- Energy	100.00	52.50	130.00	(30.00)	130.0%
347 30 00 03 Park Fees- Staff	150.00	100.00	100.00	50.00	66.7%
347 30 00 04 Park Fees- Picnic Area/Meeting	500.00	40.00	40.00	460.00	8.0%
347 30 00 05 Park Fees - Sales Tax	0.00	0.00	0.00	0.00	0.0%
369 91 00 01 Interfund/interdepart Charge	381,523.00	103,112.00	103,112.00	278,411.00	27.0%
340 Charges For Services	587,545.00	131,707.64	215,516.80	372,028.20	36.7%

350 Fines & Forfeitures

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Revenues	Amt Budgeted	March	YTD	Remaining	
350 Fines & Forfeitures					
353 10 00 00 Court Fines	26,000.00	1,491.42	2,979.38	23,020.62	11.5%
354 00 00 00 Parking Fines	500.00	10.00	125.00	375.00	25.0%
355 20 00 00 Dui Recoveries	500.00	0.00	0.00	500.00	0.0%
357 30 00 00 Witness Fees/crt Reimb	0.00	0.00	0.00	0.00	0.0%
359 00 00 00 Traffic Fines & Penalties	3,500.00	135.41	279.71	3,220.29	8.0%
359 90 00 00 Misc Fines & Penalties	0.00	0.00	0.00	0.00	0.0%
350 Fines & Forfeitures	30,500.00	1,636.83	3,384.09	27,115.91	11.1%

360 Misc Revenues

361 11 00 01 State Pool/cd Interest	6,000.00	1,733.67	8,381.68	(2,381.68)	139.7%
361 40 00 01 Sales Tax Interest	765.00	187.56	492.77	272.23	64.4%
361 40 20 01 Property Tax Interest	0.00	0.00	0.00	0.00	0.0%
362 00 00 01 Rents And Leases	0.00	500.00	500.00	(500.00)	0.0%
367 00 10 10 Donations	500.00	0.00	0.00	500.00	0.0%
367 00 10 11 Touch A Truck Donations	0.00	0.00	0.00	0.00	0.0%
369 81 00 00 Cashier's Overage/shortage	0.00	0.00	0.00	0.00	0.0%
369 91 00 00 Misc.	2,800.00	44.00	84.00	2,716.00	3.0%
369 91 10 00 Auction Proceeds	0.00	0.00	0.00	0.00	0.0%
398 10 00 00 Insurance Recoveries	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	10,065.00	2,465.23	9,458.45	606.55	94.0%

380 Non Revenues

389 90 00 01 Payroll Deductions Clearing	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%

390 Other Revenues

395 10 00 01 Sales Of Fixed Assets	100.00	0.00	0.00	100.00	0.0%
390 Other Revenues	100.00	0.00	0.00	100.00	0.0%

397 Interfund Transfers

397 10 00 20 Trfr In From Fire Station Constr	0.00	0.00	0.00	0.00	0.0%
397 10 00 30 Trfr In From Phys Fit Fund	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	8,772,224.00	503,818.42	4,326,674.03	4,445,549.97	49.3%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
511 Clerk & City Council					
511 60 10 00 Salaries & Wages	102,415.00	6,843.17	20,443.34	81,971.66	20.0%
511 60 11 00 Overtime	510.00	0.00	0.00	510.00	0.0%
511 60 20 00 Social Security	7,710.00	523.54	1,564.02	6,145.98	20.3%
511 60 21 00 Retirement	7,510.00	557.93	1,662.85	5,847.15	22.1%
511 60 22 00 Medical Benefits	11,285.00	1,522.00	4,566.00	6,719.00	40.5%
511 60 23 00 L & I	315.00	0.00	92.87	222.13	29.5%
511 60 24 00 Unemployment Insurance	1,065.00	0.00	25.83	1,039.17	2.4%
511 60 31 00 Supplies	1,200.00	35.66	98.30	1,101.70	8.2%
511 60 32 00 Fuel	250.00	0.00	0.00	250.00	0.0%
511 60 35 00 Small Equipment	0.00	0.00	0.00	0.00	0.0%

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001 General Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
511 Clerk & City Council					
511 60 41 00 Professional Services	5,000.00	163.65	810.54	4,189.46	16.2%
511 60 42 00 Communications	750.00	0.00	0.00	750.00	0.0%
511 60 44 00 Advertising	4,000.00	58.18	351.30	3,648.70	8.8%
511 60 45 00 Operating Rentals	350.00	0.00	0.00	350.00	0.0%
511 60 48 00 Repair/maintenance	500.00	0.00	0.00	500.00	0.0%
511 60 49 00 Miscellaneous	500.00	0.00	0.00	500.00	0.0%
511 60 49 01 Meetings, Training & Travel	3,000.00	230.06	437.06	2,562.94	14.6%
511 60 49 05 Credit Card Bank Fees-Clerk	0.00	0.00	0.00	0.00	0.0%
511 60 49 06 Dues	500.00	0.00	50.00	450.00	10.0%
511 60 49 10 Wellness Program	750.00	0.00	0.00	750.00	0.0%
514 40 51 00 Election Services	12,000.00	0.00	1,242.52	10,757.48	10.4%
514 40 51 80 Voter Registration	9,000.00	0.00	7,844.55	1,155.45	87.2%
511 Clerk & City Council	168,610.00	9,934.19	39,189.18	129,420.82	23.2%

512 Judicial

512 50 50 00 Cascade Court	15,000.00	0.00	1,392.64	13,607.36	9.3%
515 91 51 00 Public Defense	24,000.00	40.00	7,928.30	16,071.70	33.0%
512 Judicial	39,000.00	40.00	9,320.94	29,679.06	23.9%

513 Mayor

513 10 10 00 Salaries & Wages	15,600.00	1,300.00	3,900.00	11,700.00	25.0%
513 10 20 00 Social Security	1,200.00	67.73	203.19	996.81	16.9%
513 10 22 00 Medical Benefits	520.00	393.54	1,180.62	(660.62)	227.0%
513 10 23 00 L & I	55.00	0.00	16.11	38.89	29.3%
513 10 31 00 Supplies	500.00	0.00	0.00	500.00	0.0%
513 10 41 00 Professional Services	500.00	0.00	0.00	500.00	0.0%
513 10 41 02 Town Hall Mtgs And Surveys	0.00	0.00	0.00	0.00	0.0%
513 10 42 00 Communications	640.00	60.37	116.87	523.13	18.3%
513 10 42 01 Mayor's Newsletter	4,050.00	0.00	0.00	4,050.00	0.0%
513 10 49 00 Miscellaneous	0.00	0.00	0.00	0.00	0.0%
513 10 49 01 Meetings, Training & Travel	3,000.00	61.82	185.94	2,814.06	6.2%
513 10 49 02 Volunteer Appreication	575.00	0.00	0.00	575.00	0.0%
513 Mayor	26,640.00	1,883.46	5,602.73	21,037.27	21.0%

514 Administration

514 23 10 00 Salaries & Wages	408,330.00	31,032.71	88,380.19	319,949.81	21.6%
514 23 11 00 Overtime	1,080.00	0.00	0.00	1,080.00	0.0%
514 23 20 00 Social Security	31,320.00	2,354.08	6,701.29	24,618.71	21.4%
514 23 21 00 Retirement	44,665.00	3,864.35	10,952.29	33,712.71	24.5%
514 23 22 00 Medical Benefits	91,250.00	8,378.66	25,133.01	66,116.99	27.5%
514 23 23 00 L & I	1,265.00	0.00	351.74	913.26	27.8%
514 23 23 01 Awc Retro Program	1,720.00	0.00	1,375.72	344.28	80.0%
514 23 24 00 Unemployment Insurance	2,450.00	0.00	179.74	2,270.26	7.3%
514 23 31 00 Supplies	4,000.00	198.41	239.83	3,760.17	6.0%
514 23 32 00 Fuel	100.00	0.00	0.00	100.00	0.0%
514 23 35 00 Small Equipment	500.00	0.00	0.00	500.00	0.0%
514 23 41 00 Professional Services	63,000.00	319.03	7,628.20	55,371.80	12.1%
514 23 41 01 Payroll Leave Contingency	0.00	0.00	0.00	0.00	0.0%
514 23 41 02 Budget Adjustment Placeholde	0.00	0.00	0.00	0.00	0.0%
514 23 41 03 Unanticipated Grants	0.00	0.00	0.00	0.00	0.0%
514 23 41 04 CPG Grant - Clean Up Day	0.00	0.00	0.00	0.00	0.0%

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001 General Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
514 Administration					
514 23 42 00 Communications	3,600.00	120.74	233.74	3,366.26	6.5%
514 23 44 00 Advertising	500.00	0.00	0.00	500.00	0.0%
514 23 45 00 Operating Rentals	16,500.00	1,147.49	2,614.53	13,885.47	15.8%
514 23 48 00 Repair/maintenance	8,000.00	0.00	0.00	8,000.00	0.0%
514 23 49 00 Miscellaneous	0.00	0.00	0.00	0.00	0.0%
514 23 49 01 Meetings, Training & Travel	5,500.00	625.12	1,898.90	3,601.10	34.5%
514 23 49 04 Credit Card Fees-Utilities	1,200.00	0.00	0.00	1,200.00	0.0%
514 23 49 05 Credit Card Bank Fees-Admin/Finance	0.00	199.52	410.10	(410.10)	0.0%
514 23 49 06 Dues	1,100.00	0.00	90.00	1,010.00	8.2%
514 23 51 00 State Audit	34,125.00	0.00	0.00	34,125.00	0.0%
514 Administration	720,205.00	48,240.11	146,189.28	574,015.72	20.3%

515 Legal Services

515 30 41 00 Professional Services	0.00	0.00	0.00	0.00	0.0%
515 30 41 01 City Attorney	68,690.00	4,514.00	8,575.25	60,114.75	12.5%
515 30 41 02 Litigation	10,000.00	0.00	0.00	10,000.00	0.0%
515 31 51 00 Prosecuting Attorney	10,000.00	0.00	1,408.34	8,591.66	14.1%
515 Legal Services	88,690.00	4,514.00	9,983.59	78,706.41	11.3%

518 Building & Grounds

518 30 10 00 Salaries & Wages	67,080.00	5,631.47	16,759.73	50,320.27	25.0%
518 30 11 00 Overtime	500.00	8.16	42.85	457.15	8.6%
518 30 20 00 Social Security	5,170.00	428.44	1,276.42	3,893.58	24.7%
518 30 21 00 Retirement	7,450.00	716.23	2,122.81	5,327.19	28.5%
518 30 22 00 Medical Benefits	21,170.00	1,386.72	4,159.86	17,010.14	19.6%
518 30 23 00 L & I	1,035.00	0.00	293.91	741.09	28.4%
518 30 24 00 Unemployment Insurance	340.00	0.00	32.59	307.41	9.6%
518 30 31 00 Supplies	5,500.00	168.82	251.22	5,248.78	4.6%
518 30 31 05 Uniforms	1,000.00	24.96	49.92	950.08	5.0%
518 30 32 00 Fuel	2,000.00	206.41	576.03	1,423.97	28.8%
518 30 35 00 Small Tools	300.00	0.00	0.00	300.00	0.0%
518 30 41 00 Professional Services	15,000.00	67.29	2,602.96	12,397.04	17.4%
518 30 42 00 Communications	400.00	116.85	182.44	217.56	45.6%
518 30 44 00 Advertising	0.00	0.00	0.00	0.00	0.0%
518 30 47 00 Utilities	12,000.00	803.22	2,650.21	9,349.79	22.1%
518 30 47 02 Rental Expense	300.00	0.00	0.00	300.00	0.0%
518 30 48 00 Repairs/maintenance	7,500.00	75.31	246.25	7,253.75	3.3%
518 30 48 01 Pw Building Repair	0.00	0.00	0.00	0.00	0.0%
518 30 49 01 Meetings, Training & Travel	300.00	99.16	99.16	200.84	33.1%
518 90 42 02 Passport Postage	0.00	0.00	294.80	(294.80)	0.0%
518 90 50 05 OMWBE Dues	0.00	0.00	0.00	0.00	0.0%
518 90 50 06 Snohomish Health District	0.00	0.00	0.00	0.00	0.0%
518 Building & Grounds	147,045.00	9,733.04	31,641.16	115,403.84	21.5%

519 General Government Services

518 30 31 90 General Gov't Office Supplie	5,000.00	153.01	513.73	4,486.27	10.3%
518 30 35 90 Other General Governmental Services (SA) - Small Tools And Minor Equipment	528.00	0.00	0.00	528.00	0.0%
518 30 46 00 Insurance	34,665.00	0.00	34,665.00	0.00	100.0%
518 30 48 90 Repairs & Maintenance	0.00	0.00	0.00	0.00	0.0%

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001 General Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
519 General Government Services					
518 30 64 01 Machinery & Equipment	0.00	0.00	0.00	0.00	0.0%
518 90 42 00 General Gov't Communications	15,000.00	0.00	912.20	14,087.80	6.1%
518 90 50 01 Awc Dues	4,750.00	0.00	4,405.00	345.00	92.7%
518 90 50 02 Puget Sound Regional Council	2,500.00	0.00	0.00	2,500.00	0.0%
518 90 50 03 Snohomish County Tomorrow	1,200.00	0.00	100.00	1,100.00	8.3%
518 90 50 04 Puget Sound Clean Air Agency	4,740.00	0.00	4,566.00	174.00	96.3%
518 90 53 00 B&o Tax	420.00	0.00	81.12	338.88	19.3%
519 General Government Services	68,803.00	153.01	45,243.05	23,559.95	65.8%

521 Law Enforcement

521 10 10 00 Salaries & Wages	139,325.00	10,560.09	31,288.33	108,036.67	22.5%
521 10 11 00 Overtime	0.00	0.00	0.00	0.00	0.0%
521 10 20 00 Social Security	10,660.00	804.09	2,382.28	8,277.72	22.3%
521 10 21 00 Retirement	14,065.00	1,341.13	3,971.31	10,093.69	28.2%
521 10 22 00 Medical Benefits	40,790.00	4,702.96	14,108.88	26,681.12	34.6%
521 10 23 00 L & I	520.00	0.00	126.16	393.84	24.3%
521 10 24 00 Unemployment Insurance	1,040.00	0.00	61.02	978.98	5.9%
521 10 31 00 Supplies	1,800.00	145.31	317.14	1,482.86	17.6%
521 10 31 01 Supplies - Nat'l Night Out	3,500.00	0.00	0.00	3,500.00	0.0%
521 10 31 02 Training Supplies	275.00	0.00	0.00	275.00	0.0%
521 10 32 00 Fuel	175.00	0.00	0.00	175.00	0.0%
521 10 33 50 Small Equipment	0.00	0.00	0.00	0.00	0.0%
521 10 35 01 Uniforms	450.00	0.00	0.00	450.00	0.0%
521 10 41 00 Professional Services	400.00	0.00	22.39	377.61	5.6%
521 10 41 01 Legal	0.00	0.00	0.00	0.00	0.0%
521 10 44 00 Advertising	500.00	0.00	0.00	500.00	0.0%
521 10 45 00 Rentals And Leases	500.00	0.00	0.00	500.00	0.0%
521 10 47 00 Utilities	10,000.00	773.52	1,770.59	8,229.41	17.7%
521 10 48 03 Repair/maintenance	1,000.00	0.00	0.00	1,000.00	0.0%
521 10 49 00 Miscellaneous	1,000.00	0.00	0.00	1,000.00	0.0%
521 10 49 02 Dues	700.00	0.00	50.00	650.00	7.1%
521 10 49 03 Meeting, Training & Travel	1,500.00	95.00	130.00	1,370.00	8.7%
521 10 49 05 Credit Card Bank Fees-Law Enf	0.00	0.00	0.00	0.00	0.0%
521 10 51 01 Narcotics Task Force	2,680.00	0.00	438.00	2,242.00	16.3%
521 10 51 02 Intergovernmental Agreements	1,717,688.00	143,318.17	282,182.42	1,435,505.58	16.4%
521 10 51 03 Sno Pac Dispatch	90,540.00	6,658.91	13,503.56	77,036.44	14.9%
521 10 51 04 Sers Maint. & Operating	23,170.00	0.00	0.00	23,170.00	0.0%
521 10 51 05 Animal Control	2,000.00	185.00	345.00	1,655.00	17.3%
521 Law Enforcement	2,064,278.00	168,584.18	350,697.08	1,713,580.92	17.0%

522 Fire Control

522 22 10 00 Salaries & Wages	0.00	0.00	0.00	0.00	0.0%
522 22 11 00 Overtime	0.00	0.00	0.00	0.00	0.0%
522 22 20 00 Social Security	0.00	0.00	0.00	0.00	0.0%
522 22 21 00 Retirement	0.00	0.00	0.00	0.00	0.0%
522 22 22 00 Medical Benefits	0.00	0.00	0.00	0.00	0.0%
522 22 23 00 L & I	0.00	0.00	0.00	0.00	0.0%
522 22 24 00 Unemployment Insurance	0.00	0.00	0.00	0.00	0.0%
522 22 31 00 Supplies	0.00	0.00	0.00	0.00	0.0%
522 22 32 00 Fuel	0.00	0.00	0.00	0.00	0.0%
522 22 35 00 Small Equipment	0.00	0.00	0.00	0.00	0.0%
522 22 35 01 Uniforms	0.00	0.00	0.00	0.00	0.0%
522 22 41 00 Professional Services	0.00	0.00	0.00	0.00	0.0%

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001 General Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
522 Fire Control					
522 22 42 00 Communications	0.00	0.00	0.00	0.00	0.0%
522 22 44 00 Advertising	0.00	0.00	0.00	0.00	0.0%
522 22 45 00 Rentals	0.00	0.00	0.00	0.00	0.0%
522 22 47 00 Utilities	0.00	0.00	0.00	0.00	0.0%
522 22 48 00 Repair/maintenance	5,000.00	0.00	0.00	5,000.00	0.0%
522 22 48 07 Vehicle Repair/maintenance	0.00	0.00	0.00	0.00	0.0%
522 22 49 01 Meetings, Training & Travel	0.00	0.00	0.00	0.00	0.0%
522 22 49 02 Dues	0.00	0.00	0.00	0.00	0.0%
522 22 51 00 Sno Pac Dispatch	0.00	0.00	0.00	0.00	0.0%
522 22 51 04 Sers Maint. & Operating	0.00	0.00	0.00	0.00	0.0%
522 22 51 10 Administrative Serv Contract	1,674,600.00	0.00	407,893.15	1,266,706.85	24.4%
522 22 51 15 Pt Firefighter Interlocal	0.00	0.00	0.00	0.00	0.0%
522 22 51 20 Firefighter Officer Interloc	0.00	0.00	0.00	0.00	0.0%
522 22 51 25 EMPG Exp - Pass Thru To N County	0.00	0.00	0.00	0.00	0.0%
522 Fire Control	1,679,600.00	0.00	407,893.15	1,271,706.85	24.3%
523 Jail Costs					
523 50 51 00 County Jail	86,000.00	5,365.85	10,621.45	75,378.55	12.4%
523 Jail Costs	86,000.00	5,365.85	10,621.45	75,378.55	12.4%
525 Emergency Services					
525 10 49 00 2010 Flood Emergency	0.00	0.00	0.00	0.00	0.0%
525 10 49 01 Emergency Services - Prof Svcs	0.00	0.00	0.00	0.00	0.0%
525 10 51 05 Emergency Services-D.e.m.(gen Govnt)	8,370.00	2,069.93	2,069.93	6,300.07	24.7%
525 10 51 11 Emergency Services Manager	0.00	0.00	0.00	0.00	0.0%
525 Emergency Services	8,370.00	2,069.93	2,069.93	6,300.07	24.7%
526 Ambulance/Rescue/Emerg Aid					
526 20 51 00 Ambulance Services Contract	0.00	0.00	0.00	0.00	0.0%
526 Ambulance/Rescue/Emerg Aid	0.00	0.00	0.00	0.00	0.0%
558 Planning & Community Devel					
558 60 41 02 Powerman Duathlon	0.00	0.00	0.00	0.00	0.0%
558 60 41 03 Tourism Promotion & Marketing	50,500.00	2,916.89	5,874.67	44,625.33	11.6%
558 Planning & Community Devel	50,500.00	2,916.89	5,874.67	44,625.33	11.6%
559 Community Development					
558 60 10 00 Salaries & Wages	500,500.00	31,960.19	91,305.40	409,194.60	18.2%
558 60 11 00 Overtime	570.00	0.00	0.00	570.00	0.0%
558 60 20 00 Social Security	34,000.00	2,418.52	6,912.64	27,087.36	20.3%
558 60 21 00 Retirement	49,350.00	4,041.42	11,528.48	37,821.52	23.4%
558 60 22 00 Medical Benefits	106,210.00	9,609.75	27,178.82	79,031.18	25.6%
558 60 23 00 L & I	1,265.00	0.00	296.38	968.62	23.4%
558 60 24 00 Unemployment Insurance	2,390.00	0.00	149.56	2,240.44	6.3%
558 60 31 00 Supplies	800.00	106.38	400.34	399.66	50.0%
558 60 32 00 Fuel	650.00	30.81	30.81	619.19	4.7%
558 60 35 00 Small Equipment	1,500.00	54.54	2,070.60	(570.60)	138.0%

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Expenditures		Amt Budgeted	March	YTD	Remaining	
559 Community Development						
558 60 41 00	Professional Services	105,000.00	80.00	6,848.60	98,151.40	6.5%
558 60 41 01	Economic Development	4,000.00	0.00	0.00	4,000.00	0.0%
558 60 42 00	Communications	2,000.00	355.64	468.64	1,531.36	23.4%
558 60 44 00	Advertising	2,500.00	353.54	944.24	1,555.76	37.8%
558 60 45 00	Rentals	0.00	82.28	246.84	(246.84)	0.0%
558 60 48 00	Repairs & Maintenance	400.00	0.00	0.00	400.00	0.0%
558 60 49 00	Meetings, Training & Travel	5,000.00	250.00	332.17	4,667.83	6.6%
558 60 49 01	Meetings, Training & Travel- DON'T USE	0.00	0.00	0.00	0.00	0.0%
558 60 49 02	Dues	4,000.00	0.00	1,195.00	2,805.00	29.9%
558 60 49 03	Printing	800.00	0.00	0.00	800.00	0.0%
558 60 49 05	Credit Card Bank Fees-CD	1,000.00	0.00	0.00	1,000.00	0.0%
558 60 51 00	Intergov't Prof. Services	2,500.00	0.00	0.00	2,500.00	0.0%
559 60 10 00	Salaries & Wages - DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 20 00	Social Security- DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 21 00	Retirement- DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 22 00	Medical Benefits- DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 23 00	L & I - DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 24 00	Unemployment Insurance- DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 31 00	Supplies- DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 32 00	Fuel - DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 35 00	Small Equipment - DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 41 00	Professional Services - DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 42 00	Communications - DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 48 00	Repairs/maintenance - DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 49 00	Miscellaneous - DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 60 49 03	Dues - DON'T USE	0.00	0.00	0.00	0.00	0.0%
559 Community Development		824,435.00	49,343.07	149,908.52	674,526.48	18.2%
566 Substance Abuse						
566 00 51 00	Liquor Board Excise Tax	1,510.00	0.00	891.59	618.41	59.0%
566 Substance Abuse		1,510.00	0.00	891.59	618.41	59.0%
572 Libraries						
572 10 47 00	Utilities	12,000.00	957.45	2,842.23	9,157.77	23.7%
572 10 48 00	Repair/maintenance	2,000.00	0.00	108.58	1,891.42	5.4%
572 10 51 00	Sno Isle Contract	0.00	0.00	0.00	0.00	0.0%
572 Libraries		14,000.00	957.45	2,950.81	11,049.19	21.1%
576 Park Facilities						
576 80 10 00	Salaries & Wages	136,995.00	10,181.26	31,752.03	105,242.97	23.2%
576 80 11 00	Overtime	2,000.00	36.86	76.65	1,923.35	3.8%
576 80 20 00	Social Security	10,635.00	774.35	2,416.10	8,218.90	22.7%
576 80 21 00	Retirement	13,860.00	1,297.74	3,857.42	10,002.58	27.8%
576 80 22 00	Medical Benefits	36,130.00	2,700.96	8,102.47	28,027.53	22.4%
576 80 23 00	L & I	3,670.00	0.00	795.63	2,874.37	21.7%
576 80 24 00	Unemployment Insurance	730.00	0.00	61.93	668.07	8.5%
576 80 31 00	Supplies	10,000.00	194.18	346.25	9,653.75	3.5%
576 80 32 00	Fuel	4,500.00	344.94	714.55	3,785.45	15.9%

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001 General Fund

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576 Park Facilities					
576 80 35 00 Small Equipment	1,000.00	0.00	0.00	1,000.00	0.0%
576 80 35 01 Uniforms	1,000.00	24.96	49.92	950.08	5.0%
576 80 41 00 Professional Services	0.00	196.48	542.89	(542.89)	0.0%
576 80 41 01 Summer Concert Series	1,150.00	0.00	0.00	1,150.00	0.0%
576 80 41 02 Movies In The Park	3,700.00	1,025.00	1,025.00	2,675.00	27.7%
576 80 41 03 Light Up Your Holidays	3,800.00	0.00	0.00	3,800.00	0.0%
576 80 41 04 CPG Grant - Clean Up Day	5,000.00	0.00	0.00	5,000.00	0.0%
576 80 41 05 Touch A Truck	1,650.00	0.00	50.00	1,600.00	3.0%
576 80 41 06 Snow Goose/Glass Quest	2,500.00	0.00	0.00	2,500.00	0.0%
576 80 41 07 Haunted Halloween At Ovenell	1,500.00	0.00	0.00	1,500.00	0.0%
576 80 42 00 Communications	600.00	139.11	159.75	440.25	26.6%
576 80 45 06 Rent	200.00	0.00	0.00	200.00	0.0%
576 80 47 00 Utilities	14,000.00	117.85	2,181.69	11,818.31	15.6%
576 80 48 00 Repair/maintenance	4,000.00	1,293.15	1,512.78	2,487.22	37.8%
576 80 48 01 Field Maint - User Fees	10,000.00	3,126.20	3,126.20	6,873.80	31.3%
576 80 49 01 Meetings, Training & Travel	1,300.00	99.16	99.16	1,200.84	7.6%
576 80 49 05 Credit Card Bank Fees-PW	200.00	0.00	0.00	200.00	0.0%
576 Park Facilities	270,120.00	21,552.20	56,870.42	213,249.58	21.1%

580 Non Expenditures

589 00 00 10 Change Fund	0.00	0.00	0.00	0.00	0.0%
589 00 09 98 ASP Clearing	0.00	0.00	0.00	0.00	0.0%
589 90 00 01 Payroll EE Deductions Clearing	0.00	(530.48)	409.66	(409.66)	0.0%
589 90 00 02 Payroll Draw Clearing	0.00	(800.00)	700.00	(700.00)	0.0%
580 Non Expenditures	0.00	(1,330.48)	1,109.66	(1,109.66)	0.0%

594 Capital Expenditures

594 18 64 01 Machinery & Equipment	0.00	0.00	0.00	0.00	0.0%
594 21 64 01 Equipment - Grant Funded	0.00	0.00	0.00	0.00	0.0%
594 25 60 00 Emergency Services - Machinery & Equipment	0.00	0.00	0.00	0.00	0.0%
594 58 64 00 Equipment - Software	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures	0.00	0.00	0.00	0.00	0.0%

597 Interfund Transfers

597 00 00 01 Transfer To 101-Share Of St Lighting	35,000.00	8,750.00	8,750.00	26,250.00	25.0%
597 00 01 07 Transfer To Equip Replacemen	62,455.00	15,614.00	15,614.00	46,841.00	25.0%
597 01 01 09 Trfr Out-contingency Fund (1	10,000.00	2,500.00	2,500.00	7,500.00	25.0%
597 01 01 10 Transfer To Build Impr Fund	0.00	0.00	0.00	0.00	0.0%
597 01 02 05 Trfr Out- 1995 G.o. Bond (20	0.00	0.00	0.00	0.00	0.0%
597 01 04 21 Trsfr Out To Water Operating	65,337.00	16,334.00	16,334.00	49,003.00	25.0%
597 Interfund Transfers	172,792.00	43,198.00	43,198.00	129,594.00	25.0%

999 Ending Balance

508 80 00 00 Restricted Ending Cash & Inv	0.00	0.00	0.00	0.00	0.0%
508 80 00 01 Ending Cash & Investments	2,341,037.00	0.00	0.00	2,341,037.00	0.0%
508 80 00 02 Ending Cash	590.00	0.00	0.00	590.00	0.0%
999 Ending Balance	2,341,627.00	0.00	0.00	2,341,627.00	0.0%

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001 General Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
Fund Expenditures:	8,772,225.00	367,154.90	1,319,255.21	7,452,969.79	15.0%
Fund Excess/(Deficit):	(1.00)	136,663.52	3,007,418.82		

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101 Street Fund

Revenues	Amt Budgeted	March	YTD	Remaining
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308 Beginning Balances

308 80 01 01	Beginning Cash & Investments	118,317.00	0.00	143,817.94	(25,500.94)	121.6%
308 Beginning Balances		118,317.00	0.00	143,817.94	(25,500.94)	121.6%

310 Taxes

311 10 01 01	Property Taxes - Street 8%	205,449.00	5,940.56	6,481.78	198,967.22	3.2%
310 Taxes		205,449.00	5,940.56	6,481.78	198,967.22	3.2%

320 Licenses & Permits

321 91 00 10	WM - Street Maintenance Fee	18,300.00	3,203.80	4,805.70	13,494.30	26.3%
322 90 00 03	Right Of Way And Utility Permits	0.00	0.00	0.00	0.00	0.0%
320 Licenses & Permits		18,300.00	3,203.80	4,805.70	13,494.30	26.3%

330 State Generated Revenues

336 00 71 00	Multimodal Transportation	3,400.00	2,388.95	2,388.95	1,011.05	70.3%
336 00 87 00	Mvft Unrestricted Fuel Tax	130,000.00	12,589.37	35,246.38	94,753.62	27.1%
330 State Generated Revenues		133,400.00	14,978.32	37,635.33	95,764.67	28.2%

340 Charges For Services

344 10 00 00	Adopt A Street Fees	0.00	0.00	0.00	0.00	0.0%
344 10 00 01	Misc. Charges For Services	0.00	0.00	180.00	(180.00)	0.0%
344 10 51 01	TBD Management Fee	0.00	0.00	0.00	0.00	0.0%
349 00 00 01	Interfund Charge - TBD	0.00	0.00	0.00	0.00	0.0%
340 Charges For Services		0.00	0.00	180.00	(180.00)	0.0%

360 Misc Revenues

361 11 01 01	State Pool/cd Interest	100.00	61.59	361.80	(261.80)	361.8%
369 91 01 01	Miscellaneous	0.00	0.00	0.00	0.00	0.0%
398 10 01 01	Insurance Recoveries	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues		100.00	61.59	361.80	(261.80)	361.8%

397 Interfund Transfers

397 00 00 00	Transfer In From GF	35,000.00	8,750.00	8,750.00	26,250.00	25.0%
397 00 01 03	Trfr From Street Const (103)	0.00	0.00	0.00	0.00	0.0%
397 00 02 03	Transfer In From Lid Guarantee	0.00	0.00	0.00	0.00	0.0%
397 01 01 20	Transfer In From Reet (120)	0.00	0.00	0.00	0.00	0.0%
397 02 01 21	Transfer In From Reet (121)	0.00	0.00	0.00	0.00	0.0%
397 07 06 77	Transfer In From TBD	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers		35,000.00	8,750.00	8,750.00	26,250.00	25.0%

Fund Revenues:		510,566.00	32,934.27	202,032.55	308,533.45	39.6%
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Expenditures	Amt Budgeted	March	YTD	Remaining
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542 Streets - Maintenance

542 30 10 00	Salaries & Wages	149,405.00	11,197.17	35,192.91	114,212.09	23.6%
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101 Street Fund

Expenditures		Amt Budgeted	March	YTD	Remaining	
542 Streets - Maintenance						
542 30 11 00	Overtime	1,500.00	37.62	77.45	1,422.55	5.2%
542 30 20 00	Social Security	11,545.00	852.38	2,678.86	8,866.14	23.2%
542 30 21 00	Retirement	14,900.00	1,416.28	4,262.51	10,637.49	28.6%
542 30 22 00	Medical Benefits	36,305.00	2,682.91	8,376.11	27,928.89	23.1%
542 30 23 00	L & I	3,445.00	0.00	741.18	2,703.82	21.5%
542 30 24 00	Unemployment Insurance	520.00	0.00	67.12	452.88	12.9%
542 30 31 00	Supplies	20,000.00	1,676.82	5,056.64	14,943.36	25.3%
542 30 31 03	Uniforms	1,000.00	24.96	49.92	950.08	5.0%
542 30 32 00	Fuel	6,000.00	321.14	690.74	5,309.26	11.5%
542 30 35 00	Small Tools & Equipment	400.00	0.00	0.00	400.00	0.0%
542 30 35 01	Adopt A Street Signs	0.00	0.00	0.00	0.00	0.0%
542 30 41 00	Professional Services	15,000.00	833.93	1,866.66	13,133.34	12.4%
542 30 42 00	Communications	3,000.00	173.33	248.01	2,751.99	8.3%
542 30 44 00	Advertising	0.00	0.00	0.00	0.00	0.0%
542 30 45 00	Rentals	500.00	0.00	0.00	500.00	0.0%
542 30 46 00	Insurance	19,600.00	0.00	19,600.00	0.00	100.0%
542 30 46 10	Payments To Claimants	0.00	0.00	0.00	0.00	0.0%
542 30 47 00	Utilities	60,000.00	5,210.74	10,428.18	49,571.82	17.4%
542 30 47 01	Street Lighting DO NOT USE	0.00	0.00	0.00	0.00	0.0%
542 30 48 00	Repair/maintenance	15,000.00	4,050.20	6,147.65	8,852.35	41.0%
542 30 49 00	Miscellaneous	200.00	0.00	0.00	200.00	0.0%
542 30 49 01	Meetings, Training & Travel	1,000.00	108.29	151.29	848.71	15.1%
542 30 49 03	Dues	100.00	0.00	73.66	26.34	73.7%
542 30 50 00	Sno Co PW Striping	15,000.00	0.00	0.00	15,000.00	0.0%
542 Streets - Maintenance		374,420.00	28,585.77	95,708.89	278,711.11	25.6%
594 Capital Expenditures						
595 30 63 00	Misc Capital Projects - TBD	0.00	0.00	0.00	0.00	0.0%
595 30 63 10	Right Of Way Const. & Repair	0.00	0.00	0.00	0.00	0.0%
595 30 64 01	Machinery & Equipment	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures		0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers						
597 01 01 07	Transfer Out To Equip Resrv	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers		0.00	0.00	0.00	0.00	0.0%
999 Ending Balance						
508 80 01 01	Ending Balance	136,146.00	0.00	0.00	136,146.00	0.0%
999 Ending Balance		136,146.00	0.00	0.00	136,146.00	0.0%
Fund Expenditures:		510,566.00	28,585.77	95,708.89	414,857.11	18.7%
Fund Excess/(Deficit):		0.00	4,348.50	106,323.66		

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102 Street Impact Fee Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 01 02 Reserved Beginning Cash & Investments	0.00	0.00	385,910.90	(385,910.90)	0.0%
308 80 01 02 Beginning Cash & Investments	261,771.00	0.00	0.00	261,771.00	0.0%
308 Beginning Balances	261,771.00	0.00	385,910.90	(124,139.90)	147.4%

330 State Generated Revenues

333 20 20 00 Fhwa And Wsdot Grant	0.00	0.00	0.00	0.00	0.0%
333 97 01 02 Wsdot Arra Grant	0.00	0.00	0.00	0.00	0.0%
334 00 20 00 Puget Sound Reg Council Gran	0.00	0.00	0.00	0.00	0.0%
334 03 80 00 Tib - 267th St Nw	0.00	0.00	0.00	0.00	0.0%
330 State Generated Revenues	0.00	0.00	0.00	0.00	0.0%

340 Charges For Services

345 85 01 02 Street Impact Fees	77,506.00	17,451.61	42,119.12	35,386.88	54.3%
340 Charges For Services	77,506.00	17,451.61	42,119.12	35,386.88	54.3%

360 Misc Revenues

361 11 01 02 State Pool/cd Interest	500.00	248.88	1,775.14	(1,275.14)	355.0%
369 91 01 02 Miscellaneous	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	500.00	248.88	1,775.14	(1,275.14)	355.0%

397 Interfund Transfers

397 00 01 21 Transfer In From Reet (121)	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	339,777.00	17,700.49	429,805.16	(90,028.16)	126.5%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
519 General Government Services					
519 20 40 00 Judgments And Settlements	0.00	0.00	0.00	0.00	0.0%
519 General Government Services	0.00	0.00	0.00	0.00	0.0%

594 Capital Expenditures

595 10 41 00 Prof Serv 267th & Pioneer	0.00	0.00	0.00	0.00	0.0%
595 10 41 01 Engineering Pioneer Hwy Slid	0.00	0.00	0.00	0.00	0.0%
595 10 41 02 Prof Serv 270th Reconstructi	0.00	0.00	0.00	0.00	0.0%
595 10 41 03 St-1 68th Wetland Mitig	0.00	0.00	0.00	0.00	0.0%
595 10 41 04 St-5 72nd Ave (272nd To 268th)	0.00	0.00	0.00	0.00	0.0%
595 10 41 05 Engineering 272nd Reconstruction	0.00	0.00	0.00	0.00	0.0%
595 10 63 01 Engineering 68th St Sidewalk Construction	0.00	0.00	0.00	0.00	0.0%
595 20 61 00 267th St Nw - Land & Land Im	0.00	0.00	0.00	0.00	0.0%
595 30 44 00 Advertising	0.00	0.00	0.00	0.00	0.0%
595 30 63 15 St-1 68th Ave Nw 270th St	0.00	0.00	0.00	0.00	0.0%
595 30 63 30 St-2 267th St Nw Reconstruct	0.00	0.00	0.00	0.00	0.0%

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102 Street Impact Fee Fund

Expenditures		Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures						
595 30 63 40	St-4 270th Recon 97th-94th	0.00	0.00	0.00	0.00	0.0%
595 30 63 50	St-3 SR532 & 98th-104th	0.00	0.00	0.00	0.00	0.0%
595 30 63 60	Pioneer Hwy Slide Fhwa Const	0.00	0.00	0.00	0.00	0.0%
595 30 63 70	St-5 72nd Ave (272nd To 268th)	0.00	0.00	0.00	0.00	0.0%
595 30 63 80	St-17 68th Sidewalk Construction	0.00	0.00	0.00	0.00	0.0%
595 61 63 01	80th Ave Reconst Sidewals/Paths	0.00	0.00	0.00	0.00	0.0%
595 90 00 10	Salaries And Benefits	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures		0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers						
597 01 01 03	Transfer Out To St Const (103)	125,000.00	31,250.00	31,250.00	93,750.00	25.0%
597 Interfund Transfers		125,000.00	31,250.00	31,250.00	93,750.00	25.0%
999 Ending Balance						
508 10 01 02	Reserved Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 01 02	Ending Cash & Investments	214,777.00	0.00	0.00	214,777.00	0.0%
999 Ending Balance		214,777.00	0.00	0.00	214,777.00	0.0%
Fund Expenditures:		339,777.00	31,250.00	31,250.00	308,527.00	9.2%
Fund Excess/(Deficit):		0.00	(13,549.51)	398,555.16		

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103 Street Construction Fund

Revenues	Amt Budgeted	March	YTD	Remaining
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308 Beginning Balances

308 80 01 03 Beginning Cash & Investments	113,335.00	0.00	492,222.34	(378,887.34)	434.3%
308 Beginning Balances	113,335.00	0.00	492,222.34	(378,887.34)	434.3%

330 State Generated Revenues

333 04 20 00 US Dept Of Commerce - Safe Routes	0.00	0.00	0.00	0.00	0.0%
333 20 00 00 FHWA/WSDOT Grant	0.00	0.00	0.00	0.00	0.0%
333 20 00 03 WSDOT / FHA 90th Ave NW	0.00	0.00	0.00	0.00	0.0%
333 20 00 04 RTCC - Viking Way	500,000.00	0.00	0.00	500,000.00	0.0%
333 20 00 05 Viking Way Grant Construction	0.00	0.00	0.00	0.00	0.0%
333 97 01 03 WSDOT ARRA Grant	0.00	0.00	0.00	0.00	0.0%
334 03 60 00 State Grants	1,105,000.00	0.00	0.00	1,105,000.00	0.0%
334 03 60 01 WSDOT SR 532 Beautification Grant	0.00	0.00	0.00	0.00	0.0%
334 03 60 02 WSDOT Safe Routes	0.00	0.00	0.00	0.00	0.0%
334 03 80 01 TIB - 68th Sidewalk	0.00	0.00	0.00	0.00	0.0%
334 03 80 02 TIB - 276th Sidewalk Construction	0.00	0.00	0.00	0.00	0.0%
334 03 80 03 TIB - CHAP	0.00	0.00	24,918.00	(24,918.00)	0.0%
334 03 80 04 TIB 88th Overlay	0.00	0.00	39,630.33	(39,630.33)	0.0%
334 03 80 05 TIB 271st St 94th-SR532	0.00	0.00	39,630.33	(39,630.33)	0.0%
334 03 80 06 TIB Pioneer Hwy/72nd-City Limits	0.00	0.00	21,982.20	(21,982.20)	0.0%
334 03 80 07 Transportation Improvement Board (TIB)	1,090,000.00	0.00	0.00	1,090,000.00	0.0%
334 04 20 01 Dept Of Commerce - SRTS	0.00	0.00	0.00	0.00	0.0%
334 04 20 02 Future Dept Of Commerce Grant - Viking Way Construction	0.00	0.00	0.00	0.00	0.0%
330 State Generated Revenues	2,695,000.00	0.00	126,160.86	2,568,839.14	4.7%

360 Misc Revenues

361 11 01 03 State Pool/cd Interest	100.00	363.29	1,289.39	(1,189.39)	*****%
369 40 00 00 Judgments And Settlements	0.00	0.00	0.00	0.00	0.0%
369 91 01 03 Miscellaneous Revenue	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	100.00	363.29	1,289.39	(1,189.39)	*****%

397 Interfund Transfers

397 01 01 02 Transfer In From St Impact (102)	125,000.00	31,250.00	31,250.00	93,750.00	25.0%
397 01 01 03 Transfer From TBD	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	125,000.00	31,250.00	31,250.00	93,750.00	25.0%

Fund Revenues:	2,933,435.00	31,613.29	650,922.59	2,282,512.41	22.2%
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Expenditures	Amt Budgeted	March	YTD	Remaining
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594 Capital Expenditures

595 10 41 06 St-1 68th Wetland Mitigation	0.00	0.00	0.00	0.00	0.0%
595 10 61 06 New Sidewalk/Trail Installation	70,000.00	0.00	0.00	70,000.00	0.0%
595 10 61 07 Sidewalk Repair	0.00	0.00	0.00	0.00	0.0%

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103 Street Construction Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
595 10 63 02 Eng 68th St Sidewalk Construction	0.00	5,000.00	5,000.00	(5,000.00)	0.0%
595 10 63 03 Downtown Street & Sidewalk Imp.	20,000.00	0.00	0.00	20,000.00	0.0%
595 10 63 04 Wayfinding Signs	0.00	0.00	0.00	0.00	0.0%
595 10 63 07 276th Sidewalk Const (TIB)	0.00	0.00	0.00	0.00	0.0%
595 10 63 08 Viking Way Eng	0.00	0.00	0.00	0.00	0.0%
595 10 63 09 Viking Way ROW	0.00	401.51	1,413.60	(1,413.60)	0.0%
595 30 63 05 Misc Capital Projects	25,000.00	0.00	0.00	25,000.00	0.0%
595 30 63 06 Right Of Way Const & Repair	0.00	0.00	0.00	0.00	0.0%
595 30 63 07 Pioneer Hwy Slide	0.00	0.00	0.00	0.00	0.0%
595 30 63 08 SR 532 Beautification	0.00	0.00	0.00	0.00	0.0%
595 30 63 09 270th (94th - 96th)	0.00	0.00	0.00	0.00	0.0%
595 30 63 11 Saratoga Right Of Way	0.00	0.00	0.00	0.00	0.0%
595 30 63 12 Pioneer Overlay	0.00	0.00	0.00	0.00	0.0%
595 30 63 13 Viking Way Construction	300,000.00	0.00	0.00	300,000.00	0.0%
595 30 63 14 Pioneer Hwy Overlay-CHAP	0.00	51.76	480.68	(480.68)	0.0%
595 30 63 16 271st St 94th-SR532 TIB	0.00	245.37	1,789.44	(1,789.44)	0.0%
595 30 63 17 88th/SR532-Florence (84th Ave) TIB	0.00	245.38	1,789.45	(1,789.45)	0.0%
595 30 63 18 Pioneer Hwy Overlay/72nd-City Limits TIB	0.00	245.38	1,789.44	(1,789.44)	0.0%
595 30 63 19 Cedarhome Dr. Overlay	300,000.00	2,731.87	8,566.87	291,433.13	2.9%
595 30 63 22 92nd Ave Overlay	400,000.00	2,731.88	8,566.88	391,433.12	2.1%
595 30 63 23 102nd Ave Overlay	390,000.00	0.00	0.00	390,000.00	0.0%
595 30 63 24 SR 532/Ovenell Access	330,000.00	0.00	0.00	330,000.00	0.0%
595 30 63 25 Downtown Conn Study	75,000.00	0.00	0.00	75,000.00	0.0%
595 30 63 26 SR 532/Corridor Study	350,000.00	0.00	0.00	350,000.00	0.0%
595 30 63 27 102nd Ave Sidewalk	106,498.00	0.00	0.00	106,498.00	0.0%
595 30 63 28 92nd Ave Sidewalk	72,228.00	0.00	0.00	72,228.00	0.0%
595 30 63 29 72nd Ave Sidewalk	391,359.00	0.00	0.00	391,359.00	0.0%
594 Capital Expenditures	2,830,085.00	11,653.15	29,396.36	2,800,688.64	1.0%
597 Interfund Transfers					
597 01 01 01 Trfr Out To Streets (101)	0.00	0.00	0.00	0.00	0.0%
597 01 03 05 Trfr Out To Fund 305	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance					
508 80 01 03 Ending Cash & Investments	103,350.00	0.00	0.00	103,350.00	0.0%
999 Ending Balance	103,350.00	0.00	0.00	103,350.00	0.0%
Fund Expenditures:	2,933,435.00	11,653.15	29,396.36	2,904,038.64	1.0%
Fund Excess/(Deficit):	0.00	19,960.14	621,526.23		

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104 Park Improvement Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 01 04 Beginning Cash & Investments	34,335.00	0.00	153,708.22	(119,373.22)	447.7%
308 Beginning Balances	34,335.00	0.00	153,708.22	(119,373.22)	447.7%
330 State Generated Revenues					
334 02 40 00 AELA Grant	0.00	0.00	0.00	0.00	0.0%
334 02 70 00 WWRP Grant	0.00	0.00	0.00	0.00	0.0%
334 03 10 10 Floodplains By Design	250,000.00	0.00	0.00	250,000.00	0.0%
337 00 00 01 Hamilton Conservation Futures	0.00	0.00	0.00	0.00	0.0%
337 00 00 02 Ovenell Conservation Futures	0.00	0.00	0.00	0.00	0.0%
330 State Generated Revenues	250,000.00	0.00	0.00	250,000.00	0.0%
340 Charges For Services					
345 85 01 04 Park Impact Fees	18,583.00	0.00	0.00	18,583.00	0.0%
340 Charges For Services	18,583.00	0.00	0.00	18,583.00	0.0%
360 Misc Revenues					
361 11 01 04 State Pool/cd Interest	250.00	71.98	435.31	(185.31)	174.1%
362 00 01 04 Rents And Leases	0.00	509.00	1,527.00	(1,527.00)	0.0%
367 00 00 01 Contributions & Donations	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	250.00	580.98	1,962.31	(1,712.31)	784.9%
397 Interfund Transfers					
397 00 10 20 Transfer In From REET (120)	425,000.00	106,250.00	106,250.00	318,750.00	25.0%
397 00 10 21 Transfer In From REET (121)	430,000.00	107,500.00	107,500.00	322,500.00	25.0%
397 Interfund Transfers	855,000.00	213,750.00	213,750.00	641,250.00	25.0%
Fund Revenues:	1,158,168.00	214,330.98	369,420.53	788,747.47	31.9%
Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 76 61 01 Hamilton	275,000.00	0.00	0.00	275,000.00	0.0%
594 76 61 02 Ovenell	55,000.00	0.00	0.00	55,000.00	0.0%
594 76 61 03 Johnson Easement Purch	700,000.00	2,550.75	24,733.20	675,266.80	3.5%
594 76 61 21 Hamilton Improvements	0.00	0.00	0.00	0.00	0.0%
594 76 63 01 River Access/Launch	0.00	0.00	0.00	0.00	0.0%
594 76 63 02 City Hall Park	0.00	0.00	0.00	0.00	0.0%
594 76 63 03 Downtown Park	0.00	0.00	0.00	0.00	0.0%
594 76 63 04 Neighborhood Park	0.00	0.00	0.00	0.00	0.0%
594 76 63 15 Park Improvements	0.00	0.00	0.00	0.00	0.0%
594 76 63 16 Skate Park	0.00	0.00	0.00	0.00	0.0%
594 76 63 17 Church Creek Restrooms	0.00	0.00	0.00	0.00	0.0%
594 76 63 18 Heritage Park Improvemments	50,000.00	8,997.97	22,713.47	27,286.53	45.4%
594 76 63 19 Non-motorized Trail	0.00	0.00	0.00	0.00	0.0%
594 76 63 20 New Neighborhood Park	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures	1,080,000.00	11,548.72	47,446.67	1,032,553.33	4.4%

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104 Park Improvement Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
597 Interfund Transfers					
597 05 02 05 Transfer To Debt Service	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance					
508 80 01 04 Ending Cash & Investments	78,168.00	0.00	0.00	78,168.00	0.0%
999 Ending Balance	78,168.00	0.00	0.00	78,168.00	0.0%
Fund Expenditures:	1,158,168.00	11,548.72	47,446.67	1,110,721.33	4.1%
Fund Excess/(Deficit):	0.00	202,782.26	321,973.86		

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105 Fire Impact Fees

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 01 05 Reserved Beginning Cash & Investments	0.00	0.00	66,860.40	(66,860.40)	0.0%
308 80 01 05 Beginning Cash & Investments	60,206.00	0.00	0.00	60,206.00	0.0%
308 Beginning Balances	60,206.00	0.00	66,860.40	(6,654.40)	111.1%

340 Charges For Services

345 85 01 05 Fire Impact Fees	4,400.00	800.00	2,200.00	2,200.00	50.0%
340 Charges For Services	4,400.00	800.00	2,200.00	2,200.00	50.0%

360 Misc Revenues

361 11 01 05 State Pool/cd Interest	0.00	41.33	219.79	(219.79)	0.0%
360 Misc Revenues	0.00	41.33	219.79	(219.79)	0.0%

Fund Revenues:	64,606.00	841.33	69,280.19	(4,674.19)	107.2%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 85 64 01 Machinery & Equipment	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers					
597 04 02 05 Trsf Out To Debt Srvs Fire S	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance					
508 10 01 05 Reserved Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 01 05 Ending Cash & Investments	64,606.00	0.00	0.00	64,606.00	0.0%
999 Ending Balance	64,606.00	0.00	0.00	64,606.00	0.0%
Fund Expenditures:	64,606.00	0.00	0.00	64,606.00	0.0%
Fund Excess/(Deficit):	0.00	841.33	69,280.19		

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106 Park Impact Fees

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 01 06 Reserved Beginning Cash & Investments	0.00	0.00	115,523.09	(115,523.09)	0.0%
308 80 01 06 Beginning Cash & Investments	45,051.00	0.00	0.00	45,051.00	0.0%
308 Beginning Balances	45,051.00	0.00	115,523.09	(70,472.09)	256.4%

340 Charges For Services

345 85 01 06 Park Impact Fees	14,097.60	0.00	2,611.60	11,486.00	18.5%
340 Charges For Services	14,097.60	0.00	2,611.60	11,486.00	18.5%

360 Misc Revenues

361 11 01 06 State Pool/cd Interest	150.00	71.57	462.84	(312.84)	308.6%
360 Misc Revenues	150.00	71.57	462.84	(312.84)	308.6%

Fund Revenues:	59,298.60	71.57	118,597.53	(59,298.93)	200.0%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
597 Interfund Transfers					
597 00 00 04 Transfer To Park Improvement	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance					
508 10 01 06 Reserved Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 01 06 Ending Cash & Investments	59,299.00	0.00	0.00	59,299.00	0.0%
999 Ending Balance	59,299.00	0.00	0.00	59,299.00	0.0%
Fund Expenditures:	59,299.00	0.00	0.00	59,299.00	0.0%
Fund Excess/(Deficit):	(0.40)	71.57	118,597.53		

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107 Equipment Reserve Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 01 07 Restricted Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 80 01 07 Beginning Cash & Investments	135,492.00	0.00	141,407.21	(5,915.21)	104.4%
308 Beginning Balances	135,492.00	0.00	141,407.21	(5,915.21)	104.4%

330 State Generated Revenues

334 00 30 00 State Equipment Grant	0.00	0.00	0.00	0.00	0.0%
330 State Generated Revenues	0.00	0.00	0.00	0.00	0.0%

360 Misc Revenues

361 11 01 07 State Pool/cd Interest	100.00	85.59	396.23	(296.23)	396.2%
360 Misc Revenues	100.00	85.59	396.23	(296.23)	396.2%

390 Other Revenues

395 10 01 07 Proceeds From Sales Of Asset	0.00	0.00	0.00	0.00	0.0%
390 Other Revenues	0.00	0.00	0.00	0.00	0.0%

397 Interfund Transfers

397 01 00 01 General Gov't Equip Replacem	62,455.00	15,614.00	15,614.00	46,841.00	25.0%
397 01 01 01 Transfer In From Streets	0.00	0.00	0.00	0.00	0.0%
397 01 01 09 Transfer In Contingency (109)	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	62,455.00	15,614.00	15,614.00	46,841.00	25.0%

Fund Revenues:	198,047.00	15,699.59	157,417.44	40,629.56	79.5%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 00 64 02 Machinery & Equipment-police	0.00	0.00	0.00	0.00	0.0%
594 00 64 03 Machinery & Equipment-fire	0.00	0.00	0.00	0.00	0.0%
594 18 64 07 Machinery & Equipment -	62,455.00	0.00	0.00	62,455.00	0.0%
594 18 64 08 Machinery & Equipment - Parks	0.00	0.00	0.00	0.00	0.0%
594 19 64 09 Machinery & Equipment - Street	108,545.00	0.00	0.00	108,545.00	0.0%
594 19 64 10 Machinery & Equipment - B&G	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures	171,000.00	0.00	0.00	171,000.00	0.0%

999 Ending Balance

508 10 01 07 Restricted Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 01 07 Ending Cash & Investments	27,047.00	0.00	0.00	27,047.00	0.0%
999 Ending Balance	27,047.00	0.00	0.00	27,047.00	0.0%
Fund Expenditures:	198,047.00	0.00	0.00	198,047.00	0.0%

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107 Equipment Reserve Fund

Fund Excess/(Deficit):	0.00	15,699.59	157,417.44
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999 Ending Balance

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108 Transportation Sales Tax Fund

Expenditures		Amt Budgeted	March	YTD	Remaining	
999 Ending Balance						
508 10 01 08	Reserved Ending Cash & Investments	643,449.00	0.00	0.00	643,449.00	0.0%
999 Ending Balance		643,449.00	0.00	0.00	643,449.00	0.0%
Fund Expenditures:		662,664.00	1,160.96	3,537.51	659,126.49	0.5%
Fund Excess/(Deficit):		0.00	26,530.63	503,902.46		

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109 Contingency Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 01 09 Restricted Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 80 01 09 Beginning Cash & Investments	283,144.00	0.00	283,781.72	(637.72)	100.2%
308 Beginning Balances	283,144.00	0.00	283,781.72	(637.72)	100.2%

360 Misc Revenues

361 11 01 09 State Pool/cd Interest	1,500.00	171.75	795.15	704.85	53.0%
360 Misc Revenues	1,500.00	171.75	795.15	704.85	53.0%

397 Interfund Transfers

397 02 00 01 Transfer In From General Fun	10,000.00	2,500.00	2,500.00	7,500.00	25.0%
397 Interfund Transfers	10,000.00	2,500.00	2,500.00	7,500.00	25.0%

Fund Revenues:	294,644.00	2,671.75	287,076.87	7,567.13	97.4%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
597 Interfund Transfers					
597 00 01 21 Transfer Out To REET1 (121)	0.00	0.00	0.00	0.00	0.0%
597 01 00 01 Contingency Transfer Out	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance					
508 10 01 09 Restricted Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 01 09 Ending Cash & Investments	294,644.00	0.00	0.00	294,644.00	0.0%
999 Ending Balance	294,644.00	0.00	0.00	294,644.00	0.0%

Fund Expenditures:	294,644.00	0.00	0.00	294,644.00	0.0%
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Fund Excess/(Deficit):	0.00	2,671.75	287,076.87
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110 Building Improvement Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 01 10 Restricted Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 80 01 10 Beginning Cash & Investments	843,157.00	0.00	916,005.97	(72,848.97)	108.6%
308 Beginning Balances	843,157.00	0.00	916,005.97	(72,848.97)	108.6%

330 State Generated Revenues

333 01 80 00 Hazard Mitigation Program Grant	0.00	0.00	0.00	0.00	0.0%
333 01 80 01 DOC - New CH Design	300,000.00	0.00	0.00	300,000.00	0.0%
334 01 80 02 DEM - State	0.00	0.00	0.00	0.00	0.0%
330 State Generated Revenues	300,000.00	0.00	0.00	300,000.00	0.0%

360 Misc Revenues

361 11 01 10 State Pool/cd Interest	2,000.00	553.56	2,565.85	(565.85)	128.3%
367 00 01 10 Contributions & Donations	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	2,000.00	553.56	2,565.85	(565.85)	128.3%

397 Interfund Transfers

397 02 01 20 Transfer In REET 1 (120)	0.00	0.00	0.00	0.00	0.0%
397 04 00 01 Transfer In From General Fund	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	1,145,157.00	553.56	918,571.82	226,585.18	80.2%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 18 62 10 Building Improvements	0.00	0.00	0.00	0.00	0.0%
594 18 62 11 New City Hall	600,000.00	138.75	1,520.00	598,480.00	0.3%
594 18 62 12 City Hall Furnace	20,000.00	0.00	0.00	20,000.00	0.0%
594 18 62 14 Library Improvements	0.00	0.00	0.00	0.00	0.0%
594 18 62 15 Fire Station Improvements	50,000.00	0.00	0.00	50,000.00	0.0%
594 18 62 16 Police Station Improvements	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures	670,000.00	138.75	1,520.00	668,480.00	0.2%

597 Interfund Transfers

597 00 01 20 Transfer Out To Reet (120)	0.00	0.00	0.00	0.00	0.0%
597 05 01 21 Transfer Out To REET (121)	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%

999 Ending Balance

508 10 01 10 Restricted Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 01 10 Ending Cash & Investments	475,157.00	0.00	0.00	475,157.00	0.0%
999 Ending Balance	475,157.00	0.00	0.00	475,157.00	0.0%

Fund Expenditures:	1,145,157.00	138.75	1,520.00	1,143,637.00	0.1%
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110 Building Improvement Fund

Fund Excess/(Deficit):	0.00	414.81	917,051.82
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120 REET - Capital Improvements

Revenues		Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances						
308 10 01 20	Restricted Beginning Cash & Investments	0.00	0.00	572,932.90	(572,932.90)	0.0%
308 80 01 20	Beginning Cash & Investments	516,042.00	0.00	0.00	516,042.00	0.0%
308 Beginning Balances		516,042.00	0.00	572,932.90	(56,890.90)	111.0%

310 Taxes

318 34 00 00	REET 1 - 1st Quarter Percent	160,000.00	12,807.37	40,716.71	119,283.29	25.4%
310 Taxes		160,000.00	12,807.37	40,716.71	119,283.29	25.4%

360 Misc Revenues

361 11 01 20	State Pool/cd Interest	500.00	363.95	2,174.00	(1,674.00)	434.8%
360 Misc Revenues		500.00	363.95	2,174.00	(1,674.00)	434.8%

397 Interfund Transfers

397 01 01 10	Transfer In From Bldg Impr 1	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers		0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	676,542.00	13,171.32	615,823.61	60,718.39	91.0%
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Expenditures		Amt Budgeted	March	YTD	Remaining	
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594 Capital Expenditures

594 76 61 20	Sebranke Property Purchase	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures		0.00	0.00	0.00	0.00	0.0%

597 Interfund Transfers

597 00 01 04	Transfer Out To Park Imp (104)	425,000.00	106,250.00	106,250.00	318,750.00	25.0%
597 00 01 10	Transfer Out To Bldg (110)	0.00	0.00	0.00	0.00	0.0%
597 02 02 05	Trfr Out-1995 G.o. Bonds (20	0.00	0.00	0.00	0.00	0.0%
597 03 01 01	Transfer Out To Street (101)	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers		425,000.00	106,250.00	106,250.00	318,750.00	25.0%

999 Ending Balance

508 10 01 20	Ending Cash & Investments	251,542.00	0.00	0.00	251,542.00	0.0%
999 Ending Balance		251,542.00	0.00	0.00	251,542.00	0.0%

Fund Expenditures:	676,542.00	106,250.00	106,250.00	570,292.00	15.7%
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Fund Excess/(Deficit):	0.00	(93,078.68)	509,573.61
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121 REET - Growth Management

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 01 21 Restricted Beginning Cash & Investments	0.00	0.00	853,363.50	(853,363.50)	0.0%
308 80 01 21 Beginning Cash & Investments	794,004.00	0.00	0.00	794,004.00	0.0%
308 Beginning Balances	794,004.00	0.00	853,363.50	(59,359.50)	107.5%

310 Taxes

318 35 00 00 REET 2 - 2nd Quarter Percent	160,000.00	12,807.38	40,716.71	119,283.29	25.4%
310 Taxes	160,000.00	12,807.38	40,716.71	119,283.29	25.4%

360 Misc Revenues

361 11 01 21 State Pool/cd Interest	500.00	533.67	2,959.76	(2,459.76)	592.0%
360 Misc Revenues	500.00	533.67	2,959.76	(2,459.76)	592.0%

397 Interfund Transfers

397 00 01 10 Transfer In From Bldg Imp (110)	0.00	0.00	0.00	0.00	0.0%
397 02 01 09 Transfer In From Cont (109)	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	954,504.00	13,341.05	897,039.97	57,464.03	94.0%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
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591 Debt Service

591 28 78 00 Principal - 800 Megahertz	0.00	0.00	0.00	0.00	0.0%
592 28 83 00 Interest - 800 Megahertz	0.00	0.00	0.00	0.00	0.0%
591 Debt Service	0.00	0.00	0.00	0.00	0.0%

597 Interfund Transfers

597 00 00 05 Transfers-Out Park Imprv (104)	430,000.00	107,500.00	107,500.00	322,500.00	25.0%
597 00 01 02 Transfer Out To Street Const	0.00	0.00	0.00	0.00	0.0%
597 02 01 01 Transfer Out To Street (101)	0.00	0.00	0.00	0.00	0.0%
597 03 02 05 Trfr Out-1995 G.o. Bonds (20	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	430,000.00	107,500.00	107,500.00	322,500.00	25.0%

999 Ending Balance

508 10 01 21 Ending Cash & Investments	524,504.00	0.00	0.00	524,504.00	0.0%
999 Ending Balance	524,504.00	0.00	0.00	524,504.00	0.0%

Fund Expenditures:	954,504.00	107,500.00	107,500.00	847,004.00	11.3%
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Fund Excess/(Deficit):	0.00	(94,158.95)	789,539.97
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203 LID Guarantee Fund - CLOSED 2015

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 02 03 Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 Beginning Balances	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues					
361 11 02 03 State Pool/cd Interest	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers					
397 00 02 07 Transfer From Lid Debt Service	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%
Fund Revenues:	0.00	0.00	0.00	0.00	0.0%
Expenditures	Amt Budgeted	March	YTD	Remaining	
597 Interfund Transfers					
597 00 01 01 Transfer Out To Strt Fund 10	0.00	0.00	0.00	0.00	0.0%
597 00 02 05 Transfer Out To Debt Service	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance					
508 80 02 03 Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance	0.00	0.00	0.00	0.00	0.0%
Fund Expenditures:	0.00	0.00	0.00	0.00	0.0%
Fund Excess/(Deficit):	0.00	0.00	0.00		

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205 Debt Service Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 02 05 Beginning Cash & Investments	58,049.00	0.00	69,172.29	(11,123.29)	119.2%
308 Beginning Balances	58,049.00	0.00	69,172.29	(11,123.29)	119.2%

310 Taxes

311 10 22 00 G.o. Bond 2000 - Fire Statio	0.00	0.00	0.00	0.00	0.0%
311 10 22 10 G.o. Bond 2007 Ref 1994/2000	195,400.00	3,005.56	3,952.59	191,447.41	2.0%
310 Taxes	195,400.00	3,005.56	3,952.59	191,447.41	2.0%

360 Misc Revenues

361 11 02 05 State Pool/cd Interest	300.00	42.47	239.52	60.48	79.8%
360 Misc Revenues	300.00	42.47	239.52	60.48	79.8%

397 Interfund Transfers

397 00 01 04 Transfer In From Fund 104	0.00	0.00	0.00	0.00	0.0%
397 00 01 05 Trsf From Fund 105	0.00	0.00	0.00	0.00	0.0%
397 00 01 20 Transfer In From Fund (120)	0.00	0.00	0.00	0.00	0.0%
397 01 01 21 Transfer In From Fund 121	0.00	0.00	0.00	0.00	0.0%
397 01 02 03 Transfer In From Fund 203	0.00	0.00	0.00	0.00	0.0%
397 03 00 01 Transfer In From Fund 001	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	253,749.00	3,048.03	73,364.40	180,384.60	28.9%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
591 Debt Service					
591 22 71 00 Go Bond Principal-fire Stati	0.00	0.00	0.00	0.00	0.0%
591 22 71 01 1993-1995 Go Bond Princ-2007	175,000.00	0.00	0.00	175,000.00	0.0%
592 22 83 10 G.o.bond Interest-fire Stati	22,200.00	0.00	0.00	22,200.00	0.0%
592 22 83 20 1993-1995 Go Bond Int-2007 R	0.00	0.00	0.00	0.00	0.0%
592 22 89 00 Professional Services	1,250.00	0.00	0.00	1,250.00	0.0%
591 Debt Service	198,450.00	0.00	0.00	198,450.00	0.0%

999 Ending Balance

508 80 02 05 Ending Cash & Investments	55,299.00	0.00	0.00	55,299.00	0.0%
999 Ending Balance	55,299.00	0.00	0.00	55,299.00	0.0%

Fund Expenditures:	253,749.00	0.00	0.00	253,749.00	0.0%
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Fund Excess/(Deficit):	0.00	3,048.03	73,364.40
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207 LID 92-1 Debt Service Fund CLOSED 2015

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 02 07 Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 Beginning Balances	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues					
361 11 02 07 State Pool/cd Interest	0.00	0.00	0.00	0.00	0.0%
361 51 00 01 Special Assessment Penalties	0.00	0.00	0.00	0.00	0.0%
361 55 00 00 Special Assessment Interest	0.00	0.00	0.00	0.00	0.0%
368 10 02 07 Special Assessment Principal	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	0.00	0.00	0.00	0.00	0.0%
Fund Revenues:	0.00	0.00	0.00	0.00	0.0%
Expenditures	Amt Budgeted	March	YTD	Remaining	
597 Interfund Transfers					
597 00 02 03 Transfer Out To Lid Guarante	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance					
508 80 02 07 Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance	0.00	0.00	0.00	0.00	0.0%
Fund Expenditures:	0.00	0.00	0.00	0.00	0.0%
Fund Excess/(Deficit):	0.00	0.00	0.00		

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305 Construction Fund

Revenues	Amt Budgeted	March	YTD	Remaining
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308 Beginning Balances

308 80 03 05 Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 Beginning Balances	0.00	0.00	0.00	0.00	0.0%

380 Non Revenues

381 10 00 01 Interfund Loans Received	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%

397 Interfund Transfers

397 00 05 01 Trsfr From 411	0.00	0.00	0.00	0.00	0.0%
397 00 05 02 Trsfr From 422	0.00	0.00	0.00	0.00	0.0%
397 00 05 03 Trsfr From 677	0.00	0.00	0.00	0.00	0.0%
397 00 05 04 Trsfr From 403	0.00	0.00	0.00	0.00	0.0%
397 00 05 05 Trsfr From 103	0.00	0.00	0.00	0.00	0.0%
397 00 05 08 Trsfr From 108	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	0.00	0.00	0.00	0.00	0.0%
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Expenditures	Amt Budgeted	March	YTD	Remaining
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580 Non Expenditures

581 20 00 01 Interfund Loan Principal Payback	0.00	0.00	0.00	0.00	0.0%
580 Non Expenditures	0.00	0.00	0.00	0.00	0.0%

591 Debt Service

592 38 82 01 Interfund Loan Interest	0.00	0.00	0.00	0.00	0.0%
591 Debt Service	0.00	0.00	0.00	0.00	0.0%

594 Capital Expenditures

594 35 63 49 270th St. (Florence To 88th)DONOTUSE INVALID BARS	0.00	0.00	0.00	0.00	0.0%
594 35 63 50 270th St (94th-96th)DONOTUSE INVALID BARS	0.00	0.00	0.00	0.00	0.0%
595 30 63 31 270thST(Florence To 88th)	0.00	0.00	0.00	0.00	0.0%
595 30 63 32 270thST(94th To 96th)	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures	0.00	0.00	0.00	0.00	0.0%

999 Ending Balance

508 80 03 05 Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance	0.00	0.00	0.00	0.00	0.0%

Fund Expenditures:	0.00	0.00	0.00	0.00	0.0%
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305 Construction Fund

Fund Excess/(Deficit):	0.00	0.00	0.00
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401 Sewer Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 04 01 Restricted Beginning Cash & Invest	0.00	0.00	0.00	0.00	0.0%
308 80 04 01 Beginning Cash & Investments	1,279,494.00	0.00	1,603,873.04	(324,379.04)	125.4%
308 Beginning Balances	1,279,494.00	0.00	1,603,873.04	(324,379.04)	125.4%

340 Charges For Services

343 50 04 01 Sewer Service Charges	1,787,407.00	146,613.87	470,646.87	1,316,760.13	26.3%
343 50 50 01 Sewer - Other Fees	1,100.00	0.00	0.00	1,100.00	0.0%
340 Charges For Services	1,788,507.00	146,613.87	470,646.87	1,317,860.13	26.3%

360 Misc Revenues

361 11 04 01 State Pool/cd Interest	5,649.00	935.02	4,283.55	1,365.45	75.8%
369 91 04 01 Miscellaneous	255.00	0.00	0.00	255.00	0.0%
360 Misc Revenues	5,904.00	935.02	4,283.55	1,620.45	72.6%

380 Non Revenues

389 35 00 00 PUT Tax	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%

397 Interfund Transfers

397 00 04 05 Trfr From Plant Invest Fee (405)	0.00	0.00	0.00	0.00	0.0%
397 00 55 01 Transfer In From WWTP	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	3,073,905.00	147,548.89	2,078,803.46	995,101.54	67.6%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
535 Sewer					
535 80 10 00 Salaries & Wages	317,685.00	30,969.33	85,300.76	232,384.24	26.9%
535 80 11 00 Overtime	10,000.00	234.38	608.71	9,391.29	6.1%
535 80 20 00 Social Security	24,300.00	2,377.38	6,541.05	17,758.95	26.9%
535 80 21 00 Retirement	35,420.00	3,531.17	10,351.97	25,068.03	29.2%
535 80 22 00 Medical Benefits	104,785.00	7,505.72	23,024.46	81,760.54	22.0%
535 80 23 00 L & I	7,730.00	0.00	2,223.94	5,506.06	28.8%
535 80 24 00 Unemployment Insurance	1,665.00	0.00	154.86	1,510.14	9.3%
535 80 31 00 Supplies	30,000.00	1,026.54	1,680.32	28,319.68	5.6%
535 80 31 03 Uniforms	4,000.00	165.04	371.34	3,628.66	9.3%
535 80 32 00 Fuel	7,500.00	456.83	1,165.69	6,334.31	15.5%
535 80 35 00 Small Equipment	2,500.00	0.00	0.00	2,500.00	0.0%
535 80 41 00 Professional Services	60,000.00	669.59	12,097.46	47,902.54	20.2%
535 80 41 01 Bio-solid Removal	0.00	0.00	0.00	0.00	0.0%
535 80 42 00 Communications	20,000.00	1,831.88	3,900.78	16,099.22	19.5%
535 80 44 00 Advertising	500.00	0.00	0.00	500.00	0.0%
535 80 45 00 Rentals	2,000.00	270.15	679.08	1,320.92	34.0%
535 80 46 00 Insurance	30,840.00	0.00	30,840.00	0.00	100.0%
535 80 47 00 Utilities	160,000.00	9,514.16	21,429.02	138,570.98	13.4%
535 80 48 00 Repair/maintenance	40,000.00	2,712.77	3,657.44	36,342.56	9.1%
535 80 49 00 Miscellaneous	0.00	0.00	0.00	0.00	0.0%

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401 Sewer Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
535 Sewer					
535 80 49 01 B & O Tax	37,000.00	0.00	6,472.38	30,527.62	17.5%
535 80 49 03 Meetings, Training & Travel	9,000.00	199.17	427.17	8,572.83	4.7%
535 80 49 05 Credit Card Bank Fees	3,250.00	438.79	1,372.20	1,877.80	42.2%
535 80 49 06 Dues	500.00	0.00	73.67	426.33	14.7%
535 80 49 80 Interfund Payment For Servic	153,476.00	38,369.00	38,369.00	115,107.00	25.0%
535 80 51 09 Permits	9,000.00	0.00	0.00	9,000.00	0.0%
535 Sewer	1,071,151.00	100,271.90	250,741.30	820,409.70	23.4%

580 Non Expenditures

589 35 00 00 PUT Tax	0.00	0.00	0.00	0.00	0.0%
591 35 78 00 Pwtf Principal - Sewer Imprv	0.00	0.00	0.00	0.00	0.0%
591 35 78 01 Pwtf Principal-wwtp Design	0.00	0.00	0.00	0.00	0.0%
591 35 78 02 Srf Principal-treatment Plan	465,029.00	0.00	232,514.67	232,514.33	50.0%
591 35 78 03 Pwtf Principal-271st Trunkli	106,921.00	0.00	0.00	106,921.00	0.0%
580 Non Expenditures	571,950.00	0.00	232,514.67	339,435.33	40.7%

591 Debt Service

592 35 83 00 Pwtf Interest - Sewer Imprvt	0.00	0.00	0.00	0.00	0.0%
592 35 83 01 Pwtf Interest-wwtp Design	0.00	0.00	0.00	0.00	0.0%
592 35 83 03 Pwtf Interest-271st Trunk Co	4,811.00	0.00	0.00	4,811.00	0.0%
591 Debt Service	4,811.00	0.00	0.00	4,811.00	0.0%

594 Capital Expenditures

594 35 64 03 Machinery & Equipment	25,000.00	0.00	0.00	25,000.00	0.0%
594 Capital Expenditures	25,000.00	0.00	0.00	25,000.00	0.0%

597 Interfund Transfers

597 00 04 51 Transfer To Bond Reserve (45	0.00	0.00	0.00	0.00	0.0%
597 00 04 57 Transfer To Equip Replacemen	40,000.00	10,000.00	10,000.00	30,000.00	25.0%
597 01 04 03 Transfer Out To Sewer Const (403)	150,000.00	37,500.00	37,500.00	112,500.00	25.0%
597 Interfund Transfers	190,000.00	47,500.00	47,500.00	142,500.00	25.0%

999 Ending Balance

508 10 04 01 Restricted Ending Cash & Invest	0.00	0.00	0.00	0.00	0.0%
508 80 04 01 Ending Cash & Investments	1,210,993.00	0.00	0.00	1,210,993.00	0.0%
999 Ending Balance	1,210,993.00	0.00	0.00	1,210,993.00	0.0%

Fund Expenditures:	3,073,905.00	147,771.90	530,755.97	2,543,149.03	17.3%
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Fund Excess/(Deficit):	0.00	(223.01)	1,548,047.49		
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403 Sewer Construction Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
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308 Beginning Balances

308 80 04 03 Beginning Cash & Investments	898,169.00	0.00	1,442,266.06	(544,097.06)	160.6%
308 Beginning Balances	898,169.00	0.00	1,442,266.06	(544,097.06)	160.6%

340 Charges For Services

343 50 00 00 Sewer Connection Fees	14,500.00	2,500.00	6,000.00	8,500.00	41.4%
340 Charges For Services	14,500.00	2,500.00	6,000.00	8,500.00	41.4%

360 Misc Revenues

361 11 04 03 State Pool/cd Interest	5,000.00	862.07	3,894.81	1,105.19	77.9%
360 Misc Revenues	5,000.00	862.07	3,894.81	1,105.19	77.9%

380 Non Revenues

381 12 03 05 Interfund Loan Repayment	0.00	0.00	0.00	0.00	0.0%
381 12 04 11 Interfund Loan Repayment	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%

397 Interfund Transfers

397 01 04 05 Trfr In From Sewer Plant Inv	142,472.00	35,618.00	35,618.00	106,854.00	25.0%
397 02 04 01 Transfer In From Sewer (401)	150,000.00	37,500.00	37,500.00	112,500.00	25.0%
397 61 55 10 Trfr In From 271st St NW Trunkline	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	292,472.00	73,118.00	73,118.00	219,354.00	25.0%

Fund Revenues:	1,210,141.00	76,480.07	1,525,278.87	(315,137.87)	126.0%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
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580 Non Expenditures

581 10 03 05 Interfund Loan Issued	0.00	0.00	0.00	0.00	0.0%
581 10 04 11 Interfund Loan Issued	0.00	0.00	0.00	0.00	0.0%
580 Non Expenditures	0.00	0.00	0.00	0.00	0.0%

594 Capital Expenditures

594 35 41 00 Professional Services	0.00	0.00	0.00	0.00	0.0%
594 35 41 06 Bio-solids Removal	0.00	0.00	0.00	0.00	0.0%
594 35 41 20 Wastewater Rate Study	22,000.00	1,013.75	2,508.13	19,491.87	11.4%
594 35 41 25 Ex9 Modificatn Headworks Stu	0.00	0.00	0.00	0.00	0.0%
594 35 62 00 Buildings	0.00	0.00	0.00	0.00	0.0%
594 35 62 01 Biosolids Processing Facility	110,000.00	0.00	0.00	110,000.00	0.0%
594 35 63 00 Improvements	0.00	0.00	4,076.20	(4,076.20)	0.0%
594 35 63 01 Wash Water System	0.00	0.00	0.00	0.00	0.0%
594 35 63 07 Infastructure Access Cctv	0.00	0.00	0.00	0.00	0.0%
594 35 63 13 Collector/Int Syst Flow	45,000.00	0.00	0.00	45,000.00	0.0%
594 35 63 14 Ex4b Pioneer Highway	0.00	0.00	0.00	0.00	0.0%
594 35 63 15 Ex10b 80th Easement Sewer	0.00	0.00	0.00	0.00	0.0%
594 35 63 16 Pioneer/Cedarhome To 267th	50,000.00	0.00	0.00	50,000.00	0.0%
594 35 63 17 Basin 1 Pipe Eval/Repair/Replace	0.00	0.00	0.00	0.00	0.0%

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403 Sewer Construction Fund

Expenditures		Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures						
594 35 63 18	Ex 10a 261st Street	0.00	0.00	0.00	0.00	0.0%
594 35 63 19	Viking Way Sewer Improve	0.00	0.00	0.00	0.00	0.0%
594 35 63 20	90th Street Sewer Improve	0.00	0.00	0.00	0.00	0.0%
594 35 63 21	Pioneer Hwy Swr Main Repl	0.00	0.00	0.00	0.00	0.0%
594 35 63 22	72nd SMR	0.00	0.00	0.00	0.00	0.0%
594 35 63 23	SR 532 @ 64th Extension	0.00	0.00	0.00	0.00	0.0%
594 35 63 24	271st (94th - 99th)	400,000.00	0.00	0.00	400,000.00	0.0%
594 35 63 25	270th (94th - 96th)	0.00	0.00	0.00	0.00	0.0%
594 35 63 26	Sheetpile Walls (50/50 W Drainage)	0.00	0.00	0.00	0.00	0.0%
594 35 63 27	Misc Pipe Replacement (EX1)	0.00	0.00	0.00	0.00	0.0%
594 35 63 29	Main Lift Station Upgrades	0.00	0.00	0.00	0.00	0.0%
594 35 63 31	Sewer Plant Improvements	0.00	0.00	0.00	0.00	0.0%
594 35 63 32	Pioneer 77th-267th	0.00	0.00	0.00	0.00	0.0%
594 35 64 01	Telemetry Equipment	225,000.00	0.00	15,728.06	209,271.94	7.0%
594 35 64 32	Pioneer 77th - 267th	0.00	0.00	0.00	0.00	0.0%
594 35 64 33	Smoke Testing/Camera/Flow Meter Basin 1	300,000.00	0.00	0.00	300,000.00	0.0%
594 35 65 09	Ex3c Basin4a Grav Main Replm	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures		1,152,000.00	1,013.75	22,312.39	1,129,687.61	1.9%
597 Interfund Transfers						
597 00 35 00	Trsfr To 305	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers		0.00	0.00	0.00	0.00	0.0%
999 Ending Balance						
508 80 04 03	Ending Cash & Investments	58,141.00	0.00	0.00	58,141.00	0.0%
999 Ending Balance		58,141.00	0.00	0.00	58,141.00	0.0%
Fund Expenditures:		1,210,141.00	1,013.75	22,312.39	1,187,828.61	1.8%
Fund Excess/(Deficit):		0.00	75,466.32	1,502,966.48		

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405 Sewer Plant Investment Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 04 05 Beginning Cash & Investments	776,902.00	0.00	825,957.04	(49,055.04)	106.3%
308 Beginning Balances	776,902.00	0.00	825,957.04	(49,055.04)	106.3%

360 Misc Revenues

361 11 04 05 State Pool/cd Interest	250.00	527.89	3,365.17	(3,115.17)	*****%
368 10 04 05 Plant Investment Fees	187,804.00	32,380.00	77,712.00	110,092.00	41.4%
360 Misc Revenues	188,054.00	32,907.89	81,077.17	106,976.83	43.1%

Fund Revenues:	964,956.00	32,907.89	907,034.21	57,921.79	94.0%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
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597 Interfund Transfers

597 00 04 01 Trfr Out To Pwtfl (401)	0.00	0.00	0.00	0.00	0.0%
597 00 04 03 Transfer To Sewer Constructi	142,472.00	35,618.00	35,618.00	106,854.00	25.0%
597 Interfund Transfers	142,472.00	35,618.00	35,618.00	106,854.00	25.0%

999 Ending Balance

508 80 04 05 Ending Cash & Investments	822,484.00	0.00	0.00	822,484.00	0.0%
999 Ending Balance	822,484.00	0.00	0.00	822,484.00	0.0%

Fund Expenditures:	964,956.00	35,618.00	35,618.00	929,338.00	3.7%
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Fund Excess/(Deficit):	0.00	(2,710.11)	871,416.21		
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410 Drainage Fund

Revenues	Amt Budgeted	March	YTD	Remaining
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308 Beginning Balances

308 10 04 10	Restricted Beginning Cash & Invest	0.00	0.00	0.00	0.00	0.0%
308 80 04 10	Beginning Cash & Investments	143,391.00	0.00	298,228.16	(154,837.16)	208.0%
308 Beginning Balances		143,391.00	0.00	298,228.16	(154,837.16)	208.0%

340 Charges For Services

343 83 00 00	Drainage Service Charges	450,000.00	44,151.45	150,519.89	299,480.11	33.4%
343 83 10 00	Drainage Service Surcharge	0.00	0.00	0.00	0.00	0.0%
343 83 83 10	Drainage - Other Fees	200.00	0.00	0.00	200.00	0.0%
340 Charges For Services		450,200.00	44,151.45	150,519.89	299,680.11	33.4%

360 Misc Revenues

361 11 04 10	State Pool/cd Interest	500.00	201.81	824.25	(324.25)	164.9%
369 91 41 00	Miscellaneous Revenue	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues		500.00	201.81	824.25	(324.25)	164.9%

380 Non Revenues

389 36 00 00	B & O Tax	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues		0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	594,091.00	44,353.26	449,572.30	144,518.70	75.7%
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Expenditures	Amt Budgeted	March	YTD	Remaining
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531 Natural Resources

531 50 10 00	Salaries & Wages	158,225.00	11,907.04	37,302.54	120,922.46	23.6%
531 50 11 00	Overtime	2,080.00	36.87	76.70	2,003.30	3.7%
531 50 20 00	Social Security	12,105.00	906.38	2,839.34	9,265.66	23.5%
531 50 21 00	Retirement	16,360.00	1,506.37	4,528.04	11,831.96	27.7%
531 50 22 00	Medical Benefits	39,395.00	2,844.15	8,859.83	30,535.17	22.5%
531 50 23 00	L & I	3,640.00	0.00	803.18	2,836.82	22.1%
531 50 24 00	Unemployment Insurance	780.00	0.00	71.18	708.82	9.1%
531 50 31 00	Supplies	4,500.00	106.46	264.18	4,235.82	5.9%
531 50 31 03	Uniforms	1,000.00	25.00	50.00	950.00	5.0%
531 50 32 00	Fuel	5,000.00	413.48	783.14	4,216.86	15.7%
531 50 35 00	Small Equipment	1,500.00	0.00	0.00	1,500.00	0.0%
531 50 41 00	Professional Services	40,000.00	977.98	4,714.74	35,285.26	11.8%
531 50 42 00	Communications	3,000.00	171.89	201.62	2,798.38	6.7%
531 50 45 00	Rentals	500.00	82.29	246.87	253.13	49.4%
531 50 46 00	Insurance	25,855.00	0.00	25,855.00	0.00	100.0%
531 50 47 00	Utilities	8,500.00	1,352.99	2,721.78	5,778.22	32.0%
531 50 48 00	Repair/maintenance	5,000.00	867.92	1,075.45	3,924.55	21.5%
531 50 48 01	Drainage System Maintenance	0.00	0.00	0.00	0.00	0.0%
531 50 49 00	Miscellaneous	0.00	0.00	106.87	(106.87)	0.0%
531 50 49 01	B & O Tax	7,200.00	0.00	1,395.86	5,804.14	19.4%
531 50 49 03	Meetings, Training & Travel	750.00	99.17	99.17	650.83	13.2%
531 50 49 05	Credit Card Bank Fees	1,500.00	167.16	522.73	977.27	34.8%
531 50 49 50	Interfund Payment For Servic	72,837.00	18,209.00	18,209.00	54,628.00	25.0%
531 50 51 01	State Operating Permits	600.00	0.00	0.00	600.00	0.0%

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410 Drainage Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
531 Natural Resources					
531 Natural Resources	410,327.00	39,674.15	110,727.22	299,599.78	27.0%
580 Non Expenditures					
589 36 00 00 B & O Tax	0.00	0.00	0.00	0.00	0.0%
580 Non Expenditures	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures					
594 38 64 01 Machinery & Equipment	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers					
597 00 42 20 Transfer To WCF (422)	0.00	0.00	0.00	0.00	0.0%
597 01 04 11 Transfer To DCF (411)	24,435.00	6,109.00	6,109.00	18,326.00	25.0%
597 01 04 57 Transfer To Equip Replacemen	0.00	0.00	0.00	0.00	0.0%
597 03 04 58 Trsfr To 458 Equip Repl	110,000.00	27,500.00	27,500.00	82,500.00	25.0%
597 Interfund Transfers	134,435.00	33,609.00	33,609.00	100,826.00	25.0%
999 Ending Balance					
508 10 04 10 Restricted Ending Cash & Invest	0.00	0.00	0.00	0.00	0.0%
508 80 04 10 Ending Cash & Investments	49,329.00	0.00	0.00	49,329.00	0.0%
999 Ending Balance	49,329.00	0.00	0.00	49,329.00	0.0%
Fund Expenditures:	594,091.00	73,283.15	144,336.22	449,754.78	24.3%
Fund Excess/(Deficit):	0.00	(28,929.89)	305,236.08		

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411 Drainage Construction Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 04 11 Beginning Cash & Investments	257,181.00	0.00	141,304.38	115,876.62	54.9%
308 Beginning Balances	257,181.00	0.00	141,304.38	115,876.62	54.9%
330 State Generated Revenues					
333 97 03 60 FEMA	0.00	0.00	0.00	0.00	0.0%
334 01 80 00 State Fema	0.00	0.00	0.00	0.00	0.0%
334 03 10 01 Department Of Ecology	0.00	0.00	0.00	0.00	0.0%
334 04 20 11 DOC - Stormwater Separation Grant	435,000.00	0.00	0.00	435,000.00	0.0%
334 04 20 12 DOC - Berm 532	0.00	0.00	0.00	0.00	0.0%
334 04 20 13 DOC-Sheet Pile Walls	0.00	0.00	0.00	0.00	0.0%
330 State Generated Revenues	435,000.00	0.00	0.00	435,000.00	0.0%
340 Charges For Services					
343 83 04 11 Drainage Connection Fees	5,800.00	1,000.00	2,600.00	3,200.00	44.8%
343 83 04 12 Drainage Development Fee	0.00	0.00	0.00	0.00	0.0%
345 14 00 00 Drainage Services - Stilly Tribe	0.00	0.00	0.00	0.00	0.0%
340 Charges For Services	5,800.00	1,000.00	2,600.00	3,200.00	44.8%
360 Misc Revenues					
361 11 04 11 State Pool/cd Interest	250.00	64.03	361.66	(111.66)	144.7%
369 40 00 11 Judgments And Settlements	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	250.00	64.03	361.66	(111.66)	144.7%
380 Non Revenues					
381 10 00 02 Interfund Loans Received	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers					
397 01 04 10 Transfer From Drainage (410)	24,435.00	6,109.00	6,109.00	18,326.00	25.0%
397 02 04 12 Transfer In From Drainage PIF	20,000.00	5,000.00	5,000.00	15,000.00	25.0%
397 Interfund Transfers	44,435.00	11,109.00	11,109.00	33,326.00	25.0%
Fund Revenues:	742,666.00	12,173.03	155,375.04	587,290.96	20.9%
Expenditures	Amt Budgeted	March	YTD	Remaining	
580 Non Expenditures					
581 20 00 02 Interfund Loan Principal Payback	0.00	0.00	0.00	0.00	0.0%
580 Non Expenditures	0.00	0.00	0.00	0.00	0.0%
591 Debt Service					
592 38 82 02 Interfund Loan Interest	0.00	0.00	0.00	0.00	0.0%
591 Debt Service	0.00	0.00	0.00	0.00	0.0%

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411 Drainage Construction Fund

Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 34 41 24 Drainage Rate Study	32,000.00	1,135.00	2,371.25	29,628.75	7.4%
594 38 63 00 Improvements	0.00	0.00	0.00	0.00	0.0%
594 38 63 01 Irvine Slough Pump Station	0.00	0.00	0.00	0.00	0.0%
594 38 63 02 SR 532 Flood Berm	55,000.00	232.05	232.05	54,767.95	0.4%
594 38 63 03 Florence Rd Drainage	0.00	0.00	0.00	0.00	0.0%
594 38 63 04 Sd-6 Seven Tube Tide Gate Re	0.00	0.00	0.00	0.00	0.0%
594 38 63 05 Retention Pond Improvements	0.00	0.00	0.00	0.00	0.0%
594 38 63 06 Enclose Ditch Lovers' Lane	0.00	0.00	0.00	0.00	0.0%
594 38 63 07 Flood By-Pass WWTP Lagoon	0.00	0.00	0.00	0.00	0.0%
594 38 63 08 Irvine Slough Erosion Control	30,000.00	0.00	6,877.50	23,122.50	22.9%
594 38 63 09 270th Drainage	0.00	0.00	0.00	0.00	0.0%
594 38 63 10 85th Drainage (Pioneer Hwy To 276th)	0.00	0.00	0.00	0.00	0.0%
594 38 63 11 Stormwater Separation	300,000.00	0.00	29,051.76	270,948.24	9.7%
594 38 63 12 270th (Florence To 88th)	0.00	0.00	0.00	0.00	0.0%
594 38 63 13 Sheetpile Walls (50/50 W Sewer)	250,000.00	0.00	0.00	250,000.00	0.0%
594 38 63 15 270th Street (Florence To 88th)	0.00	0.00	0.00	0.00	0.0%
594 38 63 16 Fort Freeberg - FEMA	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures	667,000.00	1,367.05	38,532.56	628,467.44	5.8%
597 Interfund Transfers					
597 00 04 05 Trsfer To 305	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance					
508 80 04 11 Ending Cash & Investments	75,666.00	0.00	0.00	75,666.00	0.0%
999 Ending Balance	75,666.00	0.00	0.00	75,666.00	0.0%
Fund Expenditures:	742,666.00	1,367.05	38,532.56	704,133.44	5.2%
Fund Excess/(Deficit):	0.00	10,805.98	116,842.48		

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412 Drainage Plant Investment Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 04 12 Beginning Cash & Investments	4,515.00	0.00	15,142.49	(10,627.49)	335.4%
308 Beginning Balances	4,515.00	0.00	15,142.49	(10,627.49)	335.4%
360 Misc Revenues					
361 11 04 12 State Pool/cd Interest	100.00	12.63	172.56	(72.56)	172.6%
368 10 04 12 Plant Investment Fees	19,185.00	4,010.00	9,624.00	9,561.00	50.2%
360 Misc Revenues	19,285.00	4,022.63	9,796.56	9,488.44	50.8%
Fund Revenues:	23,800.00	4,022.63	24,939.05	(1,139.05)	104.8%
Expenditures	Amt Budgeted	March	YTD	Remaining	
597 Interfund Transfers					
597 02 04 11 Transfer Out Drainage Const	20,000.00	5,000.00	5,000.00	15,000.00	25.0%
597 02 42 20 Transfer Out WCF (422)	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers	20,000.00	5,000.00	5,000.00	15,000.00	25.0%
999 Ending Balance					
508 80 04 12 Ending Cash & Investments	3,800.00	0.00	0.00	3,800.00	0.0%
999 Ending Balance	3,800.00	0.00	0.00	3,800.00	0.0%
Fund Expenditures:	23,800.00	5,000.00	5,000.00	18,800.00	21.0%
Fund Excess/(Deficit):	0.00	(977.37)	19,939.05		

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421 Water Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 04 21 Restricted Cash & Invest	0.00	0.00	0.00	0.00	0.0%
308 80 04 21 Beginning Cash & Investments	442,183.00	0.00	752,860.44	(310,677.44)	170.3%
308 Beginning Balances	442,183.00	0.00	752,860.44	(310,677.44)	170.3%

340 Charges For Services

343 40 00 21 Water - Other Fees	7,000.00	792.50	2,661.14	4,338.86	38.0%
343 40 04 21 Water Service Charges	1,725,413.00	125,379.05	423,962.54	1,301,450.46	24.6%
340 Charges For Services	1,732,413.00	126,171.55	426,623.68	1,305,789.32	24.6%

360 Misc Revenues

359 90 51 00 Late Penalties	40,000.00	2,772.15	8,452.83	31,547.17	21.1%
361 11 04 21 State Pool/cd Interest	1,700.00	549.79	5,131.82	(3,431.82)	301.9%
369 91 04 21 Miscellaneous	200.00	0.00	134.36	65.64	67.2%
360 Misc Revenues	41,900.00	3,321.94	13,719.01	28,180.99	32.7%

380 Non Revenues

389 34 00 00 PUT Tax	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%

397 Interfund Transfers

397 00 00 01 Operating Transfer In	65,337.00	16,334.00	16,334.00	49,003.00	25.0%
397 00 04 23 Trfr In From Cedarhome Pif	10,580.00	2,645.00	2,645.00	7,935.00	25.0%
397 00 04 24 Trfr From Water Plant Inv 42	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	75,917.00	18,979.00	18,979.00	56,938.00	25.0%

Fund Revenues:	2,292,413.00	148,472.49	1,212,182.13	1,080,230.87	52.9%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
534 Water Utilities					
534 80 10 00 Salaries & Wages	391,420.00	26,484.26	80,514.97	310,905.03	20.6%
534 80 11 00 Overtime	10,000.00	700.81	1,517.26	8,482.74	15.2%
534 80 20 00 Social Security	30,710.00	2,074.02	6,256.19	24,453.81	20.4%
534 80 21 00 Retirement	41,215.00	3,435.01	10,135.33	31,079.67	24.6%
534 80 22 00 Medical Benefits	109,910.00	6,388.11	19,709.95	90,200.05	17.9%
534 80 23 00 L & I	7,728.00	0.00	1,761.47	5,966.53	22.8%
534 80 24 00 Unemployment Insurance	2,340.00	0.00	155.18	2,184.82	6.6%
534 80 31 00 Supplies	40,000.00	3,276.53	4,362.55	35,637.45	10.9%
534 80 31 05 Uniforms	4,626.00	207.16	466.11	4,159.89	10.1%
534 80 31 08 Chemicals	10,280.00	0.00	0.00	10,280.00	0.0%
534 80 32 00 Fuel	12,336.00	1,184.25	2,176.40	10,159.60	17.6%
534 80 35 00 Small Equipment	8,224.00	463.52	534.42	7,689.58	6.5%
534 80 35 01 Meters/installs	10,000.00	0.00	0.00	10,000.00	0.0%
534 80 41 00 Professional Services	50,000.00	719.58	9,824.70	40,175.30	19.6%
534 80 42 00 Communications	10,280.00	822.45	1,472.20	8,807.80	14.3%
534 80 44 00 Advertising	514.00	0.00	0.00	514.00	0.0%
534 80 45 00 Rentals	500.00	123.44	407.94	92.06	81.6%
534 80 46 00 Insurance	30,840.00	0.00	31,097.00	(257.00)	100.8%
534 80 47 00 Utilities	82,240.00	3,226.75	9,535.30	72,704.70	11.6%

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421 Water Fund

Expenditures		Amt Budgeted	March	YTD	Remaining	
534 Water Utilities						
534 80 48 00	Repair/maintenance	40,000.00	1,391.52	4,708.33	35,291.67	11.8%
534 80 49 01	B & O Tax	92,520.00	0.00	14,078.93	78,441.07	15.2%
534 80 49 05	Credit Card Bank Fees	4,112.00	438.80	1,372.19	2,739.81	33.4%
534 80 49 06	Dues	1,028.00	0.00	73.67	954.33	7.2%
534 80 49 09	Meetings, Training & Travel	6,682.00	179.17	433.17	6,248.83	6.5%
534 80 49 80	Interfund Payments For Servi	186,135.00	46,534.00	46,534.00	139,601.00	25.0%
534 80 51 01	Testing	514.00	0.00	0.00	514.00	0.0%
534 80 51 03	Operating Permit	6,168.00	0.00	3,853.60	2,314.40	62.5%
534 Water Utilities		1,190,322.00	97,649.38	250,980.86	939,341.14	21.1%
580 Non Expenditures						
582 34 72 00	2011 Revenue Bond Principal	0.00	0.00	0.00	0.00	0.0%
589 34 00 00	PUT Tax	0.00	0.00	0.00	0.00	0.0%
591 34 78 01	Pwtf Principal - Water Imprv	0.00	0.00	0.00	0.00	0.0%
591 34 78 02	Pwtf Principal-emerg'cy Repa	0.00	0.00	0.00	0.00	0.0%
591 34 78 03	Pwtf Principal-cedarhome Rsr	139,519.00	0.00	0.00	139,519.00	0.0%
591 34 78 04	Pwtf Princ Water Trtmnt Plan	172,385.00	0.00	0.00	172,385.00	0.0%
591 34 78 05	Pwtf Princ - Water Comp Plan	0.00	0.00	0.00	0.00	0.0%
580 Non Expenditures		311,904.00	0.00	0.00	311,904.00	0.0%
591 Debt Service						
592 34 83 03	Pwtf Interest - Water Imprvt	0.00	0.00	0.00	0.00	0.0%
592 34 83 04	Pwtf Interest-emergency Repair	0.00	0.00	0.00	0.00	0.0%
592 34 83 05	Pwtf Interest-cedarhome Rsrv	5,581.00	0.00	0.00	5,581.00	0.0%
592 34 83 06	Pwtf Int Water Trtmnt Plant	7,757.00	0.00	0.00	7,757.00	0.0%
592 34 83 07	2011 Revenue Bond Interest	0.00	0.00	0.00	0.00	0.0%
591 Debt Service		13,338.00	0.00	0.00	13,338.00	0.0%
594 Capital Expenditures						
594 34 64 02	Machinery & Equipment	25,000.00	0.00	0.00	25,000.00	0.0%
594 Capital Expenditures		25,000.00	0.00	0.00	25,000.00	0.0%
597 Interfund Transfers						
597 00 04 22	Trfr For System Rplcmnt-(422	0.00	0.00	0.00	0.00	0.0%
597 00 04 59	Transfer To Water Equip REs	107,000.00	26,750.00	26,750.00	80,250.00	25.0%
597 02 04 57	Transfer To Equip Replacemen	0.00	0.00	0.00	0.00	0.0%
597 10 04 51	Transfer To WS Bond Res (451)	209,200.00	52,300.00	52,300.00	156,900.00	25.0%
597 Interfund Transfers		316,200.00	79,050.00	79,050.00	237,150.00	25.0%
999 Ending Balance						
508 10 04 21	Restricted Ending Cash & Invest	0.00	0.00	0.00	0.00	0.0%
508 80 04 21	Ending Cash & Investments	435,649.00	0.00	0.00	435,649.00	0.0%
999 Ending Balance		435,649.00	0.00	0.00	435,649.00	0.0%
Fund Expenditures:		2,292,413.00	176,699.38	330,030.86	1,962,382.14	14.4%

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421 Water Fund

Fund Excess/(Deficit):	0.00	(28,226.89)	882,151.27
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422 Water Construction Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 04 22 Beginning Cash & Investments	360,465.00	0.00	498,228.51	(137,763.51)	138.2%
308 Beginning Balances	360,465.00	0.00	498,228.51	(137,763.51)	138.2%

340 Charges For Services

343 40 00 00 Water Connection Fees	13,200.00	3,000.00	7,200.00	6,000.00	54.5%
340 Charges For Services	13,200.00	3,000.00	7,200.00	6,000.00	54.5%

360 Misc Revenues

361 11 04 22 State Pool/cd Interest	250.00	300.14	1,489.43	(1,239.43)	595.8%
369 91 04 22 Miscellaneous	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	250.00	300.14	1,489.43	(1,239.43)	595.8%

380 Non Revenues

382 80 04 22 Revenue Bond	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%

397 Interfund Transfers

397 01 04 21 Transfer In From Water Fund	0.00	0.00	0.00	0.00	0.0%
397 01 04 24 Trfr In From Water Plant Inv	116,160.00	29,040.00	29,040.00	87,120.00	25.0%
397 01 41 00 Transfer In From Drainage	0.00	0.00	0.00	0.00	0.0%
397 01 41 20 Transfer In From DCF (412)	0.00	0.00	0.00	0.00	0.0%
397 Interfund Transfers	116,160.00	29,040.00	29,040.00	87,120.00	25.0%

Fund Revenues:	490,075.00	32,340.14	535,957.94	(45,882.94)	109.4%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 34 41 00 Professional Services	0.00	0.00	0.00	0.00	0.0%
594 34 41 19 Water Rate Study	22,000.00	1,013.75	2,508.12	19,491.88	11.4%
594 34 41 20 F4 Ch Well Water Right Trsfr	0.00	0.00	0.00	0.00	0.0%
594 34 41 21 M1 Devel System Wide Flushin	0.00	0.00	0.00	0.00	0.0%
594 34 41 22 M2 Dist System Corrosion Stu	0.00	0.00	0.00	0.00	0.0%
594 34 41 23 Water Use Efficiency Program	0.00	0.00	0.00	0.00	0.0%
594 34 41 25 Cross Connection Control Program	0.00	0.00	0.00	0.00	0.0%
594 34 63 00 Improvements	50,000.00	0.00	0.00	50,000.00	0.0%
594 34 63 06 Pz-1 297 Zone To 400 Zone	0.00	0.00	0.00	0.00	0.0%
594 34 63 13 Wm13 16" 84th Dr To Tc Foods	0.00	0.00	0.00	0.00	0.0%
594 34 63 16 Bryant Well #3 (2011 Bond)	0.00	0.00	0.00	0.00	0.0%
594 34 63 17 F9 Hatt Slough Collection Bo	0.00	0.00	0.00	0.00	0.0%
594 34 63 18 Waterline Replacement	0.00	0.00	0.00	0.00	0.0%
594 34 63 19 City Valve Repair	0.00	0.00	0.00	0.00	0.0%
594 34 63 20 Wsdot Utility Relocation	0.00	0.00	0.00	0.00	0.0%
594 34 63 21 Water Main Upgrd 267th Pione	0.00	0.00	0.00	0.00	0.0%
594 34 63 22 Bryant Well Treatment Facili	0.00	0.00	0.00	0.00	0.0%
594 34 63 23 Bailey Reservoir Altitude Va	0.00	0.00	0.00	0.00	0.0%
594 34 63 24 Cross Connection Control Prg	0.00	0.00	0.00	0.00	0.0%

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422 Water Construction Fund

Expenditures		Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures						
594 34 63 25	Pioneer Hwy (64th-72nd) Water Main	0.00	0.00	0.00	0.00	0.0%
594 34 63 26	Cedar Home Well (Pipe/Bldg)	0.00	0.00	0.00	0.00	0.0%
594 34 63 27	Knittle Res. Sensors	0.00	0.00	0.00	0.00	0.0%
594 34 63 28	PZI - 125 & 242 To 245	0.00	0.00	0.00	0.00	0.0%
594 34 63 29	Bailey Res To Hatt Slough Telemetry	0.00	0.00	0.00	0.00	0.0%
594 34 63 30	Wellhead Protection Program	0.00	0.00	0.00	0.00	0.0%
594 34 63 31	Bryant Well #2 Replacement	0.00	0.00	0.00	0.00	0.0%
594 34 63 32	PZ-2	0.00	0.00	0.00	0.00	0.0%
594 34 63 33	F11 Hatt Slough Replacement	0.00	0.00	0.00	0.00	0.0%
594 34 63 34	WMR 52 98th Ave	0.00	0.00	0.00	0.00	0.0%
594 34 63 35	SR 532 @ 64th Ext Water	0.00	0.00	0.00	0.00	0.0%
594 34 63 36	Pressure Relief Valve - Zone 245	0.00	0.00	0.00	0.00	0.0%
594 34 63 37	Knittle Res #2 Recoating	0.00	0.00	0.00	0.00	0.0%
594 34 63 39	92nd Ave Water Main	0.00	0.00	0.00	0.00	0.0%
594 34 63 40	270th Street (Florence To 88th)	0.00	0.00	0.00	0.00	0.0%
594 34 63 41	Cedarhome Well Pump	0.00	0.00	5,126.46	(5,126.46)	0.0%
594 34 64 01	Meters/installs	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures		72,000.00	1,013.75	7,634.58	64,365.42	10.6%
597 Interfund Transfers						
597 00 03 05	Trsfr To 305	0.00	0.00	0.00	0.00	0.0%
597 Interfund Transfers		0.00	0.00	0.00	0.00	0.0%
999 Ending Balance						
508 80 04 22	Ending Cash & Investments	418,075.00	0.00	0.00	418,075.00	0.0%
999 Ending Balance		418,075.00	0.00	0.00	418,075.00	0.0%
Fund Expenditures:		490,075.00	1,013.75	7,634.58	482,440.42	1.6%
Fund Excess/(Deficit):		0.00	31,326.39	528,323.36		

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423 Cedar Home Plant Investment

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 04 23 Beginning Cash & Investments	33,556.00	0.00	56,451.69	(22,895.69)	168.2%
308 Beginning Balances	33,556.00	0.00	56,451.69	(22,895.69)	168.2%

360 Misc Revenues

361 11 04 23 State Pool/cd Interest	300.00	43.64	438.26	(138.26)	146.1%
368 10 04 23 Plant Investment Fees	10,280.00	12,850.00	28,270.00	(17,990.00)	275.0%
360 Misc Revenues	10,580.00	12,893.64	28,708.26	(18,128.26)	271.3%

380 Non Revenues

382 80 04 23 Pwtf Loan Proceeds	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%

Fund Revenues:	44,136.00	12,893.64	85,159.95	(41,023.95)	192.9%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 34 63 01 Cedarhome Reservoir Constr.	0.00	0.00	0.00	0.00	0.0%
594 Capital Expenditures	0.00	0.00	0.00	0.00	0.0%

597 Interfund Transfers

597 02 04 21 Transfer Out Water Oper (421)	10,580.00	2,645.00	2,645.00	7,935.00	25.0%
597 Interfund Transfers	10,580.00	2,645.00	2,645.00	7,935.00	25.0%

999 Ending Balance

508 80 04 23 Ending Cash & Investments	33,556.00	0.00	0.00	33,556.00	0.0%
999 Ending Balance	33,556.00	0.00	0.00	33,556.00	0.0%

Fund Expenditures:	44,136.00	2,645.00	2,645.00	41,491.00	6.0%
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Fund Excess/(Deficit):	0.00	10,248.64	82,514.95		
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424 Water Plant Investment Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 04 24 Beginning Cash & Investments	80,667.00	0.00	121,717.58	(41,050.58)	150.9%
308 Beginning Balances	80,667.00	0.00	121,717.58	(41,050.58)	150.9%
360 Misc Revenues					
361 11 04 24 State Pool/cd Interest	500.00	96.49	1,197.78	(697.78)	239.6%
368 10 04 24 Plant Investment Fees	142,840.00	26,400.00	63,360.00	79,480.00	44.4%
360 Misc Revenues	143,340.00	26,496.49	64,557.78	78,782.22	45.0%
Fund Revenues:	224,007.00	26,496.49	186,275.36	37,731.64	83.2%
Expenditures	Amt Budgeted	March	YTD	Remaining	
597 Interfund Transfers					
597 00 04 21 Trfr Out Water Oper (421)	0.00	0.00	0.00	0.00	0.0%
597 01 04 22 Transfer To Water Const. (42	116,160.00	29,040.00	29,040.00	87,120.00	25.0%
597 Interfund Transfers	116,160.00	29,040.00	29,040.00	87,120.00	25.0%
999 Ending Balance					
508 80 04 24 Ending Cash & Investments	107,847.00	0.00	0.00	107,847.00	0.0%
999 Ending Balance	107,847.00	0.00	0.00	107,847.00	0.0%
Fund Expenditures:	224,007.00	29,040.00	29,040.00	194,967.00	13.0%
Fund Excess/(Deficit):	0.00	(2,543.51)	157,235.36		

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435 Utility Deposits CLOSED

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 04 35 Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 Beginning Balances	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues					
386 00 00 20 Water Utility Deposits	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%
Fund Revenues:	0.00	0.00	0.00	0.00	0.0%
Expenditures	Amt Budgeted	March	YTD	Remaining	
580 Non Expenditures					
586 00 00 20 Water Deposit Refunds	0.00	0.00	0.00	0.00	0.0%
580 Non Expenditures	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance					
508 80 04 35 Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance	0.00	0.00	0.00	0.00	0.0%
Fund Expenditures:	0.00	0.00	0.00	0.00	0.0%
Fund Excess/(Deficit):	0.00	0.00	0.00		

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451 Water Bond Reserve

Revenues		Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances						
308 10 04 51	Restricted Beginning Cash & Investments	224,122.00	0.00	224,037.71	84.29	100.0%
308 80 04 51	Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 Beginning Balances		224,122.00	0.00	224,037.71	84.29	100.0%

360 Misc Revenues

361 11 04 51	State Pool/cd Interest	2,000.00	135.60	627.76	1,372.24	31.4%
360 Misc Revenues		2,000.00	135.60	627.76	1,372.24	31.4%

397 Interfund Transfers

397 00 04 01	Transfer In From Sewer (401)	0.00	0.00	0.00	0.00	0.0%
397 10 04 21	Transfer From Water (421)	209,200.00	52,300.00	52,300.00	156,900.00	25.0%
397 Interfund Transfers		209,200.00	52,300.00	52,300.00	156,900.00	25.0%

Fund Revenues:		435,322.00	52,435.60	276,965.47	158,356.53	63.6%
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Expenditures		Amt Budgeted	March	YTD	Remaining	
580 Non Expenditures						
591 34 72 01	2011 Revenue Bond Principal	120,000.00	0.00	0.00	120,000.00	0.0%
580 Non Expenditures		120,000.00	0.00	0.00	120,000.00	0.0%

591 Debt Service

592 34 83 08	Revenue Bond Interest	92,200.00	0.00	0.00	92,200.00	0.0%
591 Debt Service		92,200.00	0.00	0.00	92,200.00	0.0%

999 Ending Balance

508 10 04 51	Restricted Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 04 51	Ending Cash & Investments	223,122.00	0.00	0.00	223,122.00	0.0%
999 Ending Balance		223,122.00	0.00	0.00	223,122.00	0.0%

Fund Expenditures:		435,322.00	0.00	0.00	435,322.00	0.0%
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Fund Excess/(Deficit):		0.00	52,435.60	276,965.47		
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452 Sewer Bond Reserve

Revenues		Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances						
308 10 04 52	Restricted Beginning Cash & Investments	474,270.00	0.00	476,989.68	(2,719.68)	100.6%
308 80 04 52	Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 Beginning Balances		474,270.00	0.00	476,989.68	(2,719.68)	100.6%

360 Misc Revenues

361 11 04 52	State Pool/cd Interest	1,000.00	288.70	1,336.56	(336.56)	133.7%
360 Misc Revenues		1,000.00	288.70	1,336.56	(336.56)	133.7%
Fund Revenues:		475,270.00	288.70	478,326.24	(3,056.24)	100.6%

Expenditures		Amt Budgeted	March	YTD	Remaining	
999 Ending Balance						
508 10 04 52	Restricted Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 04 52	Ending Cash & Investments	475,270.00	0.00	0.00	475,270.00	0.0%
999 Ending Balance		475,270.00	0.00	0.00	475,270.00	0.0%
Fund Expenditures:		475,270.00	0.00	0.00	475,270.00	0.0%
Fund Excess/(Deficit):		0.00	288.70	478,326.24		

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457 Sewer Equipment Reserve

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 04 57 Restricted Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 80 04 57 Beginning Cash & Investments	220,879.00	0.00	261,746.33	(40,867.33)	118.5%
308 Beginning Balances	220,879.00	0.00	261,746.33	(40,867.33)	118.5%

360 Misc Revenues

361 11 04 57 State Pool/cd Interest	1,000.00	158.41	733.43	266.57	73.3%
369 91 04 57 Miscellaneous	0.00	0.00	0.00	0.00	0.0%
360 Misc Revenues	1,000.00	158.41	733.43	266.57	73.3%

397 Interfund Transfers

397 00 04 10 Transfer In From Drainage	0.00	0.00	0.00	0.00	0.0%
397 00 04 21 Transfer In From Water	0.00	0.00	0.00	0.00	0.0%
397 01 04 01 Transfer In From Sewer	40,000.00	10,000.00	10,000.00	30,000.00	25.0%
397 Interfund Transfers	40,000.00	10,000.00	10,000.00	30,000.00	25.0%

Fund Revenues:	261,879.00	10,158.41	272,479.76	(10,600.76)	104.0%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 35 64 02 Machinery & Equipment	40,000.00	0.00	0.00	40,000.00	0.0%
594 Capital Expenditures	40,000.00	0.00	0.00	40,000.00	0.0%

999 Ending Balance

508 10 04 57 Restricted Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 04 57 Ending Cash & Investments	221,879.00	0.00	0.00	221,879.00	0.0%
999 Ending Balance	221,879.00	0.00	0.00	221,879.00	0.0%

Fund Expenditures:	261,879.00	0.00	0.00	261,879.00	0.0%
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Fund Excess/(Deficit):	0.00	10,158.41	272,479.76		
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458 Drainage Equipment Reserve

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 04 58 Restricted Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 80 04 58 Beginning Cash & Investments	95,966.00	0.00	106,518.70	(10,552.70)	111.0%
308 Beginning Balances	95,966.00	0.00	106,518.70	(10,552.70)	111.0%

360 Misc Revenues

361 11 04 58 State Pool/cd Interest	0.00	64.46	298.45	(298.45)	0.0%
360 Misc Revenues	0.00	64.46	298.45	(298.45)	0.0%

397 Interfund Transfers

397 03 04 10 Trfr In From Drainage	110,000.00	27,500.00	27,500.00	82,500.00	25.0%
397 Interfund Transfers	110,000.00	27,500.00	27,500.00	82,500.00	25.0%

Fund Revenues:	205,966.00	27,564.46	134,317.15	71,648.85	65.2%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 38 64 02 Machinery & Equipment	81,200.00	0.00	0.00	81,200.00	0.0%
594 Capital Expenditures	81,200.00	0.00	0.00	81,200.00	0.0%
999 Ending Balance					
508 10 04 58 Restricted Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 04 58 Ending Cash & Investments	124,766.00	0.00	0.00	124,766.00	0.0%
999 Ending Balance	124,766.00	0.00	0.00	124,766.00	0.0%
Fund Expenditures:	205,966.00	0.00	0.00	205,966.00	0.0%
Fund Excess/(Deficit):	0.00	27,564.46	134,317.15		

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459 Water Equipment Reserve

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 10 04 59 Restricted Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 80 04 59 Beginning Cash & Investments	70,989.00	0.00	71,416.48	(427.48)	100.6%
308 Beginning Balances	70,989.00	0.00	71,416.48	(427.48)	100.6%

360 Misc Revenues

361 11 04 59 State Pool/cd Interest	100.00	43.24	200.12	(100.12)	200.1%
360 Misc Revenues	100.00	43.24	200.12	(100.12)	200.1%

397 Interfund Transfers

397 02 04 21 Transfer In From Water (421)	107,000.00	26,750.00	26,750.00	80,250.00	25.0%
397 Interfund Transfers	107,000.00	26,750.00	26,750.00	80,250.00	25.0%

Fund Revenues:	178,089.00	26,793.24	98,366.60	79,722.40	55.2%
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Expenditures	Amt Budgeted	March	YTD	Remaining	
594 Capital Expenditures					
594 34 64 03 Machinery & Equipment	107,000.00	0.00	0.00	107,000.00	0.0%
594 Capital Expenditures	107,000.00	0.00	0.00	107,000.00	0.0%

999 Ending Balance

508 10 04 59 Restricted Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
508 80 04 59 Ending Cash & Investments	71,089.00	0.00	0.00	71,089.00	0.0%
999 Ending Balance	71,089.00	0.00	0.00	71,089.00	0.0%

Fund Expenditures:	178,089.00	0.00	0.00	178,089.00	0.0%
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Fund Excess/(Deficit):	0.00	26,793.24	98,366.60
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630 Agency Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 06 30 Beginning Cash & Investments	35,493.00	0.00	46,581.39	(11,088.39)	131.2%
308 Beginning Balances	35,493.00	0.00	46,581.39	(11,088.39)	131.2%
380 Non Revenues					
389 10 00 00 Customer Deposits	0.00	150.00	150.00	(150.00)	0.0%
389 20 00 00 Retainage	0.00	0.00	0.00	0.00	0.0%
389 30 00 01 Court Funds	0.00	1,757.28	3,441.24	(3,441.24)	0.0%
389 30 00 02 Gun Permits	0.00	1,658.00	4,360.00	(4,360.00)	0.0%
389 30 00 03 Building Fee St. Surcharge	0.00	49.50	166.50	(166.50)	0.0%
389 30 00 04 Park Sales Tax And Other Sales Tax	0.00	603.79	620.44	(620.44)	0.0%
389 30 00 05 Leasehold Excise Tax	0.00	129.55	260.25	(260.25)	0.0%
380 Non Revenues	0.00	4,348.12	8,998.43	(8,998.43)	0.0%
Fund Revenues:	35,493.00	4,348.12	55,579.82	(20,086.82)	156.6%
Expenditures	Amt Budgeted	March	YTD	Remaining	
580 Non Expenditures					
589 10 00 00 Customer Deposits	0.00	0.00	0.00	0.00	0.0%
589 20 00 00 Retainage	0.00	0.00	38,584.06	(38,584.06)	0.0%
589 30 00 01 Court Funds	0.00	0.00	1,683.96	(1,683.96)	0.0%
589 30 00 02 Gun Permits	0.00	1,466.00	3,797.00	(3,797.00)	0.0%
589 30 00 03 Building Fee St. Surcharge	0.00	0.00	112.50	(112.50)	0.0%
589 30 00 04 Park Sales Tax And Other Sales Tax	0.00	0.00	132.96	(132.96)	0.0%
589 30 00 05 Leasehold Excise Tax	0.00	0.00	196.07	(196.07)	0.0%
580 Non Expenditures	0.00	1,466.00	44,506.55	(44,506.55)	0.0%
999 Ending Balance					
508 80 06 30 Ending Cash & Investments	35,493.00	0.00	0.00	35,493.00	0.0%
999 Ending Balance	35,493.00	0.00	0.00	35,493.00	0.0%
Fund Expenditures:	35,493.00	1,466.00	44,506.55	(9,013.55)	125.4%
Fund Excess/(Deficit):	0.00	2,882.12	11,073.27		

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660 Cash Accounts Fund

Revenues	Amt Budgeted	March	YTD	Remaining	
308 Beginning Balances					
308 80 06 60 Beginning Cash & Investments	0.00	0.00	0.00	0.00	0.0%
308 Beginning Balances	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues					
389 00 00 10 Change Fund	0.00	0.00	0.00	0.00	0.0%
380 Non Revenues	0.00	0.00	0.00	0.00	0.0%
Fund Revenues:	0.00	0.00	0.00	0.00	0.0%
Expenditures	Amt Budgeted	March	YTD	Remaining	
999 Ending Balance					
508 80 06 60 Ending Cash & Investments	0.00	0.00	0.00	0.00	0.0%
999 Ending Balance	0.00	0.00	0.00	0.00	0.0%
Fund Expenditures:	0.00	0.00	0.00	0.00	0.0%
Fund Excess/(Deficit):	0.00	0.00	0.00		

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Fund	Revenue	March	Received		Expenditures	March	Spent	
001 General Fund	8,772,224.00	503,818.42	4,326,674.03	49.3%	8,772,225.00	367,154.90	1,319,255.21	15.0%
101 Street Fund	510,566.00	32,934.27	202,032.55	39.6%	510,566.00	28,585.77	95,708.89	18.7%
102 Street Impact Fee Fund	339,777.00	17,700.49	429,805.16	126.5%	339,777.00	31,250.00	31,250.00	9.2%
103 Street Construction Fund	2,933,435.00	31,613.29	650,922.59	22.2%	2,933,435.00	11,653.15	29,396.36	1.0%
104 Park Improvement Fund	1,158,168.00	214,330.98	369,420.53	31.9%	1,158,168.00	11,548.72	47,446.67	4.1%
105 Fire Impact Fees	64,606.00	841.33	69,280.19	107.2%	64,606.00	0.00	0.00	0.0%
106 Park Impact Fees	59,298.60	71.57	118,597.53	200.0%	59,299.00	0.00	0.00	0.0%
107 Equipment Reserve Fund	198,047.00	15,699.59	157,417.44	79.5%	198,047.00	0.00	0.00	0.0%
108 Transportation Sales Tax Fund	662,664.00	27,691.59	507,439.97	76.6%	662,664.00	1,160.96	3,537.51	0.5%
109 Contingency Fund	294,644.00	2,671.75	287,076.87	97.4%	294,644.00	0.00	0.00	0.0%
110 Building Improvement Fund	1,145,157.00	553.56	918,571.82	80.2%	1,145,157.00	138.75	1,520.00	0.1%
120 REET - Capital Improvements	676,542.00	13,171.32	615,823.61	91.0%	676,542.00	106,250.00	106,250.00	15.7%
121 REET - Growth Management	954,504.00	13,341.05	897,039.97	94.0%	954,504.00	107,500.00	107,500.00	11.3%
203 LID Guarantee Fund - CLOSED 2015	0.00	0.00	0.00	0.0%	0.00	0.00	0.00	0.0%
205 Debt Service Fund	253,749.00	3,048.03	73,364.40	28.9%	253,749.00	0.00	0.00	0.0%
207 LID 92-1 Debt Service Fund CLOSED 2015	0.00	0.00	0.00	0.0%	0.00	0.00	0.00	0.0%
305 Construction Fund	0.00	0.00	0.00	0.0%	0.00	0.00	0.00	0.0%
401 Sewer Fund	3,073,905.00	147,548.89	2,078,803.46	67.6%	3,073,905.00	147,771.90	530,755.97	17.3%
403 Sewer Construction Fund	1,210,141.00	76,480.07	1,525,278.87	126.0%	1,210,141.00	1,013.75	22,312.39	1.8%
405 Sewer Plant Investment Fund	964,956.00	32,907.89	907,034.21	94.0%	964,956.00	35,618.00	35,618.00	3.7%
410 Drainage Fund	594,091.00	44,353.26	449,572.30	75.7%	594,091.00	73,283.15	144,336.22	24.3%
411 Drainage Construction Fund	742,666.00	12,173.03	155,375.04	20.9%	742,666.00	1,367.05	38,532.56	5.2%
412 Drainage Plant Investment Fund	23,800.00	4,022.63	24,939.05	104.8%	23,800.00	5,000.00	5,000.00	21.0%
421 Water Fund	2,292,413.00	148,472.49	1,212,182.13	52.9%	2,292,413.00	176,699.38	330,030.86	14.4%
422 Water Construction Fund	490,075.00	32,340.14	535,957.94	109.4%	490,075.00	1,013.75	7,634.58	1.6%
423 Cedar Home Plant Investment	44,136.00	12,893.64	85,159.95	192.9%	44,136.00	2,645.00	2,645.00	6.0%
424 Water Plant Investment Fund	224,007.00	26,496.49	186,275.36	83.2%	224,007.00	29,040.00	29,040.00	13.0%
435 Utility Deposits CLOSED	0.00	0.00	0.00	0.0%	0.00	0.00	0.00	0.0%
451 Water Bond Reserve	435,322.00	52,435.60	276,965.47	63.6%	435,322.00	0.00	0.00	0.0%
452 Sewer Bond Reserve	475,270.00	288.70	478,326.24	100.6%	475,270.00	0.00	0.00	0.0%
457 Sewer Equipment Reserve	261,879.00	10,158.41	272,479.76	104.0%	261,879.00	0.00	0.00	0.0%
458 Drainage Equipment Reserve	205,966.00	27,564.46	134,317.15	65.2%	205,966.00	0.00	0.00	0.0%
459 Water Equipment Reserve	178,089.00	26,793.24	98,366.60	55.2%	178,089.00	0.00	0.00	0.0%
630 Agency Fund	35,493.00	4,348.12	55,579.82	156.6%	35,493.00	1,466.00	44,506.55	125.4%
660 Cash Accounts Fund	0.00	0.00	0.00	0.0%	0.00	0.00	0.00	0.0%
	29,275,590.60	1,536,764.30	18,100,080.01	61.8%	29,275,592.00	1,140,160.23	2,932,276.77	10.0%

ATTACHMENT B

City of Stanwood -- Local Sales Tax Analysis

Year	Sales	Received	Construction Sales Tax	Use Tax	All Other Sales Tax	Total Sales & Use	Change from Same Month Prior Year
2015	November	January	23,405	2,283	79,434	105,122	15.2%
2015	December	February	24,757	2,595	105,242	132,594	13.0%
2016	January	March	18,153	2,391	79,665	100,209	12.7%
2016	February	April	21,313	1,349	82,381	105,043	-10.5%
2016	March	May	43,594	3,254	93,312	140,160	57.6%
2016	April	June	13,934	3,369	88,195	105,499	6.0%
2016	May	July	33,999	2,052	90,710	126,761	30.3%
2016	June	August	53,475	3,117	99,023	155,615	37.7%
2016	July	September	36,319	4,125	92,560	133,004	22.5%
2016	August	October	36,012	3,413	99,236	138,662	30.0%
2016	September	November	30,971	4,556	99,498	135,025	23.0%
2016	October	December	10,342	4,272	88,477	103,192	-9.0%
2017	November	January	9,424	2,310	86,626	98,360	-6.4%
2017	December	February	17,236	3,303	114,674	135,213	2.0%
2017	January	March	13,289	5,584	92,211	111,084	10.9%
2017	February	April	16,347	1,075	82,186	99,608	-5.2%
2017	March	May	19,073	5,099	96,585	120,757	-13.8%
2017	April	June	11,868	2,093	85,483	99,444	-5.7%
2017	May	July	15,269	2,700	97,719	115,688	-8.7%
2017	June	August	27,150	6,256	101,132	134,538	-13.5%
2017	July	September	19,485	2,810	94,480	116,775	-12.2%
2017	August	October	41,343	3,379	99,428	144,150	4.0%
2017	September	November	28,253	3,210	99,752	131,215	-2.8%
2017	October	December	25,337	3,207	87,986	116,530	12.9%
2017	November	January	18,496	2,713	89,862	111,071	12.9%
2017	December	February	26,486	2,472	125,357	154,315	14.1%
2018	January	March	22,466	2,352	91,705	116,523	4.9%

Yearly Totals								
Received in 2016	\$	346,274	\$	36,775	\$	1,097,735	\$	1,480,884
Received in 2017	\$	262,570	\$	43,739	\$	1,228,124	\$	1,534,433
Received in 2018	\$	67,448	\$	7,537	\$	306,924	\$	381,909
2017 over 2016 change	\$	(83,704)	\$	6,964	\$	130,389	\$	53,549



**CITY OF STANWOOD
COUNCIL AGENDA STAFF REPORT**

ITEM NUMBER: 7a

DATE: April 26, 2018

SUBJECT: Community Development Committee Meeting Minutes

CONTACT PERSON: Ryan C. Larsen, City Administrator/Community Development Director

ATTACHMENTS: A – April 12, 2018 Meeting Minutes

SUMMARY STATEMENT

Minutes from the April 12, 2018 meeting are attached to this staff report for approval as presented.

**City Council
COMMUNITY DEVELOPMENT COMMITTEE**

April 12, 2018 Meeting

The Community Development Committee met on April 12, 2018 with Councilmembers Judy Williams, Rob Johnson, and Elizabeth Callaghan; as well as Ryan C. Larsen, Community Development Director. In addition Cathy Wooten and Tim Schmitt were also in attendance.

Community Development Director Ryan Larsen reviewed and discussed the following items with the Committee.

1. Election of Chair

This item was postponed until the May 10, 2018 meeting.

2. New Retail Recreational Marijuana Rules

City staff discussed the proposed rules relating to marijuana with the Committee. Below is a list of issues that Committee discussed on recreational marijuana.

Number of Businesses

There are three types of potential I-502 businesses: Producers, processors and retailers. A retailer cannot be a producer or a processor, and a retail operation cannot take place in the same location as a producer or processor. However, a producer and a processor may co-locate in the same place.

There is no limit on the number of producers or processors that may choose to locate in a jurisdiction. The actual number in each jurisdiction will depend upon the number of applicants who meet the requirements of the WSLCB and the local jurisdiction.

The state has established a limit on the number of I-502 retail locations in each jurisdiction.

Location

One of the big changes to the rules is the allowance for reduced buffer setbacks. RCW 69.50.331 allows a city to reduce buffers from 1,000-feet to not less than 100-feet from recreation center or facility, child care center, public park, public transit center*, or library, or any game arcade admission to which is not restricted to persons aged twenty-one years or older.

* It should be noted the City currently does not have any public transit centers or game arcade admission to which is not restricted to persons aged twenty-one years or older.

Helpful RCW and WAC sections:

RCW 69.50.331

Application for license.

(8)(a) Except as provided in (b) through (d) of this subsection, the state liquor and cannabis board may not issue a license for any premises within one thousand feet of the perimeter of the grounds of any elementary or secondary school, playground, recreation center or facility, child care center, public park, public transit center, or library, or any game arcade admission to which is not restricted to persons aged twenty-one years or older.

(b) A city, county, or town may permit the licensing of premises within one thousand feet but not less than one hundred feet of the facilities described in (a) of this subsection, except elementary schools, secondary schools, and playgrounds, by enacting an ordinance authorizing such distance reduction, provided that such distance reduction will not negatively impact the jurisdiction's civil regulatory enforcement, criminal law enforcement interests, public safety, or public health.

(c) A city, county, or town may permit the licensing of research premises allowed under RCW 69.50.372 within one thousand feet but not less than one hundred feet of the facilities described in (a) of this subsection by enacting an ordinance authorizing such distance reduction, provided that the ordinance will not negatively impact the jurisdiction's civil regulatory enforcement, criminal law enforcement, public safety, or public health.

(d) The state liquor and cannabis board may license premises located in compliance with the distance requirements set in an ordinance adopted under (b) or (c) of this subsection. Before issuing or renewing a research license for premises within one thousand feet but not less than one hundred feet of an elementary school, secondary school, or playground in compliance with an ordinance passed pursuant to (c) of this subsection, the board must ensure that the facility:

WAC 314-55-010

(4) "Child care center" means an entity that regularly provides child day care and early learning services for a group of children for periods of less than twenty-four hours licensed by the Washington state department of early learning under chapter 170-295 WAC.

(11) "Game arcade" means an entertainment venue featuring primarily video games, simulators, and/or other amusement devices where persons under twenty-one years of age are not restricted.

(26) "Public transit center" means a facility located outside of the public right of way that is owned and managed by a transit agency or city, county, state, or federal government for the express purpose of staging people and vehicles where several bus or other transit routes converge. They serve as efficient hubs to allow bus riders from various locations to assemble at a central point to take advantage of express trips or other route to route transfers.

(27) "Recreation center or facility" means a supervised center that provides a broad range of activities and events intended primarily for use by persons under twenty-one years of age, owned and/or managed by a charitable nonprofit organization, city, county, state, or federal government.

City staff created a map representing the 1,000 foot separation distances from such uses and the WSLCB has clarified that "The distance shall be measured as the shortest straight line distance from the

City staff created a map representing the 1,000 foot separation distances from such uses and the WSLCB has clarified that "The distance shall be measured as the shortest straight line distance from the property line of the licensed premises to the property line of an elementary or secondary school, playground, recreation center or facility, child care center, public park, public transit center, library or arcade where admission is not restricted to those age 21 and older". The map indicates that several locations may be viable to locate such facilities with the City.

Potential Impacts to City Services

State rules for I-502 regulate the majority of activities that are related to recreational marijuana businesses. I-502 does not specifically address impacts to City services such as traffic or utilities. However, I-502 prevents waste disposal from entering public utilities and specifically regulates how waste shall be transported from the facility to another location.

For the purposes of water and sewer use staff recommends that potential regulations include that applicants for marijuana producers and processors provide calculations estimating water and sewer use. By receiving an estimate of water and sewer use, and with the knowledge that waste is strictly controlled, the City can be better assured that the review and associated fees will be based on overall demand. For the purposes of water and sewer use, retail businesses would not be required to provide an estimate of water and sewer use. Instead the City would utilize existing Equivalent Residential Unit Calculations for retail businesses to determine the appropriate sanitary sewer General Facilities Fee.

For traffic impacts staff recommends using existing traffic impact fees for producers and processors due to the limited visitors to these operations, such as manufacturing uses and existing tables for retail sales of marijuana.

Odor

Marijuana can and does produce an odor during its life cycle. Some cities have taken the approach to regulating this through the new regulations within the proposed recreational marijuana regulations. They have accomplished this by considering the smell to be a nuisance and regulating for the installation of ventilation within the facility.

Other Topics

Another question is where to permit these types of facilities. Staff is suggesting to allow retail use within the Mainstreet Business I and II and in the General Commercial zones. Some cities are allowing for the retail use within industrial type zones and not allowing them within any of their retail zones. Also, we are suggesting to make them a permitted use within the zone.

The final area staff would like to draw attention to is that staff is proposing to have all marijuana uses located within a closed facility. This would assist in ensuring greater protection of the facility.

So, staff has drafted a set of rules that allow for the retail sale of marijuana as well as producers and processors in the City.

Here are a few highlights from the set of rules:

- Marijuana retailers may not locate within one thousand feet of any parcel containing an elementary or secondary school, playground, recreation center or facility, child care center, public park, public transit center, or library, or any game arcade admission to which is not restricted to persons aged twenty-one years or older.
- Marijuana retailers may not locate within two thousand five hundred feet of any other legally established marijuana retailer whether said marijuana retailer is within the City limits or not.
- Customer parking for marijuana retailers must be on the public street side of the structure.
- Vehicular access to the parking lot for a marijuana retailer shall be from the public street frontage and may not be from an alley.
- Marijuana retailers shall not be allowed on any parcel that is contiguous to a parcel containing residential use.
- The Community Development Director shall have the authority to require improvements.
- The front facade of marijuana retail stores shall consist of storefront window(s), doors, and durable, quality building materials consistent with the design standards of the zone in which the property is located.
- Design standards could apply if located in a zone that does not have them.
- The maximum number of retail marijuana stores allowed in the City of Stanwood shall not exceed two.

The Planning Commission at their public hearing on March 26, 2018 reviewed language for only allowing retail marijuana sales in Stanwood and did not consider any language around processing and/or production of marijuana. Again, at the public hearing a majority of individuals who spoke, spoke in opposition to allowing retail marijuana sales.

One of the biggest topics discussed surrounded a potential location for a retail shop. Many of the speakers expressed concern that the retail shop would end up on mainstreet zoning (MB I or MB II). Some speakers suggested limiting a potential retail shop to the industrial zone(s) rather than downtown if the retail shop was going to be permitted by Council. Also, there were concerns over potential sign size and location as well as potential color of the building. Council could consider listening to the public on this matter then make any suggested edits prior to having first reading of the ordinance. Staff has provided two recommended motions to consider.

The Committee felt at this time the Council should consider other potential locations within the City to allow for retail marijuana outside of the MB I or MB II zones.

3. Miscellaneous Code Edits to Title 16 and Title 17

City staff provided the Community Development Committee with a list of proposed edits staff would like to move forward with to the Planning Commission for review and consideration. Topics include: Final Plat changes; LI and GI zoning purpose statement, Park Open Space changes, separating and making separate ordinances for Parks, Traffic, and Fire Impact Fee, monument signage, edits to reconsideration for hearing examiners decision, and potential need for additional changes to the cell tower rules.

Also, City staff discussed section 17.95.455 Street standards of the PRD code with the Committee. Staff discussed whether or not temporary cul-de-sacs would be permitted under the code section. The Committee ask staff to bring something forward to consider for the Planning Commission.

17.95.455 Street standards.

PRDs shall be subject to the street and utility standards (Chapter 14.14 SMC), with the following exceptions:

- (1) All PRDs shall provide through-streets to streets. Cul-de-sacs, hammerheads, and other dead-ends shall not be permitted.
- (2) Cottage PRDs may propose alternate street sections for approval by the public works director.
- (3) The public works director may require provisions for future connections to adjoining developments. (Ord. 1356 § 23, 2013; Ord. 1164 § 4, 2004).

The Community Development Committee supported moving these edits forward to the Planning Commission.

4. Mineral Point Phase II – Final Plat

City staff discussed the proposed Mineral Point Phase II Final Plat to the Committee. The plat of Mineral Point was preliminarily approved for 69 new single family residential lots on approximately 19.92 acres. The property fronts 68th Avenue NW to the west and abuts Cederhome Elementary to the north. The Comprehensive Plan designation for the site is LDR – Low Density Residential and zoned SR 9.6 at the time of application. The plat of Mineral Point was split into three phases. The first phase, Mineral Point Phase I (20 lots) is complete. The second phase, Mineral Point Phase II consists of the next 32 lots.

City staff has reviewed the submittal documents for Mineral Point Phase II. The first paving and utility improvements have been completed for Phase II. The final plat is waiting for the sewer lift station to be built per City specifications. Community Development and Public Works Departments are waiting for the sewer lift station to be completed prior to signing the final plat documents. Based on staff review, the applicant has completed all other applicable conditions of the preliminary plat approval. Any conditions to be completed prior to building permit issuance and other restrictions are identified on the face of the plat map.

The applicant will need to submit the necessary bonds, performance bonds and as-built drawings that are satisfactory to both Public Works and Community Development, prior to the final plat signatures.

Upon approval by the City Council, the Mayor will sign the final plat along with city staff. The final plat will be returned to the applicant to record with the Snohomish County Auditor. Also, the applicant has provided the necessary bonding for installed improvements.

Chair



CITY OF STANWOOD COUNCIL AGENDA STAFF REPORT

ITEM NUMBER: 7b
DATE: April 26, 2018
SUBJECT: Public Works Committee Meeting Minutes
CONTACT PERSON: Lisa Sokolik, Administrative Assistant
ATTACHMENTS: A – April 9, 2018 PWC Meeting Minutes

SUMMARY STATEMENT

The Public Works Committee met on Monday, April 9, 2018 at 5:00pm at the Wastewater Treatment Plant located at 26729 98th Drive NW, Stanwood, Washington, 98292. The minutes are attached to this staff report (Attachment A). To review the full agenda packet, please visit the city's website at www.ci.stanwood.wa.us click on the blue ribbon 'Agendas/Minutes' and then click on 'View Details' next to the date of this meeting.

Agenda

1. Six Year TIP 2019-2024
2. RH2 Task Order for Inflow/Infiltration Study
3. BHC Task Order for Pioneer Hwy Sewer Upgrades
4. Blueline Group Task Order for Sidewalk Improvements

PUBLIC WORKS/PARKS COMMITTEE MEETING
Monday, April 9, 2018 – 5:00pm
Wastewater Treatment Plant – 26729 98th Drive NW
MINUTES

Attendance:

Councilmembers: Rob Johnson, Tim Pearce, Judy Williams
City Staff: Kevin Hushagen, Shawn Smith, Lisa Sokolik

The full meeting agenda packet with detailed information can be found on the City's website at www.ci.stanwood.wa.us

1. Six Year TIP 2019-2024

The Committee did not have any changes for the TIP and recommended that it be taken to full council on April 26th for the first review. The committee did clarify that projects could be added to the TIP anytime during the year, as long as it goes through the review process; a public hearing and adoption by council.

2. RH2 Contract for Inflow/Infiltration Study

Committee recommendation: bring to full council with the recommendation to approve the contract with RH2.

3. BHC Task Order for Pioneer Hwy Sewer Upgrades

Committee recommendation: Provide a task order for this work, utilizing the existing On-call Professional Services contract.

4. Blueline Group Task Order for Sidewalk Improvements

Committee recommendation: Provide a task order for this work, utilizing the existing On-call Professional Services contract.



**CITY OF STANWOOD
COUNCIL AGENDA STAFF REPORT**

ITEM NUMBER: 8a
DATE: April 26, 2018
SUBJECT: Approval of Voucher and Payroll Checks
CONTACT PERSON: Reina Barber, Accounting Specialist
ATTACHMENTS: A - Voucher Check Detail

SUMMARY STATEMENT

Approve issuance of Umpqua Bank voucher checks 26947 through 27003 and electronic funds transfers in the amount of \$677,024.04. Approve issuance of Umpqua Bank payroll checks 1046 through 1057 and electronic funds transfers in the amount of \$232,629.46.

RECOMMENDED MOTION

I MOVE TO APPROVE ISSUANCE OF UMPQUA BANK VOUCHER CHECKS 26947 THROUGH 27003 AND ELECTRONIC FUNDS TRANSFERS IN THE AMOUNT OF \$677,024.04. APPROVE ISSUANCE OF UMPQUA BANK PAYROLL CHECKS 1046 THROUGH 1057 AND ELECTRONIC FUNDS TRANSFERS IN THE AMOUNT OF \$232,629.46.

CHECK REGISTER

ATTACHMENT A

City Of Stanwood

MCAG #: 0695

04/05/2018 To: 04/18/2018

Time: 16:23:54 Date: 04/18/2018

Page: 1

Trans	Date	Type	Acct #	Chk #	Claimant	Amount	Memo
1934	04/06/2018	Payroll	2	EFT		2,494.73	March 2018 Payroll
1935	04/06/2018	Payroll	2	EFT		3,803.87	March 2018 Payroll
1936	04/06/2018	Payroll	2	EFT		2,180.98	March 2018 Payroll
1937	04/06/2018	Payroll	2	EFT		322.78	March 2018 Payroll
1938	04/06/2018	Payroll	2	EFT		3,024.77	March 2018 Payroll
1939	04/06/2018	Payroll	2	EFT		5,545.51	March 2018 Payroll
1940	04/06/2018	Payroll	2	EFT		2,858.01	March 2018 Payroll
1941	04/06/2018	Payroll	2	EFT		1,080.20	March 2018 Payroll
1942	04/06/2018	Payroll	2	EFT		1,633.45	March 2018 Payroll
1943	04/06/2018	Payroll	2	EFT		3,782.32	March 2018 Payroll
1944	04/06/2018	Payroll	2	EFT		3,075.95	March 2018 Payroll
1945	04/06/2018	Payroll	2	EFT		2,927.97	March 2018 Payroll
1946	04/06/2018	Payroll	2	EFT		5,562.84	March 2018 Payroll
1947	04/06/2018	Payroll	2	EFT		323.22	March 2018 Payroll
1948	04/06/2018	Payroll	2	EFT		4,380.65	March 2018 Payroll
1949	04/06/2018	Payroll	2	EFT		5,711.96	March 2018 Payroll
1950	04/06/2018	Payroll	2	EFT		471.16	March 2018 Payroll
1951	04/06/2018	Payroll	2	EFT		758.12	March 2018 Payroll
1952	04/06/2018	Payroll	2	EFT		4,350.16	March 2018 Payroll
1953	04/06/2018	Payroll	2	EFT		3,147.22	March 2018 Payroll
1954	04/06/2018	Payroll	2	EFT		322.78	March 2018 Payroll
1955	04/06/2018	Payroll	2	EFT		449.96	March 2018 Payroll
1956	04/06/2018	Payroll	2	EFT		985.13	March 2018 Payroll
1957	04/06/2018	Payroll	2	EFT		4,770.44	March 2018 Payroll
1958	04/06/2018	Payroll	2	EFT		322.93	March 2018 Payroll
1959	04/06/2018	Payroll	2	EFT		318.58	March 2018 Payroll
1960	04/06/2018	Payroll	2	EFT		2,380.93	March 2018 Payroll
1961	04/06/2018	Payroll	2	EFT		2,322.22	March 2018 Payroll
1962	04/06/2018	Payroll	2	EFT		3,149.37	March 2018 Payroll
1963	04/06/2018	Payroll	2	EFT		2,248.37	March 2018 Payroll
1964	04/06/2018	Payroll	2	EFT		3,570.10	March 2018 Payroll
1965	04/06/2018	Payroll	2	EFT		3,029.91	March 2018 Payroll
1966	04/06/2018	Payroll	2	EFT		2,412.52	March 2018 Payroll
1967	04/06/2018	Payroll	2	EFT		4,397.50	March 2018 Payroll
1968	04/06/2018	Payroll	2	EFT		1,483.58	March 2018 Payroll
1969	04/06/2018	Payroll	2	EFT		471.16	March 2018 Payroll
1970	04/06/2018	Payroll	2	EFT		2,223.96	March 2018 Payroll
1971	04/06/2018	Payroll	2	EFT		322.93	March 2018 Payroll
1972	04/06/2018	Payroll	2	EFT		322.86	March 2018 Payroll
1984	04/06/2018	Payroll	2	EFT	Internal Revenue Service (941)	41,649.58	941 Deposit for Pay Cycle(s) 04/06/2018 - 04/06/2018
1985	04/06/2018	Payroll	2	1046	AFLAC	614.96	Pay Cycle(s) 04/06/2018 To 04/06/2018 - AFLAC, Pre-Tax; Pay Cycle(s) 04/06/2018 To 04/06/2018 - AFLAC, Post-Tax
1986	04/06/2018	Payroll	2	1047	AWC Employee Benefit Trust	19,401.44	Pay Cycle(s) 04/06/2018 To 04/06/2018 - AWC - Medical; Pay Cycle(s) 04/06/2018 To 04/06/2018 - AWC- Dental; Pay Cycle(s) 04/06/2018 To 04/06/2018 - AWC - Vision; Pay Cycle(s) 04/06/2018 To 04/06/2018;
1987	04/06/2018	Payroll	2	1048	Colonial Life Insurance	66.75	Pay Cycle(s) 04/06/2018 To 04/06/2018 - Colonial Life Ins

CHECK REGISTER

City Of Stanwood
MCAG #: 0695

04/05/2018 To: 04/18/2018

Time: 16:23:54 Date: 04/18/2018

Page: 2

Trans	Date	Type	Acct #	Chk #	Claimant	Amount	Memo
1988	04/06/2018	Payroll	2	1049	Department Of Retirement Systems	37,183.36	Pay Cycle(s) 04/06/2018 To 04/06/2018 - PERS2; Pay Cycle(s) 04/06/2018 To 04/06/2018 - PERS 3; Pay Cycle(s) 04/06/2018 To 04/06/2018 - 457 - DRS (DCP)
1989	04/06/2018	Payroll	2	1050	Hartford Retirement Plan Services	816.00	Pay Cycle(s) 04/06/2018 To 04/06/2018 - 457 - Hartford; Pay Cycle(s) 04/06/2018 To 04/06/2018 - Roth 457(b)
1990	04/06/2018	Payroll	2	1051	ICMA Retirement Trust	2,020.28	Pay Cycle(s) 04/06/2018 To 04/06/2018 - 457 - ICMA
1991	04/06/2018	Payroll	2	1052	Navia Benefits	155.00	Pay Cycle(s) 04/06/2018 To 04/06/2018 - Medical FSA- S125
1992	04/06/2018	Payroll	2	1053	Teamsters Union Local 231	1,229.00	Pay Cycle(s) 04/06/2018 To 04/06/2018 - Teamsters Dues
1993	04/06/2018	Payroll	2	1054	Washington Teamsters Welfare Trust	28,460.10	Pay Cycle(s) 04/06/2018 To 04/06/2018 - Union Dental; Pay Cycle(s) 04/06/2018 To 04/06/2018 - Teamsters Medical
2082	04/09/2018	Payroll	2	1056	Dept of Labor and Industries	7,061.74	1ST Quarter 01/01/2018 - 03/31/2018
2083	04/09/2018	Payroll	2	1057	Employment Security Dept	1,030.15	1ST Quarter 01/01/2018 - 03/31/2018
001 General Fund						117,217.93	
101 Street Fund						17,665.47	
108 Transportation Sales Tax Fund						1,213.87	
401 Sewer Fund						35,711.80	
410 Drainage Fund						18,721.57	
421 Water Fund						42,098.82	
						232,629.46	Payroll: 232,629.46

CERTIFICATION: I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein and that the claim is a just, due and unpaid obligation against the City of Stanwood, and that I am authorized to authenticate and certify to said claim.

() Finance Director () Auditing Officer

() Deputy Finance Director

(x) City Administrator



Date: 4/18/18

CHECK REGISTER

City Of Stanwood
MCAG #: 0695

04/05/2018 To: 04/18/2018

Time: 16:23:38 Date: 04/18/2018

Page: 1

Trans	Date	Type	Acct #	Chk #	Claimant	Amount	Memo
2092	04/10/2018	Claims	2	EFT	Umpqua Bank Merchant Services	216.99	April Merchant Fees
2240	04/16/2018	Claims	2	EFT	WA St Dept of Revenue **	10,410.75	B&O Excise Tax March 2018
2131	04/11/2018	Claims	2	26947	APP- Associated Petroleum Products	2,553.59	04-0100494
2132	04/11/2018	Claims	2	26948	Andrew Funderburke	54.87	04 4725 12 - 25915 MARINIE DR
2133	04/11/2018	Claims	2	26949	Gaylynn Brien	60.00	City Of Stanwood
2134	04/11/2018	Claims	2	26950	Camano Island Chamber of Commerce	2,500.00	City Of Stanwood
2135	04/11/2018	Claims	2	26951	Edge Analytical Inc	20.00	STA01
2136	04/11/2018	Claims	2	26952	Forest Land Services Inc	1,276.63	City Of Stanwood
2137	04/11/2018	Claims	2	26953	Frontier *	1,174.06	360-629-4907-072497-5; 206-188-0411-053105-5
2138	04/11/2018	Claims	2	26954	HB Jaeger Company LLC	5,375.66	3330
2139	04/11/2018	Claims	2	26955	Hamilton Lumber LLC	219.74	City Of Stanwood
2140	04/11/2018	Claims	2	26956	Krista Hintz	81.76	City Of Stanwood
2141	04/11/2018	Claims	2	26957	Justice, Trace	16.00	City Of Stanwood
2142	04/11/2018	Claims	2	26958	KBA Inc.	718.56	17-017-STAN
2143	04/11/2018	Claims	2	26959	North County Regional Fire Authority	407,893.15	166
2144	04/11/2018	Claims	2	26960	Office Depot	145.25	36274097; 36274097
2145	04/11/2018	Claims	2	26961	PUD Of Snohomish County *	620.80	2005-9288-9
2146	04/11/2018	Claims	2	26962	Petty Cash/ Marcy Mathis -Custodian	15.35	City Of Stanwood
2147	04/11/2018	Claims	2	26963	Pumptech Inc	102,041.96	0148600
2148	04/11/2018	Claims	2	26964	Refund-Land Title & Escrow	151.56	Refund Utility Acct #3455
2149	04/11/2018	Claims	2	26965	Shred-it US JV LLC	125.73	14668765; 14668765; 14668765
2150	04/11/2018	Claims	2	26966	Signature Forms Inc	241.68	CSTAN
2151	04/11/2018	Claims	2	26967	Snoecker Inc Simple Security Solutions	143.97	1190-69
2152	04/11/2018	Claims	2	26968	Site Development Associates, LLC	72,097.04	City Of Stanwood; City Of Stanwood; City Of Stanwood
2153	04/11/2018	Claims	2	26969	Skagit Farmers Supply	2,322.09	135052
2154	04/11/2018	Claims	2	26970	Sno Co Public Works *	2,931.46	CR000024; CR000024
2155	04/11/2018	Claims	2	26971	Snohomish County 911	6,844.65	City Of Stanwood; City Of Stanwood
2156	04/11/2018	Claims	2	26972	Stanwood Auto Parts	608.42	56100
2157	04/11/2018	Claims	2	26973	Stanwood Camano News	42.51	261981
2158	04/11/2018	Claims	2	26974	Stanwood Chamber Of Commerce	2,900.00	City Of Stanwood
2159	04/11/2018	Claims	2	26975	Stanwood City Utility	3,780.30	1075; 2688; 2741; 2749; 2886; 2964; 3184; 3439; 2965; 2416; 1675; 1674; 1587; 1573; 1348; 1332; 1328; 1271; 1241; 1473;
2160	04/11/2018	Claims	2	26976	Stanwood Hardware	247.38	1414
2161	04/11/2018	Claims	2	26977	Strategies 360 Inc	1,532.97	City Of Stanwood; City Of Stanwood
2162	04/11/2018	Claims	2	26978	Tetra Tech, Inc	781.74	City Of Stanwood; City Of Stanwood
2163	04/11/2018	Claims	2	26979	US Postal Service-Stanwood *	955.85	City Of Stanwood - Permit 44
2164	04/11/2018	Claims	2	26980	Utilities Underground Loc	69.66	134200
2165	04/11/2018	Claims	2	26981	Verizon Wireless	963.45	372541731-00001
2166	04/11/2018	Claims	2	26982	Washington State Patrol *	464.00	STA301
2167	04/11/2018	Claims	2	26983	Wave Broadband	101.85	8136 10 014 0036680
2168	04/11/2018	Claims	2	26984	Weed, Graafstra & Associates, Inc., P.S	7,272.50	3868-0000M
2169	04/11/2018	Claims	2	26985	Xpress/Bill Pay	351.40	10290

CHECK REGISTER

City Of Stanwood
MCAG #: 0695

04/05/2018 To: 04/18/2018

Time: 16:23:38 Date: 04/18/2018
Page: 2

Trans	Date	Type	Acct #	Chk #	Claimant	Amount	Memo
2241	04/16/2018	Claims	2	26986	Aramark Uniform Services Inc	457.31	937963000
2242	04/16/2018	Claims	2	26987	HP Washington LLC	130.34	08 4591 10 - 28523 75TH DR NW
2243	04/16/2018	Claims	2	26988	The Daily Herald	198.14	DH-12120787
2244	04/16/2018	Claims	2	26989	J.A. Brennan Associates, PLLC	10,390.80	City Of Stanwood
2245	04/16/2018	Claims	2	26990	Lakeside Industries Inc	818.25	108469
2246	04/16/2018	Claims	2	26991	PUD Of Snohomish County *	356.73	2003-6737-3
2247	04/16/2018	Claims	2	26992	Pacific Golf & Turf	18,103.75	City Of Stanwood
2248	04/16/2018	Claims	2	26993	Puget Sound Hardware, Inc	195.02	City Of Stanwood
2249	04/16/2018	Claims	2	26994	Refund - Jeff Anderson	25.75	Refund Jeff Anderson Certificate Of Occupancy
2250	04/16/2018	Claims	2	26995	Sno Co District Court	711.45	City Of Stanwood
2251	04/16/2018	Claims	2	26996	Sno Co Office Of Public Defense *	120.00	City Of Stanwood
2252	04/16/2018	Claims	2	26997	Snohomish County Treasurer	17.26	Stanwood - Crime Victims
2253	04/16/2018	Claims	2	26998	Stanwood Ace Hardware/ Jks Ventures	109.05	20013
2254	04/16/2018	Claims	2	26999	Stanwood Camano News	109.64	261981
2255	04/16/2018	Claims	2	27000	US Bank	2,705.85	4485 5945 5564 1495
2256	04/16/2018	Claims	2	27001	WA St Dept of Ecology *	975.65	BA0020290
2257	04/16/2018	Claims	2	27002	WA St Treasurer	1,273.72	City Of Stanwood
2269	04/16/2018	Claims	2	27003	Washington Federal Bank		check given to Washington Federal to start new account
001 General Fund						433,769.68	
101 Street Fund						3,718.93	
103 Street Construction Fund						3,391.18	
104 Park Improvement Fund						39,751.70	
107 Equipment Reserve Fund						18,103.75	
110 Building Improvement Fund						1,514.00	
401 Sewer Fund						10,413.72	
403 Sewer Construction Fund						142.86	
410 Drainage Fund						2,296.15	
411 Drainage Construction Fund						41,475.89	
421 Water Fund						18,045.45	
422 Water Construction Fund						102,041.96	
630 Agency Fund						2,358.77	
							Claims: 677,024.04
* Transaction Has Mixed Revenue And Expense Accounts						677,024.04	

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() Finance Director () Auditing Officer _____ Date: 4/18/18
 () Deputy Finance Director
 (x) City Administrator Ryan C.



**CITY OF STANWOOD
COUNCIL AGENDA STAFF REPORT**

ITEM NUMBER: 8b

DATE: April 26, 2018

SUBJECT: City Council April 12, 2018 Regular Meeting Minutes

CONTACT PERSON: Erica Schorn, Deputy Clerk

ATTACHMENTS: A – Council Regular Meeting Minutes

SUMMARY STATEMENT

Minutes of the April 12, 2018 Regular City Council Meeting are attached.

RECOMMENDED MOTION

I MOVE TO APPROVE THE MINUTES OF THE APRIL 12, 2018 REGULAR COUNCIL MEETING AS PRESENTED.

CITY OF STANWOOD
Regular Meeting of the City Council
Thursday, April 12, 2018 – 7:00 p.m.
Stanwood Camano School District Administration Board Room
MINUTES

1. Call to Order and Pledge of Allegiance

Mayor Kelley called the meeting to order at 7:02 p.m. and led the Pledge of Allegiance.

2. Roll Call

Deputy Clerk Erica Schorn called the roll with the following Councilmembers present: Rob Johnson, Dianne White, Elizabeth Callaghan, Timothy Pearce, Larry Sather, and Judy Williams. The meeting was quorate.

Motion by Councilmember Sather, second by Councilmember Callaghan, to excuse Councilmember Ryer. Motion carried unanimously.

Also present: City Administrator Ryan Larsen, Finance Director David Hammond, Public Works Director Kevin Hushagen, Police Chief Norm Link, Fire Chief John Cermak, City Attorney Grant Weed, and Deputy Clerk Erica Schorn.

3. Approval of the Agenda

Motion by Councilmember Sather, second by Councilmember Callaghan, to approve the agenda. Motion carried unanimously.

4. Presentation

a. Proclamation – Parkinson's Awareness Month

The mayor read a proclamation proclaiming the month of April Parkinson's Awareness Month, and presented the signed proclamation to the Secretary of the Parkinson's Support Group.

David Corser, Secretary of the Parkinson's Support Group, which has been in existence for nine years, stated that the group has 15 to 20 people at their monthly meetings which take place at the Stanwood Senior Center. The YMCA also sponsors a Cycle for Parkinson's group for free, which meets Wednesday and Friday mornings.

5. Citizen Comments

The mayor stated that comments on Ordinance 1456 will be heard when we get to that agenda item.

Cathy Wooten - 27828 84th AVE NW

Stanwood City Council Meeting Minutes – April 12, 2018

Mrs. Wooten stated that there have been a number of staff suggested recommendations to change to administrative conditional use permits lately. She is concerned about wording changes to staff reports which alter its meaning and impact the decisions of council. She also commented that any expenses required to review a permit should be the financial responsibility of the permit applicant, not passed on to citizens.

6. Staff Reports

- a. Planning Commission Minutes – February 12, 2018
- b. Planning Commission Minutes – February 26, 2018
- c. Planning Commission Minutes – March 12, 2018
- d. Community Development Report – February 2018

7. Committee Reports

- a. Finance
- b. Public Safety

8. Consent Agenda

- a. Approve Vouchers and Payroll Checks
- b. Approve March 22, 2018 Regular Meeting Minutes
- c. Approve Art By the Bay Special Event Permit and City Contribution
- d. Approve Touch-a-Truck Special Event Permit and City Contribution
- e. Adopt Resolution 2018-08 Authorizing Participation in Cooperative Purchasing Agreement with U.S. Communities
- f. Authorize the mayor to sign the MRSC Rosters Contract

Motion by Councilmember Sather, second by Councilmember Callaghan, to approve the consent agenda items a through f. Motion carried unanimously.

9. Old Business

- a. Ordinance 1455 – Edits to Zoning Use Table – Tattoo & B&B Changes, Second Reading and Final Adoption

City Administrator Ryan Larsen presented second reading of Ordinance 1455 relating to zoning use table edits affecting Tattoo and B&B changes. This item has been brought forward several times.

Motion by Councilmember Sather, Second by Councilmember Callaghan, to approve second reading and final adoption of Ordinance 1455 as identified in Attachment "A." Motion carried unanimously.

10. Public Hearing

- a. To Hear Public Testimony regarding Resolution 2018-05 Surplus of City Property

Mayor Kelley opened the public hearing.

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i. Resolution 2018-05 Surplus of City Property

Finance Director David Hammond presented Resolution 2018-05 Surplus of City Property. This is part of an annual inventory conducted by staff who have identified items that are obsolete or missing.

Mayor Kelley asked for public comment. There being none, he closed the public hearing.

Motion by Councilmember Sather, second by Councilmember Callaghan, to adopt Resolution 2018-05 declaring certain property to be surplus to the needs of the city and authorizing the Finance Director to arrange for and to execute the disposal of said property. Motion carried unanimously.

11. New Business

- a. Authorize the mayor to sign contract with RH2 for professional consulting services for an Inflow & Infiltration Study

Public Works Director Kevin Hushagen presented an agreement with RH2 to conduct an inflow and infiltration study, which is a requirement of the Waste Water Treatment Plant permit. The purpose of the study is to find out if and where ground water or other sources of storm water are getting into the sewer system.

Councilmember White asked if we have done this study before.

Public Works Director said we haven't done this to the extent we will this time.

Motion by Councilmember Sather, second by Councilmember Callaghan, to authorize the mayor to enter into an agreement, not to exceed \$88,514, with RH2 engineering for an inflow and infiltration study. Motion carried unanimously.

- b. Authorize the mayor to sign the Termination Agreement for Les Schwab to terminate two water line easements and one floor tear up agreement

Public Works Director Kevin Hushagen presented a termination agreement with Les Schwab to terminate two water line easements and one floor tear up agreement. When the Les Schwab project was first proposed, their design had a water line running under their building. The water lines did not end up going under the building, so the easements and floor tear up agreement are not needed.

Motion by Councilmember Sather, second by Councilmember Callaghan, to authorize the mayor to sign the termination for two water easements and a floor tear-up agreement on the Les Schwab property. Motion carried unanimously.

- c. Adopt Resolution 2018-06 Amending 2018 Salary and Benefit Schedule

Finance Director David Hammond presented Resolution 2018-06 Amending the 2018 salary and benefit schedule to extend Long-Term Disability insurance to represented employee as well as non-represented.

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Motion by Councilmember Sather, second by Councilmember Callaghan, to adopt Resolution 2018-06 adopting a salary and benefit schedule for city employees effective April 1, 2018. Motion carried unanimously.

d. Adopt Resolution 2018-07 Supporting Funding of New Countywide 911 Emergency Radio System

Police Chief Norm Link presented Resolution 2018-07 supporting funding of a new 911 emergency radio system. The Snohomish County Emergency Radio System (SERS) is nearing the end of its 20-year life span. The initial estimate for replacing the system is \$75 million. This would go out as a countywide ballot measure, and if it fails, the city would be required to pay roughly \$750,000.

Councilmember Johnson clarified that the measure would be funded by a \$0.01 sales tax, which is one-tenth of one percent.

Councilmember Williams clarified that if the measure doesn't pass, the city is on the hook for the funding.

Councilmember Pearce mentioned that the Public Safety Committee fully supports the funding of a new system.

Councilmember Callaghan said there are no other options if the current system fails.

The mayor commented that he has discussed the topic with other jurisdictions and what could happen if the measure fails.

Motion by Councilmember Sather, second by Councilmember Callaghan, to approve Resolution 2018-07 in support of county-wide funding of a new county-wide 911 emergency radio system. Motion carried unanimously.

e. Ordinance 1456 – Retail Marijuana Rules, First Reading, Public Comment

City Administrator Ryan Larsen presented Ordinance 1456 dealing with retail marijuana within Stanwood. Ordinance 1456 only considers a retail shop, not a producer or processor. He discussed setback requirements from schools, recreation centers, child care centers, public parks, libraries, and game arcades to which is not restricted to persons 21 or older. He also discussed odor regulations, and where a facility could be located. This ordinance proposes to allow facilities in Maintreet Business I, Mainstreet Business II, or the General Commercial zone. The ordinance would limit the number of retail shops to two, and would require them to be at least 2,500 feet away from each other. The Planning Commission reviewed this ordinance and chose not to make a recommendation, but to move the item forward for council to make a recommendation.

Councilmember Callaghan stated the Ordinance was discussed at the Community Development Committee meeting prior to the council meeting, and it was suggested that council not make a decision tonight, and instead have staff bring forward a map showing what it would look like to allow shops in the Light Industrial zone instead of the Mainstreet Business zones.

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Mayor Kelley stated that council would now allow comments, beginning with those who live or have a business within city limits.

Amy Sellers – 27820 73rd Dr. NW Stanwood

Mrs. Sellers reminded council of the oath they took when elected to faithfully and impartially perform and discharge their duties. The majority of the people that she has heard from do not want a retail shop. She encouraged council put this to a vote of the people.

Edith Garvey – 28829 Copper Way Stanwood

Mrs. Garvey is a Nurse Practitioner and wanted to give a perspective from the medical community. She has attended many pain conferences and the opioid crisis has caused providers to not prescribe pain medications. She does not believe marijuana is a gateway drug. She encouraged people to visit a marijuana shop to educate themselves. The issue should be looked at clinically as well as financially.

Claire Hansen 28714 75th Dr NW Stanwood

Ms. Hansen stated that Stanwood voted against I-502, and that the marijuana issue has been discussed in Stanwood since 2012. Citizens have requested an advisory vote. To remedy the expense issue of a vote, she suggested waiting until 2019 to place the measure on the ballot at no additional cost from what is already in the city's budget.

Katie Shrock – 29680 94th Dr NW Stanwood

Mrs. Shrock commented that though the state does not allow shops to locate near schools, playgrounds, recreation centers, parks, or libraries, the areas where shops are proposed to be permitted could still permit shops near areas frequented by children including restaurants, homes, apartments and a church.

Michael Wooten - 27828 84th AVE NW Stanwood

Mr. Wooten thinks that not allowing shops in the Mainstreet I or II zones would be more acceptable to people. This has become more of a hot button issue since the state now treats retail and medical shops the same.

Tim Schmitt – 27308 101st AVE NW Stanwood

Mr. Schmitt believes council should send the issue back to the Planning Commission for a vote of yes or no.

Dottie Gorsuch – 27519 50th Dr NW Stanwood

Mrs. Gorsuch stated her stance against recreational marijuana. Council should take more time to consider this issue. She is not opposed to medical marijuana, just recreational. Councilmembers are the mothers and fathers of the city and should protect.

Rene Kettler – 26901 92nd Ave NW Stanwood

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Mrs. Kettler, President of the Chamber of Commerce, spoke on behalf of the Chamber Board of Directors. The Chamber is in full support of any business coming to Stanwood which operates legally and legitimately. She has complete faith in the City and police force to manage this. Mrs. Kettler stated she has never worked with a council or city with more integrity.

Kelly McGill – 26549 Fox Hill Dr Stanwood

Planning Commissioner McGill is pro retail marijuana, and has seen the benefits that reasonable recreational and medical use of marijuana can have, certainly as an alternative to opioid use. He encouraged council to consider listening to the voices that do not want a shop in the mainstreet zone.

Cathy Wooten – 27828 84th AVE NW

Mrs. Wooten did not speak for or against Marijuana. She commented on administrative conditional use permits. She believes appeals should be paid for by the permit applicant.

Katie Farrey – 27313 Pioneer Hwy Stanwood

Mrs. Farr stated that the medical marijuana shop that was behind the police station was well run. When the state law changed, bringing in retail marijuana, council voted to no longer allow the medical marijuana shop, and Mrs. Farr believes that was a mistake. We now have a chance to rectify that decision by allowing a retail marijuana at that location.

Ed Farrey – 27313 Pioneer Hwy Stanwood

Mr. Farr commented that the state of Washington has legalized marijuana, and the issue is, will Stanwood allow a retail shop for those 21 years and over, and create an income stream. As a taxpayer he would like an new income stream. He is not in favor of a citizen vote, because the citizens elected council. Family affects children more than anyone else, and scare tactics don't work.

Irene Lyford – 27928 80th Ave NW Stanwood

Mrs. Lyford stated that just because something is legal does not make it a good thing. She would prefer to not have retail marijuana in Stanwood, but if we have to allow it, she would prefer it not be on mainstreet.

Cliff Grant – 8201 283rd ST NW Stanwood

Mr. Grant stated that the city is not following the required process to amend the zoning code. Marijuana retail is in conflict with the city's comprehensive plan. The Administrative Conditional Use process limits public comment. The income received would not outweigh the potential financial risk to the city. The city has not demonstrated why the concerns outlined in 2014 are no longer a concern, including health, safety, and liability concerns.

Bryan Hansen – 28714 75th DR NW Stanwood

Mr. Hansen encouraged council to read the cost-benefit analysis conducted by the state as part of I-502. The document acknowledges that there is not enough research on the legalization of

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marijuana to determine the effects it will have. We need to acknowledge that there is a risk of potential substance abuse. Mr. Hansen thought it was sad that there was no exchange of ideas when this topic was discussed at Planning Commission.

Peggy Kitting – 7229 286th PL NW Stanwood

Mrs. Kitting opposes a retail shop in Stanwood. Her main concern is the abuse of marijuana and youth using marijuana more. She stated that cigarettes, marijuana, and alcohol are gateway drugs, and users get habituated to their effects and turn to stronger alternatives. She asked what the hurry is, and asked for a motion for a discussion item that includes the citizens of Stanwood in the plan.

Miles How- unintelligible - 27625 73rd Ave NW Stanwood

He moved to Stanwood from Virginia because of the family environment here. Children will get ahold of marijuana no matter how dispursement is controlled. He commutes to Seattle every day, and it is filthy. He works with paramedics, and it is not uncommon to see three overdoses in one night, and it could be argued that some of this is from this gateway drug. He asked what the goals of the city are, and if it is a family oriented area. He does not believe marijuana will take the city down the right path.

Aleph Fackenthall – 6104 284th ST NW Stanwood

Mr. Fackenthall commented on the idea of confirmation bias, which he explained is when one looks for information that supports one's own position. We avoid having our thinking challenged. The easiest and quickest path would be to put the shop on mainstreet, however, the easiest path is seldom the right path. In the recent online survey conducted, Mr. Fackenthall stated that the vast majority of those surveyed want the shop off of mainstreet regardless of their position on marijuana. In the interest of due diligence, he requests the council consider an advisory vote.

Connie Danielson – 17426 Marine View Drive Stanwood

Mrs. Danielson stated she has lived here all of her life, and asked what good is bringing marijuana into Stanwood going to do for our town?

There being no additional citizens comments from those within city limits, Mayor Kelley asked for any comments from those outside of the city limits.

Wendell Johnson – 852 Madrona Beach PL NW Camano Island

Mr. Johnson stated he is a Land Use Consultant, and recently listened to a presentation conducted by the American Planning Association explaining how Planners can work with local officials to address the opioid epidemic, including regulating the density of alcohol and marijuana outlets. He also noted that it is rare to see more than four cars at a time at the Bud Hut on Camano Island, therefore demand has not outstripped supply.

Phil Schneider – 278 Gilbertson Rd Camano Island

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Mr. Schneider asked if kids can find opioids easily what prevents them from obtaining marijuana. He read comments from the National Center on Addiction and Substance Abuse regarding correlations between marijuana retail outlets and risks to youth.

Debbie Klein – 242 Scotland Dr Camano Island

Mrs. Klein works for the Stanwood School District and is invested in this community. She cares about the direction of mainstreet Stanwood. The image of mainstreet in her mind does not involve a marijuana retail shop. Stanwood is family friendly. She asked that retail marijuana not be allowed in Stanwood, or to let people vote on the issue.

Erika Lervick – 28921 64th Ave NW Stanwood

Mrs. Lervick said she loves this town because it's small and different, and she asked why we need to be like everyone else. Let Stanwood stay the way we are and not conform.

Mayor Kelley commented that city staff has no input on where or what businesses apply within the city. They do not recruit people to do business here. Someone put in an application for a business license to open a marijuana shop, and the application was denied.

Councilmember Callaghan stated that she has met with many new people and has received many phone calls over the last two weeks from citizens, and she hopes it doesn't end with this issue. The city needs citizen input on other topics as well, such as parks. There seems to be some agreement that mainstreet is not the place for a retail shop, and she hopes council will agree that we should re-evaluate the location. She encouraged citizens to get to know the process of how things are decided. Items often go through the Planning Commission, and then to city council committees, sometimes twice or more, which are open to the public. She encouraged citizens to attend council workshops, which are for a more open discussion, though citizen comments are not heard during these meetings.

Councilmember Johnson is concerned about location. He likes the idea of a free-standing marijuana retail shop, like when we used to have liquor stores. He would like to see options for locating a legalized marijuana store in Stanwood off of the mainstreet. He is not against legalized marijuana, but thinks we can be reasonably intelligent on where one is located. Councilmember Johnson asked that we put off the vote tonight and have city staff bring back some zoning or overlay options of where else we can put a legalized marijuana store off of mainstreet.

Mayor Kelley asked if Councilmember Johnson was making a motion.

Councilmember Johnson said yes he will make that a motion.

Motion seconded by Councilmember White.

Councilmember Callaghan clarified that was a motion to bring it back with different options.

Councilmember Johnson confirmed this.

Councilmember White stated that she is a pharmacist and has studied the pharmacology of marijuana for her whole career, and it has been proven that marijuana is not a gateway drug. She supports removing the illegal dealers. It's illicit drug dealers that profit by starting kids on marijuana

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that make it a gateway, not marijuana itself. She believes a retail marijuana store managed by the marijuana laws that are in place are not a problem for the city.

Councilmember Sather stated that if we were to allow a marijuana store in town, it would make medical marijuana more readily available to people who live within Stanwood. Some of those people do not drive and are not able to make it to the Bud Hut.

Councilmember Pearce said he has become more open-minded regarding medical marijuana, and understands the difficulty of getting to it, but understands the state is working on delivery processes for medical marijuana. He comes at this as an educator as opposed to a medical professional. Things that are legal are perceived by young people to be ok. From a medical standpoint it may not be a gateway drug, but from a young person's standpoint it very well could be.

Councilmember Williams thanked everyone for coming and speaking. She also thanked Councilmember Callaghan for encouraging continued participation. We have had many meetings with no citizen attendance. Councilmember Williams was on the Planning Commission when it voted to transition from medical sales to retail sales, and the council at that time voted no. She asked that citizens be open-minded, and recognize that this is a methodical process that is not decided today, or yesterday. She does not see that this item is being rushed through, and asks that people not assume what council is thinking or how it will vote.

Councilmember Pearce asked for the motion to be repeated.

Deputy Clerk Erica Schorn stated the motion was to bring the item back to council with location options off of mainstreet and to postpone tonight's vote on the Ordinance. Roll was called and the motion carried unanimously.

12. Reports of Officers and Committees

a. Mayor's Report

During the May Snohomish County Cities Meeting, the county will be doing a presentation on the SERS program and the resolution passed tonight in support of that.

b. City Administrator's Report

c. Councilmember Reports/Questions

Councilmember Johnson is glad to be back after being ill.

13. Citizen Closing Comments

Bev Collins – 2231 256th St Stanwood

Mrs. Collins stated this was her first time attending a council meeting, and one thing that would help would be for council to speak so that everyone could hear them.

Cathy Wooten - 27828 84th AVE NW

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Mrs. Wooten commented on an experience she had at Wayne's Corner Café where she brought her grandchildren to breakfast recently, including her granddaughter who has spina bifida and is in a wheelchair, and was given a piece of metal artwork from a fellow customer. Another customer bought their breakfast, and another gave each of the kids \$1.00. She is happy to live in a town where this sort of thing can happen.

Bryan Hansen – 28714 75th DR NW Stanwood

Mr. Hansen stated that it would help with engagement if there was some sort of orientation on how citizens could get involved. He was not aware of committee meetings that citizens could attend. He would like to understand the process better.

Tim Schmitt – 27308 101st AVE NW Stanwood

Mr. Schmitt suggested that citizen questions and participation be allowed during committee meetings to encourage citizen participation.

Jim Collins – 2231 256th St Stanwood

Mr. Collins commented on the fact that it was very difficult to hear what council said and the audio needs to be fixed, and individually councilmembers need to speak up.

Steve Shepro – 8611 280th St NW Stanwood

Mr. Shepro stated that it was curious that an application for a marijuana license came to the city in mid-January, and at the same time council suggested the topic be re-visited, so he believes that's where the confusion or perception of conflict of interest came from.

14. Adjourn to Executive Session – Property Acquisition [RCW 42.30.110(c)]

At 9:07 p.m., Mayor Kelley adjourned the meeting to executive session to discuss property acquisition for 10 minutes with action anticipated.

The meeting reconvened at 9:17 p.m.

Motion by Councilmember Sather, second by Councilmember Callaghan, to authorize the mayor to sign the addendum to the real estate purchase and sale contract for the Johnson Farm for \$205,000. Motion carried unanimously.

15. Reconvene and Adjourn

There being no further business before the Council, Mayor Kelley adjourned the meeting at 9:19 p.m.

CITY OF STANWOOD

ATTEST:

Leonard Kelley, Mayor

Erica Schorn, Deputy Clerk



CITY OF STANWOOD COUNCIL AGENDA STAFF REPORT

ITEM NUMBER: 8c
DATE: April 26, 2018
SUBJECT: Special Event Permit-Vintage Trailer Show
CONTACT PERSON: Corinne Schakel, Permit Specialist
ATTACHMENTS: A – Special Event Permit Application

ISSUE

Vicki Tanner has submitted a Special Event Permit application with the \$50 application fee and a request for City contribution to the City for Council approval of a Vintage Trailer Show on July 21, 2018.

The applicant is requesting to close 271st on Saturday, July 21st from 6:00am to 6:00pm. If the Trailer participants want to stay the night, they will pull their trailers behind the Police Station.

DISCUSSION

This is the 6th annual vintage trailer show sponsored by Ms. Tanner's business, Starlight Vintage Emporium. The show features 10 trailers from the 50's, 60's and 70's on exhibit in east Stanwood. Many are colorfully decorated in keeping with the era and others have unique and imaginative themes. Ms. Tanner is asking for City contribution of this annual event which meets the requirements for small events of less than 1000 people: 1) the event is held in the City; 2) attracts the public to the commercial areas. Total sponsorship requested is \$180.00 for Vendor cost. The Public Works will be delivering the barricades the night before the event and the Vintage Trailer participants will close the road. There is a concert series the same day, so the Public Works staff will pick up the signs for the Vintage Trailer street closure at the end of the Concert. There will be no cost to the Vintage Trailer Participants.

Findings for City Sponsorship:

- i) *The event contributes to the marketing of the city.*

The event will bring families and participants to Stanwood for a unique event featuring colorfully decorated trailers from bygone eras. Flyers and advertising

for the event will include marketing for the city by distributing attractive materials incorporating the city logo.

- ii) *The event will attract the public into the downtown or uptown commercial areas and will be conducted in a way that creates potential for additional retail or service business transactions that contribute to the city's tax base.*

The event will be held in the heart of the downtown East Stanwood district which will attract visitors, participants, and the public to the downtown commercial area before, during and after the activities. No meals or snacks will be offered at the event so spectators and participants can patronize local restaurants and other food establishments for breakfast and/or lunch in the downtown areas.

- iii) *The event provides recreation benefit to the public.*

The event provides an enjoyable, unique viewing opportunity for spectators.

- iv) *The event promotes the general public welfare.*

This event promotes safe, wholesome family fun in Stanwood.

FINANCIAL IMPACT

The \$50 permit fee has been paid to the City. The total amount of contribution requested is \$180.00.

CITY COUNCIL OPTIONS

- 1) Approve the Special Event Permit request including City contribution for the Vintage Trailer Show on July 21, 2018.
- 2) Remove the special event permit from the consent agenda for further discussion and then approve the Special Event Permit and City contribution request for the Vintage Trailer Show on July 21, 2018.
- 3) Approve the Special Event Permit request but not City contribution of the Vintage Trailer Show on July 21, 2018.
- 4) Do not approve the Special Event Permit and City contribution request for the Vintage Trailer Show on July 21, 2018.

RECOMMENDED MOTION

I MOVE TO APPROVE THE SPECIAL EVENT PERMIT INCLUDING CITY CONTRIBUTION FOR THE VINTAGE TRAILER SHOW ON JULY 21, 2018.



City of Stanwood
 10220 270th Street NW
 Stanwood, Washington 98292
 Phone: (360) 629-2181
 Fax: (360) 629-3009

MAR 14 2018

CITY OF STANWOOD
COMMUNITY DEVELOPMENTPermit
Number:

2018- 0127

SPECIAL EVENT PERMIT APPLICATION

Definition: Special events means any temporary or ongoing activity that occurs on public property that affects the ordinary use of public streets, right-of-way, sidewalks, traffic and other places that reasonably expected to cause or result in more than 75 people gathering in a public place; and/or is reasonably expected to have an uncommon impact on such public place; and/or is reasonably expected to require the provision of public services.

The following items are required for all special event applications:

- ☐ Completed application - submitted 60 days prior to the event for review and processing.
- ☐ Non-Refundable Application Fee: **\$50.00, fee must accompany application.**
- ☐ Certificate of Liability Insurance
- ☐ Detailed site map showing street closures, traffic control devices, barricades and portable toilets
- ☐ Written permission from property owners if event is held on private property
- ☐ Flyer and/or schedule of event(s)
- ☐ Banner application if applicable, application located on City website or at City Hall.
- ☐ **\$200 Non refundable Fee Park Fee** if applicable due at time of application to reserve date. Fee will be applied to park use, but is non-refundable.

Park Reservations and submittal of fees must be pre-authorized with Lisa Noonchester at (360) 629-9781 ext. 4531 or lisa.noonchester@ci.stanwood.wa.us, prior to submitting the Special Event application.

Any changes to the area where the event is held must be returned to its original condition. Only chalk is allowed on streets, no paint of any kind is allowed.

City Contribution

- For large events 1000 people or more, the City to contribute 75% of the cost of staff labor and equipment costs.
- For small events less than 1000 people, the City to contribute up to a limit of \$325 value of staff time and equipment costs.

See the City Contribution form attached to this document for more information. To request City Sponsorship, the application for City Sponsorship must accompany this application

Applicant Information

Applicant's Name: Vicki A. Tanner

Company/Organization: _____

Contact Person to be available at event: Vicki Tanner

Mailing address: 200 Glacier Peak Camanche

Phone: 360 629 4414 Cell: _____ Email: Starlightvintageemporium

at gmail.com

Event Information

Name of Event: Vintage Trailer Show

Event Date(s): July 21

Event open time: 9:00-5:00 Event close time: _____

Set up date and time: _____

Break down date and time: _____

Event Location (must include address) EASTSIDE ONE BLOCK

Does your event cause any street closures? YES

Which streets will be closed? ONE BLOCK

Attendance

Estimated Total Attendance: 700

How many registered Participants? 30 Spectators? _____ Volunteers? 5 Staff? 0

Event Site Plan

Attach proposed event map and site plan with the following indicated for review, potential amending and approval:

- Detailed event layout/route with directional arrows, street names
- Placement and collection of signage, traffic control devices, barricades, toilets, etc
- Parking Plan
- Tents, Canopies and Awnings
- Stages, booths, trailers, motorhomes

City Services

Will any other City services or supplies be requested? If so, please describe in detail below:

a. Police: NO

b. Fire: NO

c. Public Works: SIGNS FOR STREET

Plan for police services, security/crowd control, first aid/medical assistance, street closures and traffic route/intersection control: _____

Plan for portable toilets, garbage, sanitation and clean-up (please include delivery and pick up dates):
Applicant must provide for their own portable toilets, but explain plan: We have
bathrooms

Temporary Signage (describe number and size and diagram location)

OVER STREET
AT INTERSECTIONS

Will there be organizations or vendors involved in the event? Yes ☒ No ☒

OASA
WILL HAVE
WATER

If yes, How many? Local within Stanwood City Limits: _____

Outside Stanwood City Limits: _____

Applicant must collect and maintain all Vendor Insurance and food handler information.

Will food and/or liquor be distributed/sold at event: Yes ☐ No ☒ (if yes, please explain plan)

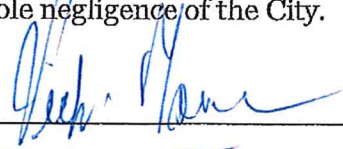
Note: per SMC 9.24.080 "No person shall consume liquor ... in a public place".

Once application is approved, within 72 hours of event, applicant shall notify all parties' impacted (residents, businesses, transit, fire, police, public works).

AGREEMENT

The City of Stanwood does not maintain insurance that will respond to claims against the applicant arising out of the use of facilities by the applicant, its members, or those attending the event. Applicant will provide the City with a Certificate of Liability Insurance naming the City as an additional insured on the policy. Applicant's insurance coverage shall be primary as respects to the City. The policy must include bodily injury and property damage coverage limits of no less than \$1,000,000 for each occurrence and \$2,000,000 general aggregate. Insurance is to be placed with insurers with a current AM Best rating of not less than A: VII who are authorized to do business in the State of Washington. Insurance may be purchased through the City's insurance carrier at an additional cost to meet this requirement.

The applicant shall defend, indemnify and hold harmless the City of Stanwood, its officers, officials, employees and volunteers, while acting within the scope of their duties, from any and all causes of action, demands and claims, including the cost of their defense, arising in favor of the organization, the organization's employees or third parties on account of personal injuries, bodily injuries, death, or damage to property arising out of the acts or omissions of the organization, its employees or representatives, concessionaires of the event or any other person or entity, except only such injury or damage as shall have been occasioned by the sole negligence of the City.

Signature of Applicant: 

Organization/Title STARLIGHT

Date: 02-28-18



Special Event Contact List

This list is provided for you in case your event will involve other agencies. You will be required to make the appropriate contacts, as your event requires.

Washington State Department of Transportation (WDOT)
Phone: (360) 705-7000

Community Transit
Phone: (800) 562-1375 or (425) 353-RIDE
Website: www.communitytransit.org

Island County Transit
Phone: (360) 387-7433
Website: www.islandtransit.org

Washington State Liquor Control Board
Phone: (360) 664-1600

Snohomish County Health District
Phone: (425) 339-5200
(425) 339-5250 Food Handler Cards

Waste Management Northwest
Phone: (800) 592-9995
Website: www.wmnorthwest.com/stanwood

Snohomish County PUD
Phone: (360) 629-5700
Website: www.snopud.com

Cascade Gas Company
Phone: (888) 522-1130
Web-site: www.cngc.com

Stanwood-Camano School District
Phone: (360) 629-1200
Website: www.stanwood.wednet.edu

Burlington Northern Railroad
Phone: (206) 625-6220
Website: www.bnsf.com

Amtrak
Phone: (800) 872-7245
Web-site: www.amtrak.com

City of Stanwood Contact List

Community Development (processes application)

(360) 629-2181 ext 124
Coriine.schakel@ci.stanwood.wa.us

Fire Department:
(360) 629-2184

Public Works
(360) 629-9781
Lisa.noonchester@ci.stanwood.wa.us

Clerk's Office (completes application & takes to City Council if applicable)

(360) 629-2181 ext 106
patricia@ci.stanwood.wa.us

Police Dept.
(425) 388-5290



Request for City Contribution
(submit with special event application)

Name of Applicant: VICKI TANNER
Name of organization requesting contribution: EAST SIDE MERCHANTS
Name of event: VINTAGE TRAILER SHOW
Event Dates: July 21
Mailing Address: 200 GLACIER
City CAMANO State _____ Zip _____
Phone: 360 629 4414 Cell: _____
Email: STARLIGHTVINTAGEEMPOIRIUM@GMAIL.COM

Criteria for approval of city contribution:

As part of the review of a City contribution the following findings shall be made:

- ☐ The event contributes to marketing of the City
- ☐ The event will attract the general public into the downtown or uptown commercial areas and will be conducted in a way that creates potential for additional retail or service business transactions that will contribute to the City's tax base.
- ☐ The event provides recreation benefit to the general public.
- ☐ The event promotes the general public welfare.

As part of City contribution, the City of Stanwood logo and/or text indicating the City role may, in sole discretion of the City be included in signage, posters and other advertising materials for the event.

Briefly describe how your event will meet the above listed criteria: People who attend the event shop & dine at all the businesses.

Amount requested: \$ _____

City services requested for sponsorship: _____

SIGNS TO BLOCK OFF ROAD



City of Stanwood

10220 270th Street NW
Stanwood, Washington 98292

Phone: (360) 629-2181

Fax: (360) 629-3009

Application for Banner Installation

The City of Stanwood allows banners above the roadway in one location at 88th Avenue NW. Coordination of banner placement is managed by the Community Development and the Public Works Departments. Additional information may be obtained by contacting the Permit Specialist.

Banners may be placed only under the following conditions:

1. Applications will be accepted after January 1 for that calendar year.
2. Placement is first-come, first-served with dates reserved through the Community Development Department based upon the date the application, payment and proof of Insurance is received. All items must be submitted prior to placement on calendar.
3. Banners must be at least three feet tall and 20 feet wide and may not exceed 60 square feet in area.
4. Banners must contain grommets for installation.
5. Conceptual drawings of the banner must be submitted for review as part of the approval process. Banners containing any unapproved reference to commercial activity will be immediately removed.
6. Banners must be made of materials capable of withstanding a minimum of One Hundred and Ten (110) miles per hour wind load with a safety factor of 1.3 for wind gusts. Materials shall be resistant to ultraviolet rays, mold and mildew and have sewn loops for strength.
7. Applications must be received a minimum of 2 weeks prior to the requested placement of the banner.
8. Banners may be placed for up to no more than 14 days in advance of the event, and shall be removed within 3 days after the termination of the event. If applicant does not pick up banner within 15 days of being notified, the City of Stanwood shall not be responsible for storage, damage or handling.
9. The Permit Specialist will notify the applicant of approval, denial and/or date change.
10. Failure to obtain a permit or abuse of any conditions under this permit will cause the banner to be removed. History of abuse will be considered for future banner requests.
11. Applicant accepts the responsibility and liability for any banners installed in or over the public right of way. The applicant shall maintain in full force and effect throughout the term the banner is in place over the roadway the following:

One million dollars (\$1,000,000) Commercial General Liability insurance for bodily injury or death to any one person; and

Two million dollars (\$2,000,000) Commercial General Liability insurance for property damage resulting from any one accident; and

The City shall be named as an insured under the Applicant's Commercial General Liability insurance policy using ISO Additional Insured-State or Political Subdivisions-Permits CG 2012 or a substitute endorsement providing equivalent coverage.

Road Closure Area

Stanwood
Middle School

QFC

88TH AVE NW

92ND AVE NW

SR 532

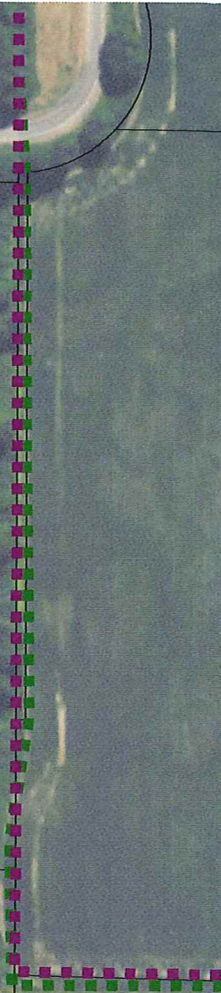
272ND ST NW

271ST ST NW

270TH ST NW

94TH DR NW

96TH AVE NW





**CITY OF STANWOOD
COUNCIL AGENDA STAFF REPORT**

ITEM NUMBER: 8d
DATE: April 26, 2018
SUBJECT: Confirm Mayor Kelley's Library Board Appointment-Patty Tingler
CONTACT PERSON: Erica Schorn, Deputy Clerk
ATTACHMENTS: A – Library Board Recommendation Letter
B – Mayor's Appointment

ISSUE

Should council confirm Mayor Kelley's appointment of Patty Tingler to the Library Board?

DISCUSSION

Library Board members are appointed by the mayor for five year terms. Patty Tingler volunteered to serve on the library board for her first term (Attachment A). The Stanwood Library Board recommends appointing Patty Tingler to serve a term of five years (Attachment B). Based upon this recommendation, Mayor Kelley has appointed Patty Tingler to serve on the Library Board beginning January 1, 2018 through December 31, 2022 (Attachment B).

CITY COUNCIL OPTIONS

- 1) Confirm Mayor Kelley's appointment of Patty Tingler to serve a term of five years on the Library Board.
- 2) Do not confirm Mayor Kelley's appointment of Patty Tingler to serve a term of five years on the Library Board and direct staff to areas of concern.

RECOMMENDED MOTION

I MOVE TO CONFIRM MAYOR KELLEY'S APPOINTMENT OF PATTY TINGLER AS LIBRARY BOARD MEMBER FOR A TERM OF OFFICE BEGINNING JANUARY 1, 2018 THROUGH DECEMBER 31, 2022.

April 9, 2018



The Honorable Leonard Kelley
Stanwood City Council Members
City of Stanwood
10220 270th Street NW
Stanwood WA 98292

Dear Mayor Kelley and City Council Members,

The Stanwood Library Board is pleased to recommend that Patty Tingler be appointed to the Board for a five-year term ending in 2022.

Patty is a resident of Stanwood, at 7420 300th St NW. She has an MBA in Marketing, is a retired Office Manager/Executive Assistant and is involved with several community groups. Patty is a library advocate and is eager to give back to the community by participation on the Board.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Sue Mancer".

Sue Mancer, Secretary
Stanwood Library Board

Cc: Patty Tingler, Library Board members (via email attachment)



APPOINTMENT

I, Leonard Kelley, duly elected and acting Mayor of the City of Stanwood, do hereby appoint Patty Tingler as Library Board Member of the City of Stanwood, pursuant to the provisions of the Stanwood Municipal Code.

Term of office: January 1, 2018 through December 31, 2022.

Leonard Kelley, Mayor

I, Patty Tingler, do swear and affirm that I will perform the duties assigned to me as Library Board Member of the City of Stanwood in the manner required by law.

Patty Tingler

Dated this 26th day of April, 2018

Stanwood Municipal Code 2.52.070 Duties and functions.

The library board is hereby declared to be an advisory board of the city of Stanwood whose duties shall be to advise and recommend to the mayor and city council in regards to the general supervision of the library facilities and programs in accordance with the contract for library service with the Sno-Isle Regional Library System. (Ord. 1134 § 1, 2003; Ord. 402 § 7, 1973).



CITY OF STANWOOD COUNCIL AGENDA STAFF REPORT

ITEM NUMBER: 8e
DATE: April 26, 2018
SUBJECT: Salary Commission Appointment
CONTACT PERSON: Erica Schorn, Deputy Clerk
ATTACHMENTS: A – Ordinance 1306

ISSUE

Should Council confirm Mayor Kelley's appointment of Tim Schmitt to complete the term left vacant by Commissioner Yvonne Washburn who has moved out of Stanwood and is no longer eligible to serve on the City's Salary Commission?

RECOMMENDATION

Council should confirm Mayor Kelley's appointment of Tim Schmitt to complete the term left vacant by Commissioner Washburn, whose term expires in February of 2020.

SUMMARY

The Salary Commission has a vacancy due to Commissioner Washburn moving outside of Stanwood. Ordinance 1306 establishing the Salary Commission (Attachment A) requires that members of the commission shall be residents of the city. Tim Schmitt has volunteered to fill this vacancy. The mayor appoints commissioners with the approval of council.

DISCUSSION

Ordinance 1306 (Attachment A) establishes a five member salary commission for the City of Stanwood. Each commissioner serves a three-year term and can be re-appointed for a second term by the mayor with council approval. There is a vacancy on the commission due to Commissioner Washburn moving outside of Stanwood, and therefore, no longer being eligible to serve. Tim Schmitt has volunteered to fill the vacancy for the remainder of the term, which expires in February 2020. This appointment requires council approval. The mayor is requesting council confirm Mr. Schmitt's appointment to serve the remainder of Commissioner Washburn's term.

FISCAL IMPACT

None

COMMITTEE RECOMMENDATION

N/A

CITY COUNCIL OPTIONS

1. Confirm the mayor's appointment of Tim Schmitt to complete the term left vacant by Yvonne Washburn on the City's Salary Commission.
2. Do not confirm the mayor's appointment of Tim Schmitt to complete the term left vacant by Yvonne Washburn on the City's Salary Commission, and discuss areas of concern.
3. Do not confirm the mayor's appointment of Tim Schmitt to the City's Salary Commission.

RECOMMENDED MOTION

I MOVE TO CONFIRM MAYOR KELLEY'S APPOINTMENT OF TIM SCHMITT TO COMPLETE THE TERM LEFT VACANT BY COMMISSIONER WASHBURN ON THE CITY'S SALARY COMMISSION EXPIRING IN FEBRUARY 2020.

CITY OF STANWOOD

Stanwood, Washington

ORDINANCE NO. 1306

AN ORDINANCE OF THE CITY OF STANWOOD, WASHINGTON
ESTABLISHING A SALARY COMMISSION FOR THE CITY; AND
ADDING A NEW CHAPTER 2.10 TO THE STANWOOD MUNICIPAL
CODE.

WHEREAS, Chapter 73, Laws of 2001, effective July 22, 2001, (RCW 35.21.015) authorizes the City to establish by ordinance an independent salary commission with authority to set the salary of the members of the Council and of other elected city officials, and provides that the commission's action fixing such salaries shall supersede any provision in a city ordinance related to fixing salaries; NOW, THEREFORE

THE CITY COUNCIL OF THE CITY OF STANWOOD, WASHINGTON DO
ORDAIN AS FOLLOWS:

Section 1. A new Chapter 2.10 entitled "Salary Commission" is hereby added to the Stanwood Municipal Code which shall read as follows:

Chapter 2.10
SALARY COMMISSION

2.10.010 Created - Membership, appointment, compensation, term.

1. There is created a salary commission for the city. The commission shall consist of five members, to be appointed by the Mayor with the approval of the City Council.
2. A member of the commission shall serve for a three year term without compensation, and shall be a resident of the city. The initial members shall be appointed for staggered terms of one, two or three years.
3. No member of the commission shall be appointed to more than two terms.
4. A member of the commission shall not be an officer, official, or employee of the city or an immediate family member of an officer, official, or employee of the city. For purposes of this section, "immediate family member" means the parents, spouse, siblings, children, or dependent relatives of an officer, official, or employee of the city, whether or not living in the household of the officer, official, or employee.

2.10.020 Vacancies.

In the event of a vacancy in office of commissioner, the Mayor shall appoint, subject to approval of the City Council, a person to serve the unexpired portion of the term of the expired position.

2.10.030 Removal.

A member of the commission shall only be removed from office for cause of incapacity, incompetence, neglect of duty, or malfeasance in office, a crime involving moral turpitude, or for a disqualifying change of residence.

2.10.040 Duties.

1. The commission shall have the duty, annually, commencing in 2012, to review the salaries paid by the city to each elected city official. If after such review the commission determines that the salary paid to any elected city official should be increased or decreased, the commission shall file a written salary schedule with the city clerk indicating the increase or decrease in salary. The initial salary commission shall meet between February 1, 2012 and March 31, 2012 and shall determine salary increases or decreases for the balance of calendar year 2012. Thereafter, the salary commission shall meet between May 1 and July 31 and shall determine salary adjustments which shall become effective on January 1 of each calendar year, beginning on January 1, 2013.
2. Any increase or decrease in salary established by the commission shall become effective and incorporated into the city budget for the year following commission review without further action of the city council or the commission.
3. Salary increases established by the commission shall be effective as to all city elected officials, regardless of their terms of office.
4. Salary decreases established by the commission shall become effective as to incumbent city elected officials at the commencement of their next subsequent terms of office.

2.10.050 Referendum.

Any salary increase or decrease established by the commission pursuant to this chapter shall be subject to referendum petition by the voters of the city, in the same manner as a city ordinance, upon filing of a referendum petition with the city clerk within thirty days after filing of a salary schedule by the commission. In the event of the filing of a valid referendum petition, the salary increase or decrease shall not go into effect until approved by a vote of the people. Referendum measures under this section shall be submitted to the voters of the city at the next following general or municipal election occurring thirty days or more after the petition is filed, and shall otherwise be governed by the provisions of the State Constitution and the laws generally applicable to referendum measures. By adoption

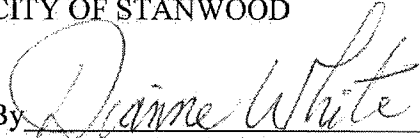
of this provision it shall not be the intent to adopt the powers of Referendum generally.

Section 2. Effective Date. This ordinance shall take effect and be in full force five days from and after its passage, approval and publication, as required by law.

Section 3. Severability. If any section, subsection, sentence, clause, phrase or word of this ordinance should be held to be invalid or unconstitutional by a court of competent jurisdiction, such invalidity or unconstitutionality thereof shall not affect the validity or constitutionality of any other section, subsection, sentence, clause, phrase or word of this ordinance.

PASSED by the City Council and APPROVED by the Mayor this 26th day of January, 2012.

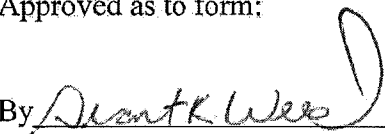
CITY OF STANWOOD

By 
DIANNE WHITE, Mayor

ATTEST:

By 
MELISSA COLLINS, City Clerk

Approved as to form:

By 
GRANT K. WEED, City Attorney

Date of Publication: 02/01/2012

Effective Date (5 days after publication): 02/06/2012



CITY OF STANWOOD COUNCIL AGENDA STAFF REPORT

ITEM NUMBER: 8f

DATE: April 26, 2018

SUBJECT: Reject all bids for the furnace/HVAC installation at City Hall

CONTACT PERSON: Kevin Hushagen, Public Works Director

ATTACHMENTS: A - RFQ
B - Bid

ISSUE

The issue in front of the Council is to reject all bids received for the installation of a furnace/HVAC system at City Hall.

SUMMARY STATEMENT

The City advertised for the removal of the existing 2 furnaces and installation of 2 new units capable of providing heating and air conditioning (HVAC) at City Hall. The request for quotes (RFQ ATT A) was issued March 22 with quotes due back April 5. Only 1 quote was submitted (ATT B) and it was to install 2 furnace units and 2 AC units for a total of 4 units and not consistent with the RFQ. Therefore it is considered non responsive.

DISCUSSION

The need to upgrade the aging heating system at City Hall has been identified and the plan was to incorporate air conditioning with the system upgrade to eliminate the need for multiple portable window units currently being used in warm weather. There have been several discussions on this topic and an agreed \$20,000 was included in the budget to complete this task. The bid that was submitted was substantially higher (\$44,691.20) than the budgeted amount and therefore also made the project undoable.

FINANCIAL IMPACT

There is \$20,000 in the budget to upgrade the furnace system at City Hall and the bid was for \$44,691.20, well over the budgeted amount. By rejecting the bid there will be no expenditure out of the fund and thus no impact.

COMMITTEE RECOMMENDATIONS

The rejection of bids has not been to the public works committee.

RECOMMENDED MOTION

I MOVE TO REJECT ALL BIDS FOR THE FURNACE WITH AC INSTALLATION PROJECT.

**City of Stanwood
Furnace with AC RFQ
March 22, 2018**

To MRSC Participant,

The City of Stanwood is seeking quotes for **2 new Rheem Gas Furnaces with AC units** for the City of Stanwood City Hall building located at 10220 270th Street NW, Stanwood, WA 98292. **All quotes are due back to the City no later than 4:00pm, Thursday, April 5, 2018.**

Scope of work to include: Removal and disposal of two existing H.V.A.C. furnaces and replace with two new rooftop Rheem Gas Furnaces with AC units. Provide structural engineer analysis on the roof's design and load bearing capability for the additional loads, and framing details for structural modifications, if needed, to support the units. Provide the curb construction details and the H.V.A.C units design and Energy Code compliance sheets at submittal. If the units' capacity is greater than 200cfm, or the design combined capacity of both units is more than 2000cfm, the units are to be equipped with return air duct smoke detectors that are tied into the fire alarm system. All labor and material are included for a complete operational system.

- **This is a prevailing wage project** – attachment 1.
- **City will obtain permit**
- **A site visit is required.** To schedule a time, please email lisa.sokolik@ci.stanwood.wa.us

Please submit quotes in a sealed envelope with "Furnace with AC Submittal" clearly written on the envelope. All quotes will be accepted by mail or hand delivery:

City of Stanwood
10220 270th Street NW
Stanwood, WA 98292
Attention: Lisa Sokolik, Public Works

In any case ALL quotes are due no later than 4:00pm, Thursday, April 5, 2018.

Any exceptions or clarifying questions shall be sent to Lisa Sokolik at lisa.sokolik@ci.stanwood.wa.us so questions and responses can be sent to all parties.

City Contract:

Once a selection is made of the lowest, responsive and responsible priced quote the contractor shall be required to fill out all city provided contract documents (attachment 2), furnish all insurance required in the city contract, intent to pay prevailing wage with the contract documents, and obtain a City of Stanwood business license.

Please send a confirming email that you received this RFQ and whether or not you will be participating to ensure you receive follow up emails to any questions/answers.
The City reserves the right to reject all quotes.

Attachments:

1. Prevailing Wage Rates
2. Sample Contract

ATTACHMENT 2 – PREVAILING WAGE

State of Washington
Department of Labor & Industries
Prevailing Wage Section - Telephone 360-902-5335
PO Box 44540, Olympia, WA 98504-4540

Washington State Prevailing Wage

The PREVAILING WAGES listed here include both the hourly wage rate and the hourly rate of fringe benefits. On public works projects, worker's wage and benefit rates must add to not less than this total. A brief description of overtime calculation requirements are provided on the Benefit Code Key.

Journey Level Prevailing Wage Rates for the Effective Date: 04/05/2018

<u>County</u>	<u>Trade</u>	<u>Job Classification</u>	<u>Wage</u>	<u>Holiday</u>	<u>Overtime</u>	<u>Note</u>
Snohomish	<u>Heating Equipment Mechanics</u>	Journey Level	\$78.17	<u>7F</u>	<u>1E</u>	
Snohomish	<u>Refrigeration & Air Conditioning Mechanics</u>	Mechanic	\$67.47	<u>5A</u>	<u>1G</u>	

ATTACHMENT 2 – SAMPLE CONTRACT

LIMITED PUBLIC WORKS CONTRACT (Under \$35,000)

THIS LIMITED PUBLIC WORKS CONTRACT ("Contract") is made and entered into by and between the City of Stanwood, Washington, a Washington State municipal corporation ("City"), and _____, a Washington _____ ("Contractor") [LEGAL STATUS OF ENTITY SHOULD BE INSERTED i.e., LLC; Sole Proprietor; LLP; Inc., P.S.; Partnership, Foreign Corporation licensed to do business in Washington State] .

WHEREAS, [*Provide a general of description the work needed or required*]; and

WHEREAS, the Contractor and the City desire to enter into this Contract for said work in accordance with the terms and conditions of this Contract.

NOW, THEREFORE, in consideration of the terms, conditions and agreements contained herein, the City and Contractor agree as follows:

1. Scope of Work—the Project.

The Contractor shall perform, carry out and complete the [Insert Project Name Project] ("Project") in accordance with this Contract and the incorporated Contract Documents specified in Section 2. The Project shall be completed no later than Insert Completion Date.

2. Contract Documents.

The following documents are incorporated into the Contract by this reference:

- A. ☒ Plans and Contract Drawings.
- B. ☒ Scope of Work.
- C. ☒ Proposal/Bid Submittal (attached).
- D. ☐ 2016 Standard Specifications for Road, Bridge, and Municipal Construction (WSDOT/APWA) ("Standard Specifications") (referenced but not attached).
- E. ☐ WSDOT Amendments to the Standard Specifications (referenced but not attached)
- F. ☐ 2010 APWA Supplement General Special Provisions (referenced but not attached).

G. ☐ City of Stanwood Engineering Standards (referenced but not attached)

H. ☐ Addenda (if any)

In the event of any inconsistencies or conflicts between the language of this Contract and these incorporated documents, the language of the Contract shall prevail over the language of the documents.

3. Commencement of Work.

A. Work shall not proceed under this Contract until the following conditions have been met by the Contractor:

B. Contract has been signed and fully executed by the parties.

C. The Contractor has provided the City with the certificates of insurance required under Section 22.

D. The Contractor has obtained a City of Stanwood Business License.

E. The Contractor has provided the City with satisfactory documentation that Contractor is licensed and bonded as a contractor in the Washington State.

These conditions shall be satisfied within ten (10) calendar days of the City's Notice of Award of the Contract to the Contractor. Upon satisfaction of these conditions, the City shall issue a Notice to Proceed and Contractor shall commence work within five (5) calendar days of the date of said Notice.

4. Time is of the Essence/Liquidated Damages.

Time is of the essence in the performance of this Contract. The Contractor shall diligently pursue the Project work to physical completion by the date specified in Section 1. If said work is not completed within the time specified, the Contractor agrees to pay the City as liquidated damages the sum set forth in Section 1-08.9 of the Standard Specifications for each and every calendar day said work remains uncompleted after expiration of the specified time.

5. Payment for Project.

A. Total Contract Sum for Project. Excluding approved changes orders, the City shall pay the Contractor for satisfactory completion of the Project under the Contract a total Contract Sum not to exceed [\$Dollar Amount in figures] (dollar amount in words) in accordance with the bid price in the bid Proposal or proposal price in the Proposal and including all applicable Washington State Sales Tax. The total Contract Sum includes all expenses and costs incurred in planning, designing and constructing the Project, including, but not limited to, applicable

sales and use taxes, costs and expenses for overhead, profit, labor, materials, supplies, permits, subcontractors, consultants, and professional services necessary to construct and complete the Project.

B. Payments shall be for Performance of Project Work. Payments for work provided hereunder shall be made following the performance of such work, unless otherwise permitted by law and approved in writing by the City. No payment shall be made for any work rendered by the Contractor except as identified and set forth in this Contract.

C. Right to Withhold Payments if Work is Unsatisfactory. If during the course of the Contract, the work rendered does not meet the requirements set forth in the Contract, the Contractor shall correct or modify the required work to comply with the requirements of the Contract. The City shall have the right to withhold payment for such work until it meets the requirements of the Contract.

D. Payments. Subject to F below, progress payments shall be based on the timely submittal by the Contractor of the City's standard payment request form. The form shall be appropriately completed and signed by the Contractor. Applications for payment not signed and/or completed shall be considered incomplete and ineligible for payment consideration. The City shall initiate authorization for payment after receipt of a satisfactorily completed payment request form and shall make payment to the Contractor within approximately thirty (30) calendar days thereafter.

E. Payments for Alterations and/or Additions. Requests for changes orders and/or payments for any alterations in or additions to the work provided under this Contract shall be in accordance with the change order process set forth in Section 1-04.4 of the Standard Specifications.

F. Final Payment. As a Limited Public Works project under \$35,000, the City shall not require a payment and performance bond if requested by Contractor and the City shall not withhold statutory retainage under RCW Chapter 60.28. However, the parties agree that the City shall retain fifty percent of the contract amount for a period of thirty days after the date of final acceptance or until the following has occurred:

1. Affidavits of Wages Paid for the Contractor and all Subcontractors are on file with the Washington State Department of Labor and Industries and the City.
2. An Affidavit by the Contractor is on file with the City that sums due from the Contractor and all Subcontractors to the Washington State Department of Revenue, Employment Security Department, and Department of Labor and Industries for all taxes and penalties due or to become due with respect this Contract have been paid

3. Releases from all of Contractor's subcontractors and/or suppliers have been provided to the City, or the period for filing claims by said subcontractors and/or suppliers has expired without claims being filed.

4. The Contractor shall provide the City with proof that insurance required under Section 22 remains in effect.

G. Final Acceptance. Final Acceptance of the Project is determined when the Project is accepted by the City as being one hundred percent (100%) complete.

H. Payment in the Event of Termination. In the event this Contract is terminated by the either party, the Contractor shall not be entitled to receive any further amounts due under this Contract until the work specified in the Scope of Work is satisfactorily completed, as scheduled, up to the date of termination. At such time, if the unpaid balance of the amount to be paid under the Contract exceeds the expense incurred by the City in finishing the work, and all damages sustained by the City or which may be sustained by the City or which may be sustained by the reason of such refusal, neglect, failure or discontinuance of Contractor performing the work, such excess shall be paid by the City to the Contractor. If the City's expense and damages exceed the unpaid balance, Contractor and his surety shall be jointly and severally liable therefore to the City and shall pay such difference to the City. Such expense and damages shall include all reasonable legal expenses and costs incurred by the City to protect the rights and interests of the City under the Contract.

I. Maintenance and Inspection of Financial Records. The Contractor and its subcontractors shall maintain reasonable books, accounts, records, documents and other evidence pertaining to the costs and expenses allowable, and the consideration paid under this Contract, in accordance with reasonable and customary accepted accounting practices. All such books of account and records required to be maintained by this Contract shall be subject to inspection and audit by representatives of City and/or of the Washington State Auditor at all reasonable times, and the Contractor shall afford the proper facilities for such inspection and audit to the extent such books and records are under control of the City, and all Project Contracts shall similarly provide for such inspection and audit rights. Such books of account and records may be copied by representatives of City and/or of the Washington State Auditor where necessary to conduct or document an audit. The Contractor shall preserve and make available all such books of account and records in its control for a period of three (3) years after final payment under this Contract, and Bunker Repair Project subcontracts shall impose similar duties on the subcontractors.

6. Term of Contract.

The term of this Contract shall commence upon full execution of this Contract by the City and Contractor and shall terminate upon final payment by the City to the Contractor, unless sooner terminated by either party under Section 7 or applicable provision of the Contract.

7. Termination of Contract.

A. Except as otherwise provided under this Contract, either party may terminate this Contract upon ten (10) working days' written notice to the other party in the event that said other party is in default and fails to cure such default within that ten-day period, or such longer period as provided by the non-defaulting party. The notice of termination shall state the reasons therefore and the effective date of the termination.

B. The City may also terminate this Contract in accordance with the provisions of Section 1-08.10 of the Standard Specifications.

8. Status of Contractor.

The Contractor is a licensed, bonded and insured contractor as required and in accordance with the laws of the State of Washington. Contractor is acting as an independent contractor in the performance of each and every part of this Contract. No officer, employee, volunteer, and/or agent of either party shall act on behalf of or represent him or herself as an agent or representative of the City. Contractor and its officers, employees, volunteers, agents, contractors and/or subcontractors shall make no claim of City employment nor shall claim against the City any related employment benefits, social security, and/or retirement benefits. Nothing contained herein shall be interpreted as creating a relationship of servant, employee, partnership or agency between Contractor and the City.

9. Permits.

The Contractor will apply for, pay for and obtain any and all City, county, state and federal permits necessary to commence, construct and complete the Project. All required permits and associated costs shall be included in the Total Contract Sum for Project.

10. Business License Required.

The Contractor shall obtain a City of Stanwood Business License prior to commencement of work under this Contract.

11. Work Ethic.

The Contractor shall perform all work and services under and pursuant to this Contract in timely, professional and workmanlike manner.

12. City Ownership of Work Products.

All work products (reports, maps, designs, specifications, etc.) prepared by or at the request of Contractor regarding the planning, design and construction of the Project shall be the property of the City. Contractor shall provide the City with paper and electronic copies of all work products in

possession or control of Contractor at the request of final payment from Contractor or upon written request from the City.

13. Job Safety.

A. General Job Safety. Contractor shall take all necessary precaution for the safety of employees on the work site and shall comply with all applicable provisions of federal, state and local regulations, ordinances and codes. Contractor shall erect and properly maintain, at all times, as required by the conditions and progress of the work, all necessary safeguards for the protection of workers and the public and shall post danger signs warning against known and unusual hazards.

B. Trench Safety Systems. The Contractor shall ensure that all trenches are provided with adequate safety systems as required by RCW Chapter 49.17 and WAC 296-155-650 and -655. The Contractor is responsible for providing the competent person and registered professional engineer required by WAC 296-155-650 and -655.

14. Prevailing Wages.

Contractor shall pay its employees, and shall require its subcontractors to pay their employees, prevailing wages as required by and in compliance with applicable state and/or federal law and/or regulations, including but not limited to RCW Chapter 39.12 and RCW Chapter 49.28. Prior to final payment under this Contract, Contractor shall certify in writing that prevailing wages have been paid for all work on the Project as required and in accordance with applicable law and/or regulations.

15. Taxes and Assessments.

The Contractor shall be solely responsible for compensating its employees, agents, and/or subcontractors and for paying all related taxes, deductions, and assessments, including, but not limited to, applicable use and sales taxes, federal income tax, FICA, social security tax, assessments for unemployment and industrial injury, and other deductions from income which may be required by law or assessed against either party as a result of this Contract.

16. Nondiscrimination Provision.

During the performance of this Contract, the Contractor shall comply with all applicable equal opportunity laws and/or regulations and shall not discriminate on the basis of race, age, color, sex, sexual orientation, religion, national origin, creed, veteran status, marital status, political affiliation, or the presence of any sensory, mental or physical handicap. This provision shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, selection for training, and the provision of work and services under this Contract. The Contractor further agrees to maintain notices, posted in conspicuous places, setting forth the provisions of this

nondiscrimination clause. The Contractor understands that violation of this provision shall be cause for immediate termination of this Contract and the Contractor may be barred from performing any services or work for the City in the future unless the Contractor demonstrate to the satisfaction of the City that discriminatory practices have been eliminated and that recurrence of such discriminatory practices is unlikely.

17. The Americans with Disabilities Act.

The Contractor shall comply, and shall require its subcontractors to comply, with the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. (ADA), and its implementing regulations, and Washington State's anti-discrimination law as contained in RCW Chapter 49.60 and its implementing regulations, with regard to the work and services provided pursuant to this Contract. The ADA provides comprehensive civil rights to individuals with disabilities in the area of employment, public accommodations, public transportation, state and local government services, and telecommunications.

18. Compliance With Law.

The Contractors shall perform all work and services under and pursuant to this Contract in full compliance with any and all applicable laws, rules, and regulations adopted or promulgated by any governmental agency or regulatory body, whether federal, state, local, or otherwise.

19. Guarantee of Work.

A. The Contractor guarantees and warrants all of its work, materials, and equipment provided and utilized for this Project to be free from defects for a period of one (1) year from the date of final acceptance of the Project work. The Contractor shall remedy any defects in its Project work, and the materials, and equipment utilized in the Project and pay for any damages resulting therefrom which shall appear within a period of one (1) year from the date of final acceptance of the Project work unless a longer period is specified. The City will give notice of observed defects with reasonable promptness.

B. The guarantee/warranty period shall be suspended from the time a significant defect is first documented by the City until the work or equipment is repaired or replaced by the Contractor and accepted by the City. In the event that fewer than ninety (90) calendar days remain in the guarantee period after acceptance of such repair or replacement (after deducting the period of suspension above), the guarantee period shall be extended to allow for at least ninety (90) calendar days guarantee of the work from the date of acceptance of such repair or equipment.

C. The Contractor shall also provide the City with manufacturer's warranties for all components, materials and equipment installed as part of the Project.

D. Any repairs or replacement required during the warranty period shall be performed within 30 calendar days following notification by the City.

20. Contractor's Risk of Loss.

It is understood that the whole of the work under this Contract is to be done at the Contractor's risk, and that he has familiarized himself with all existing conditions and other contingencies likely to affect the work, and has made his bid accordingly, and that he shall assume the responsibility and risk of all loss or damage to materials or work which may arise from any cause whatsoever prior to completion.

21. Indemnification and Hold Harmless.

A. The Contractor shall indemnify, defend and hold the City, its elected officials, agents, officers and/or employees and volunteers harmless from and against any and all claims, demands, liabilities, losses, costs, damages or expenses of any nature whatsoever (including all costs and attorneys' fees) to or by third parties arising from, resulting from or connected with the work and services performed or to be performed under this Contract by the Contractor and/or its directors, officers, agents, employees, consultants, and/or subcontractors to the fullest extent permitted by law and subject to the limitations provided below.

B. The Contractor's duty to indemnify the City shall not apply to liability for damages arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its elected officials, agents, officers and/or employees.

C. The Contractor's duty to indemnify the City for liability for damages arising out of bodily injury to persons or damage to property caused by or resulting from the concurrent negligence of (a) the City and/or its elected officials, agents, officers and/or employees, and (b) the Contractor and/or its directors, officers, agents, employees, consultants, and/or subcontractors, shall apply only to the extent of negligence of Contractor and/or its directors, officers, agents, employees, consultants, and/or subcontractors.

D. Should a court of competent jurisdiction determine that this Agreement is subject to RCW 4.24.115, then, in the event of liability for damages arising out of bodily injury to persons or damages to property caused by or resulting from the concurrent negligence of the Contractor and the City, its officers, officials, employees, and volunteers, the Contractor's liability hereunder shall be only to the extent of the Contractor's negligence.

It is further specifically and expressly understood that the indemnification provided herein constitutes the Contractor's waiver of immunity under Industrial Insurance, Title 51 RCW, solely for the purposes of this indemnification. This waiver has been mutually negotiated by the parties.

E. Nothing contained in this section or Contract shall be construed to create a liability or a right of indemnification by any third party.

F. The provisions of this section shall survive the expiration or termination of this Contract with respect to any event occurring prior to such expiration or termination.

22. Insurance.

A. Insurance Term.

The Contractor shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise, as required in this Section, without interruption from or in connection with the performance commencement of the Contractor's work through the term of the work hereunder by the Contractor, their agents, representatives, employees or subcontractors contract and for thirty (30) days after the Physical Completion date, unless otherwise indicated herein.

B. No Limitation

Contractor's maintenance of insurance, its scope of coverage and limits as required herein shall not be construed to limit the liability of the Contractor to the coverage provided by such insurance, or otherwise limit the City's recourse to any remedy available at law or in equity.

C. Minimum Scope of Insurance.

Contractors required insurance shall be of the types and coverage as stated below:

1. Automobile Liability insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on at least as broad as Insurance Services Office (ISO) form CA Automobile 00 01 or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage.

2. Commercial General Liability insurance shall be written on at least as broad as ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, stop gap liability, independent contractors, products-completed operations, personal injury and advertising injury, and liability assumed under an insured contract. The Commercial General Liability insurance shall be endorsed to provide the per project general aggregate limit using ISO form CG 25 03 05 09 or an equivalent endorsement There shall be no e exclusion for liability arising from explosion, collapse or underground property damage. The City shall be named as an additional insured under the Contractor's Commercial General Liability insurance

policy with respect to the work performed for the City using ISO Additional Insured endorsement CG 20 10 10 01 and Additional Insured- Completed Operations endorsement CG 20 37 10 01 or substitute endorsements providing at least as broad of coverage.

3. Workers' Compensation coverage as required by the Industrial Insurance laws of the State of Washington

4. ☐ Required. Builders Risk insurance covering interests of the City, the Contractor, Subcontractors, and Sub-contractors in the work. Builders Risk insurance shall be on a special perils policy form and shall insure against the perils of fire and extended coverage and physical loss or damage including flood, earthquake, theft, vandalism, malicious mischief, and collapse. The Builders Risk insurance shall include coverage for temporary buildings, debris removal and damage to materials in transit or stored off-site. This Builders Risk insurance covering the work will have a deductible of \$5,000 for each occurrence, which will be the responsibility of the Contractor. Higher deductibles for floor and earthquake perils may be accepted by the City upon written request by the Contractor and written acceptance by the City. Any increased deductibles accepted by the City will remain the responsibility of the Contractor. The Builders Risk insurance shall be maintained until final acceptance of the work by the City.

5. ☐ Required. Contractors Pollution Liability insurance covering losses caused by pollution conditions that arise from the operations of the Contractor. Contractors Pollution Liability insurance shall be written in an amount of at least \$1,000,000 per loss, with an annual aggregate of at least \$1,000,000. Contractors Pollution Liability shall cover bodily injury, property damage, cleanup costs and defense including costs and expenses incurred in the investigation, defense, or settlement of claims.

If the Contractors Pollution Liability insurance is written on a claims-made basis, the Contractor warrants that any retroactive date applicable to coverage under the policy precedes the effective date of this contract; and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of three (3) years beginning from the time that work under the contract is completed.

The City shall be named by endorsement as an additional insured on the Contractors Pollution Liability insurance policy.

If the scope of services as defined in this contract includes the disposal of any hazardous materials from the job site, the Contractor must furnish to the City evidence of Pollution Liability insurance maintained by the disposal site operator for losses arising from the insured facility accepting waste under this contract. Coverage certified to the Public Entity under this paragraph must be maintained in minimum amounts of \$1,000,000 per loss, with an annual aggregate of at least \$1,000,000.

Pollution Liability coverage at least as broad as that provided under ISO Pollution Liability-Broadened Coverage for Covered Autos Endorsement CA 99 48 shall be provided, and the Motor Carrier Act Endorsement (MCS 90) shall be attached.

D. Minimum Amounts of Insurance.

The Contractor shall maintain the following insurance limits:

1. Automobile Liability insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident.
2. Commercial General Liability insurance shall be written with limits no less than \$3,000,000 each occurrence, \$3,000,000 general aggregate and a \$2,000,000 products-completed operations aggregate limit.
3. ☐ Required. Builders Risk insurance shall be written in the amount of the completed value of the project with no coinsurance provisions.
4. ☐ Required. Contractors Pollution Liability shall be written in the amounts set forth above.

E. Public Entity Full Availability of Contractor Limits

If the Contractor maintains higher insurance limits than the minimums shown above, the Public Entity shall be insured for the full available limits of Commercial General and Excess or Umbrella liability maintained by the Contractor, irrespective of whether such limits maintained by the Contractor are greater than those required by this contract or whether any certificate of insurance furnished to the Public Entity evidences limits of liability lower than those maintained by the Contractor.

F. Other Insurance Provisions.

The Contractor's insurance coverage shall be primary insurance with respect to the City. Any insurance, self-insurance, or insurance pool coverage maintained by the City shall be in excess of the Contractor's insurance and shall not contribute with it.

G. Acceptability of Insurers.

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

H. Verification of Coverage.

The Contractor shall furnish the City with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the Automobile Liability and Commercial General Liability insurance of the Contractor before commencement of the work. Throughout the term of this Contract, upon request by the Public Entity, the Contractor shall furnish certified copies of all required insurance policies, including endorsements, required in this contract and evidence of all subcontractors' coverage.

☐ Required. Before any exposure to loss may occur, the Contractor shall file with the City a copy of the Builders Risk insurance policy that includes all applicable conditions, exclusions, definitions, terms and endorsements related to this Project.

☐ Required. Before any exposure to loss may occur, the Contractor shall file with the City a copy of the Pollution Liability insurance that includes all applicable conditions, exclusions, definitions, terms and endorsements related to this Project.

I. Contractor's Insurance for Other Losses.

The Contractor shall assume full responsibility for all loss or damage from any cause whatsoever to any tools, Contractor's employee owned tools, machinery, equipment, or motor vehicles owned or rented by the Contractor, or the Contractor's agents, suppliers or subcontractors as well as to any temporary structures, scaffolding and protective fences.

J. Subcontractors.

The Contractor shall include all subcontractors as insured under its policies or shall furnish separate certifications and endorsements for each subcontractor. All coverage for subcontractors shall be subject to all of the same insurance requirements as stated herein for the Contractor.

The Contractor shall cause each and every Subcontractor to provide insurance coverage that complies with all applicable requirements of the Contractor-provided insurance as set forth herein. The Contractor shall ensure that the Public Entity is an additional insured on each and every Subcontractor's Commercial General liability insurance policy using an endorsement at least as broad as ISO Additional Insured endorsement CG 20 38 04 13.

K. Waiver of Subrogation.

The Contractor and the City waive all rights against each other, any of their subcontractors, lower tier subcontractors, agents and employees, each of the other, for damages caused by fire or other perils to the extent covered by Builders Risk insurance or other property insurance obtained pursuant to the Insurance Requirements Section of this Contract or other

property insurance applicable to the work. The policies shall provide such waivers by endorsement or otherwise.

L. Notice of Cancellation of Insurance.

The Contractor shall provide the City and all Additional Insureds for this work with written notice of any policy cancellation within two business days of their receipt of such notice.

M. Failure to Maintain Insurance

Failure on the part of the Contractor to maintain the insurance as required shall constitute a material breach of contract, upon which the City may, after giving five (5) business days' notice to the Contractor to correct the breach, immediately terminate the contract or, at its discretion, procure or renew such insurance and pay any and all premiums in connection therewith, with any sums so expended to be repaid to the City on demand, or at the sole discretion of the City, offset against funds due the Contractor from the City.

23. Assignment and Subcontractors.

A. The Contractor shall not assign this Contract or any interest herein, nor any money due to or to become due hereunder, without first obtaining the written consent of the City.

B. The Contractor shall not subcontract any part of the services to be performed hereunder without first obtaining the consent of the City and complying with the provisions of this section.

C. In the event the Contractor does assign this Contract or employ any subcontractor, the Contractor agrees to bind in writing every assignee and subcontractor to the applicable terms and conditions of the Contract documents.

D. The Contractor shall, before commencing any work, notify the City in writing of the names of any proposed subcontractors. The Contractor shall not employ any subcontractor or other person or organization (including those who are to furnish the principal items or materials or equipment), whether initially or as a substitute, against whom the City may have reasonable objection. Each subcontractor or other person or organization shall be identified in writing to the City by the Contractor prior to the date this Contract is signed by the Contractor. Acceptance of any subcontractor or assignee by the City shall not constitute a waiver of any right of the City to reject defective work or work not in conformance with the contract documents. If the City, at any time, has reasonable objection to a subcontractor or assignee, the Contractor shall submit an acceptable substitute.

E. The Contractor shall be fully responsible for all acts and omissions of its assignees, subcontractors and of persons and organization directly or indirectly employed by it and of

persons and organizations for whose acts any of them may be liable to the same extent that it is responsible for the acts and omissions of person directly employed by it.

24. Severability.

A. If a court of competent jurisdiction holds any part, term or provision of this Contract to be illegal or invalid, in whole or in part, the validity of the remaining provisions shall not be affected, and the parties' rights and obligations shall be construed and enforced as if the Contract did not contain the particular provision held to be invalid.

B. If any provision of this Contract is in direct conflict with any statutory provision of the State of Washington, that provision which may conflict shall be deemed inoperative and null and void insofar as it may conflict, and shall be deemed modified to conform to such statutory provision.

25. Integration and Supersession.

This Contract sets forth all of the terms, conditions, and Contracts of the parties relative to the Project, and supersedes any and all such former Contracts which are hereby declared terminated and of no further force and effect upon the execution and delivery hereof. There are no terms, conditions, or Contracts with respect thereto except as provided herein, and no amendment or modification of this Contract shall be effective unless reduced to writing and executed by the parties. In the event of any conflicts or inconsistencies between this Contract and the Declaration, the terms of this Contract shall control in all cases.

26. Non-Waiver.

A waiver by either party hereto of a breach of the other party hereto of any covenant or condition of this Contract shall not impair the right of the party not in default to avail itself of any subsequent breach thereof. Leniency, delay or failure of either party to insist upon strict performance of any Contract, covenant or condition of this Contract, or to exercise any right herein given in any one or more instances, shall not be construed as a waiver or relinquishment of any such Contract, covenant, condition or right.

27. Survival.

Any provision of this Contract which imposes an obligation after termination or expiration of this Contract shall survive the term or expiration of this Contract and shall be binding on the parties to this Contract.

28. Contract Representatives and Notices.

This Contract shall be administered for the City by the **[Insert Project Manager Name]**, and shall be administered for the Contractor by the Contractor's Contract Representative, **[Insert Name of Contractor Representative]**. Unless stated otherwise herein, all notices and demands shall be in writing and sent or hand-delivered to the parties at their addresses as follows:

To City:

Kevin Hushagen, Public Works Director
City of Stanwood
10220 270th Street NW
Stanwood, WA 98292
360-629-9782

To Contractor:

Name and Title of Binding Officer
Contractor Business Name
Street Address
City, State ZIP
Telephone Number

or to such addresses as the parties may hereafter designate in writing. Notices and/or demands shall be sent by registered or certified mail, postage prepaid, or hand-delivered. Such notices shall be deemed effective when mailed or hand-delivered at the addresses specified above.

29. Third Parties.

The City and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide, any right or benefit, whether directly or indirectly or otherwise, to third persons.

30. Governing Law.

This Contract shall be governed by and construed in accordance with the laws of the State of Washington.

31. Venue.

The venue for any action to enforce or interpret this Contract shall lie in the Superior Court of Washington for Snohomish County, Washington.

32. Attorney Fees

Should either the City or the Contractor commence any legal action relating to the provisions of this Contract or the enforcement thereof, the prevailing party shall be awarded judgment for all costs of litigation including, but not limited to, costs, expert witnesses, and reasonable attorney fees.

33. Authority

The person executing this Agreement on behalf of Contractor represents and warrants that he or she has been fully authorized by Contractor to execute this Agreement on its behalf and to legally bind Contractor to all the terms, performances and provisions of this Agreement. The person executing this Contractor on behalf of the City represents and warrants that he or she has been fully authorized by the City to execute this Contractor on its behalf and to legally bind the City to all the terms, performances and provisions of this Contractor.

34. Counterparts.

This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same Contract.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed the day and year first hereinabove written.

City of Stanwood

By _____
Leonard Kelley, Mayor

By _____

Approved as to form:

Attest:

Grant K. Weed, City Attorney

David Hammond, City Clerk

Acknowledgement of Waiver of Contractor's Industrial Insurance Immunity:

City

Contractor

ATTACHMENTS:

7229 212TH St SW, Suite B

Edmonds, WA 98026

Proposal

18056

Phone # 425-582-0473

Fax # 425-582-0643

Date

February 2, 2018

Sales Rep

Scott Melle

Billing Name/Address

City of Stanwood City Hall
10220 270th St NW
Stanwood, WA 98292

Job Site

City of Stanwood City Hall
10220 270th St NW
Stanwood, WA 98292

Install new Rheem furnaces with A/C

Provide all equipment, materials, labor to install the following:

- Remove two existing gas furnaces and dispose of.
- Install one new Rheem 5ton gas furnace with cased coil M#R801PA125524MSA in upstairs attic (will have to modify unit to a horizontal unit due to height restrictions)
- Install one new Rheem 5ton gas furnace with cased coil in downstairs closet M#R801PA125524MSA
- Install new economizer box on both gas furnaces modify all ducting to complete job. Unit in attic will have to box out joist bay to run outside ducting thru roof. Down stairs unit will use existing outside venting on wall.
- Have qualified roofer install four roof jacks two for electrical and two for line sets. Will have roofer install new curb adaptor and roof it in place for upstairs attic unit economizer ducting
- Install new condensate pumps on both units, run condensate to outdoor
- Install new smoke detectors with sampling tube in duct on both units
- Run line sets from indoor unit to outdoor unit
- Crane two new Rheem 5 ton 13 SEER A/C only outdoor condensing units to roof with pad M#RA1360AJ1NA
- Evacuate line set and install factory charge R410A refrigerant.
- Start and test. Clean all areas

Exclusions: Mechanical permit, overtime labor, mechanical modifications outside of the scope of work, consequential damages or preexisting problems within the system which we cannot determine at this time.

Price: Our total cost to perform work described with 9.1% sales tax is.....\$44,621.90

Authorized Signature: Scott Melle Acceptance Signature: _____ Date: _____

Payment to be made as follows: 10 days, net 30 days. Additional payment terms: 50% down payment due upon acceptance. Monthly progress billings due 10 days from receipt of invoice. Maintenance agreements are invoiced quarterly unless otherwise noted above. Credit card payments will have an additional 3% service charge.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Customer agrees to pay all cost of collection, including attorney's fees. This proposal is valid for thirty (30) days from the date of proposal

The person executing this Agreement on behalf of Contractor represents and warrants that he or she has been fully authorized by Contractor to execute this Agreement on its behalf and to legally bind Contractor to all the terms, performances and provisions of this Agreement. The person executing this Contractor on behalf of the City represents and warrants that he or she has been fully authorized by the City to execute this Contractor on its behalf and to legally bind the City to all the terms, performances and provisions of this Contractor.

34. Counterparts.

This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same Contract.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed the day and year first hereinabove written.

City of Stanwood

MORGAN MECHANICAL INC

By _____
Leonard Kelley, Mayor

By Scott Melly

Approved as to form:

Attest:

Grant K. Weed, City Attorney

David Hammond, City Clerk

Acknowledgement of Waiver of Contractor's Industrial Insurance Immunity:

City

Contractor

ATTACHMENTS:

**City of Stanwood
Furnace with AC RFQ
March 22, 2018**

To MRSC Participant,

The City of Stanwood is seeking quotes for **2 new Rheem Gas Furnaces with AC units** for the City of Stanwood City Hall building located at 10220 270th Street NW, Stanwood, WA 98292. **All quotes are due back to the City no later than 4:00pm, Thursday, April 5, 2018.**

Scope of work to include: Removal and disposal of two existing H.V.A.C. furnaces and replace with two new rooftop Rheem Gas Furnaces with AC units. Provide structural engineer analysis on the roof's design and load bearing capability for the additional loads, and framing details for structural modifications, if needed, to support the units. Provide the curb construction details and the H.V.A.C units design and Energy Code compliance sheets at submittal. If the units' capacity is greater than 200cfm, or the design combined capacity of both units is more than 2000cfm, the units are to be equipped with return air duct smoke detectors that are tied into the fire alarm system. All labor and material are included for a complete operational system.

- **This is a prevailing wage project** – attachment 1.
- **City will obtain permit**
- **A site visit is required.** To schedule a time, please email lisa.sokolik@ci.stanwood.wa.us

Please submit quotes in a sealed envelope with "Furnace with AC Submittal" clearly written on the envelope. All quotes will be accepted by mail or hand delivery:

City of Stanwood
10220 270th Street NW
Stanwood, WA 98292
Attention: Lisa Sokolik, Public Works

In any case ALL quotes are due no later than 4:00pm, Thursday, April 5, 2018.

Any exceptions or clarifying questions shall be sent to Lisa Sokolik at lisa.sokolik@ci.stanwood.wa.us so questions and responses can be sent to all parties.

City Contract:

Once a selection is made of the lowest, responsive and responsible priced quote the contractor shall be required to fill out all city provided contract documents (attachment 2), furnish all insurance required in the city contract, intent to pay prevailing wage with the contract documents, and obtain a City of Stanwood business license.

Please send a confirming email that you received this RFQ and whether or not you will be participating to ensure you receive follow up emails to any questions/answers.
The City reserves the right to reject all quotes.

Attachments:

1. Prevailing Wage Rates
2. Sample Contract

ATTACHMENT 2 – PREVAILING WAGE

State of Washington
Department of Labor & Industries
Prevailing Wage Section - Telephone 360-902-5335
PO Box 44540, Olympia, WA 98504-4540

Washington State Prevailing Wage

The PREVAILING WAGES listed here include both the hourly wage rate and the hourly rate of fringe benefits. On public works projects, worker's wage and benefit rates must add to not less than this total. A brief description of overtime calculation requirements are provided on the Benefit Code Key.

Journey Level Prevailing Wage Rates for the Effective Date: 04/05/2018

<u>County</u>	<u>Trade</u>	<u>Job Classification</u>	<u>Wage</u>	<u>Holiday</u>	<u>Overtime</u>	<u>Note</u>
Snohomish	<u>Heating Equipment Mechanics</u>	Journey Level	\$78.17	<u>7F</u>	<u>1E</u>	
Snohomish	<u>Refrigeration & Air Conditioning Mechanics</u>	Mechanic	\$67.47	<u>5A</u>	<u>1G</u>	

ATTACHMENT 2 – SAMPLE CONTRACT

LIMITED PUBLIC WORKS CONTRACT (Under \$35,000)

THIS LIMITED PUBLIC WORKS CONTRACT ("Contract") is made and entered into by and between the City of Stanwood, Washington, a Washington State municipal corporation ("City"), and _____, a Washington _____ ("Contractor") [LEGAL STATUS OF ENTITY SHOULD BE INSERTED i.e., LLC; Sole Proprietor; LLP; Inc., P.S.; Partnership, Foreign Corporation licensed to do business in Washington State] .

WHEREAS, *[Provide a general of description the work needed or required]*; and

WHEREAS, the Contractor and the City desire to enter into this Contract for said work in accordance with the terms and conditions of this Contract.

NOW, THEREFORE, in consideration of the terms, conditions and agreements contained herein, the City and Contractor agree as follows:

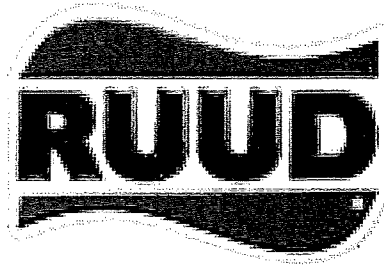
1. Scope of Work—the Project.

The Contractor shall perform, carry out and complete the [Insert Project Name Project] ("Project") in accordance with this Contract and the incorporated Contract Documents specified in Section 2. The Project shall be completed no later than Insert Completion Date.

2. Contract Documents.

The following documents are incorporated into the Contract by this reference:

- A. ☒ Plans and Contract Drawings.
- B. ☒ Scope of Work.
- C. ☒ Proposal/Bid Submittal (attached).
- D. ☐ 2016 Standard Specifications for Road, Bridge, and Municipal Construction (WSDOT/APWA) ("Standard Specifications") (referenced but not attached).
- E. ☐ WSDOT Amendments to the Standard Specifications (referenced but not attached)
- F. ☐ 2010 APWA Supplement General Special Provisions (referenced but not attached).



Date: Mar 28 2018

Job: Ruud Equipment

Customer: Scott Melle

Address: SEATTLE , WA

Mechanical Contractor: Morgan Mechanical

Submitted By: Matt McEntire



Performance Summary

Tag: CU - 1 / FU - 1 / CL - 1	Model No: 13AJN60A01 / R801PA125524MSA / RCF6024STAM		
Project: Ruud Equipment	City: SEATTLE	State: WA	AHRI Ref: 7570757
Altitude: 20	Air Discharge: Upflow/Horizontal		

Cooling Performance

AHRI Rating - Capacity: 56,500	EER: 10.5	SEER: 13
Ambient Air (F) - Dry Bulb: 82.2	Wet Bulb: 64.1	
Airflow (CFM) - CFM: 1700	SCFM: 1700	OA CFM:
System Entering Air (F) - Dry Bulb: 80	Wet Bulb: 67	% RH: 51.1
System Leaving Air (F) - Dry Bulb: 56.2	Wet Bulb: 55.2	
Air Enthalpy (btu/lb) - Entering: 31.4	Leaving: 23.3	
Cooling Capacity (btuh) - Total: 62,300	Sensible: 43,700	Latent: 18,600
Total Power - Watts: 4696.6	KW: 4.7	

Heating Performance

Gas Heating Values (btuh) - Input: 125,000	Output: 101,000	
Heating Airflow (CFM) - CFM: 1700		
Air Dry Bulb (F) - Outdoor: 28.1	Entering Air: 70	Leaving Air: 125
Air Temperature Rise (F) - Rise: 55		

Air Moving System Characteristics

Indoor Power (watts) - Power: 620		
--	--	--

Electrical Supply

Outdoor Unit Power Supply (Volt/Hz/Ph) - 208-230/60/1		
Outdoor Unit Min Ampacity (amps) - 35		
Outdoor Unit Max Overcurrent Protection (amps) - Fuse: 60	HACR Breaker: 60	
Furnace Power Supply (Volt/Hz/Ph) - 115/60/1		
Furnace Full Load (amps) - 8.4		

Dimensions, Weight & Clearances

Outdoor Unit Dimensions (inches) - Length: 33	Width: 33	Height: 35
Outdoor Unit Weight (lb) - Weight: 0		
Furnace Dimensions (inches) - Length: 28 13/16	Width: 21	Height: 34
Furnace Weight (lb) - Weight: 139		
Indoor Coil Dimensions (inches) - Length: 21 - 11/16	Width: 24 - 1/2	Height: 32
Indoor Coil Weight (lb) - Weight: 110		
Outdoor Unit Clearances (inches) - Sides: 24	Top: 36	



Product Submittal #: 1341d5b7-4826-4aca-8d17-57f53bf0c54b

Submittal Printed on: 3/28/2018 11:22:05 AM

For Model: 13AJN60A01

In keeping with its policy of continuous progress and product improvement, reserves the right to make changes without notice.

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Units

Tag No	Model No	Description
CU - 1	13AJN60A01	13AJN: 1-1/2 to 5 Ton, 13 SEER, R-410A Cube Condenser - 1 phase - 208-230 volt Voltage: 208-230/60/1 Factory Options: None
FU - 1	R801PA125524MSA	
CL - 1	RCF6024STAM	

Accessories

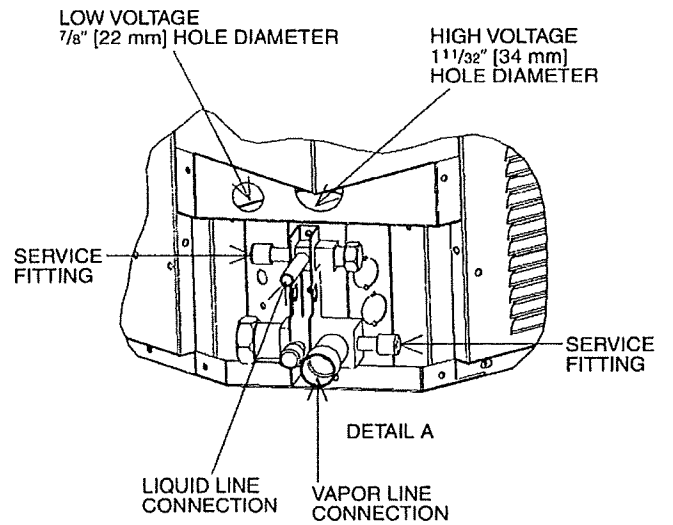
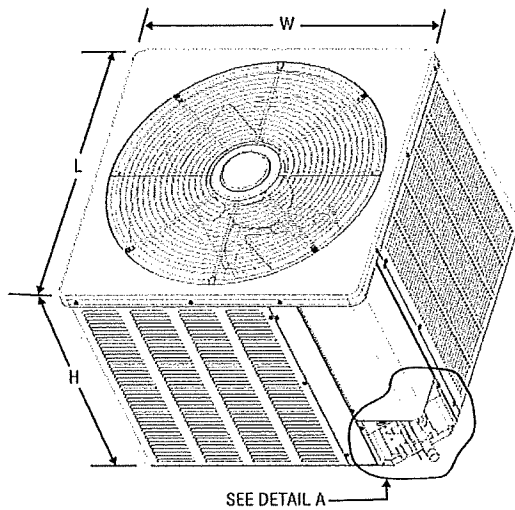
For Tag No	Field Model	Description
------------	-------------	-------------

Unit Drawings for CU - 1 - 13AJN60A01

Unit Dimensions

Model No. 13A*N	Unit Dimensions		
	Width "W" Inches	Length "L" Inches	Height "H" Inches
18, 24	23 ⁵ / ₈ [600]	23 ⁵ / ₈ [600]	24 ¹ / ₄ [616]
30, 36, 42	27 ⁵ / ₈ [702]	27 ⁵ / ₈ [702]	24 ¹ / ₄ [616]
48	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	27 ¹⁵ / ₁₆ [710]
60	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	35 ¹⁵ / ₁₆ [913]

[] Designates Metric Conversions



Furnace Unit Drawings for FU - 1 - R801PA125524MSA



Dimensional Data
R801P (UF/HZ) Series

Upflow Application

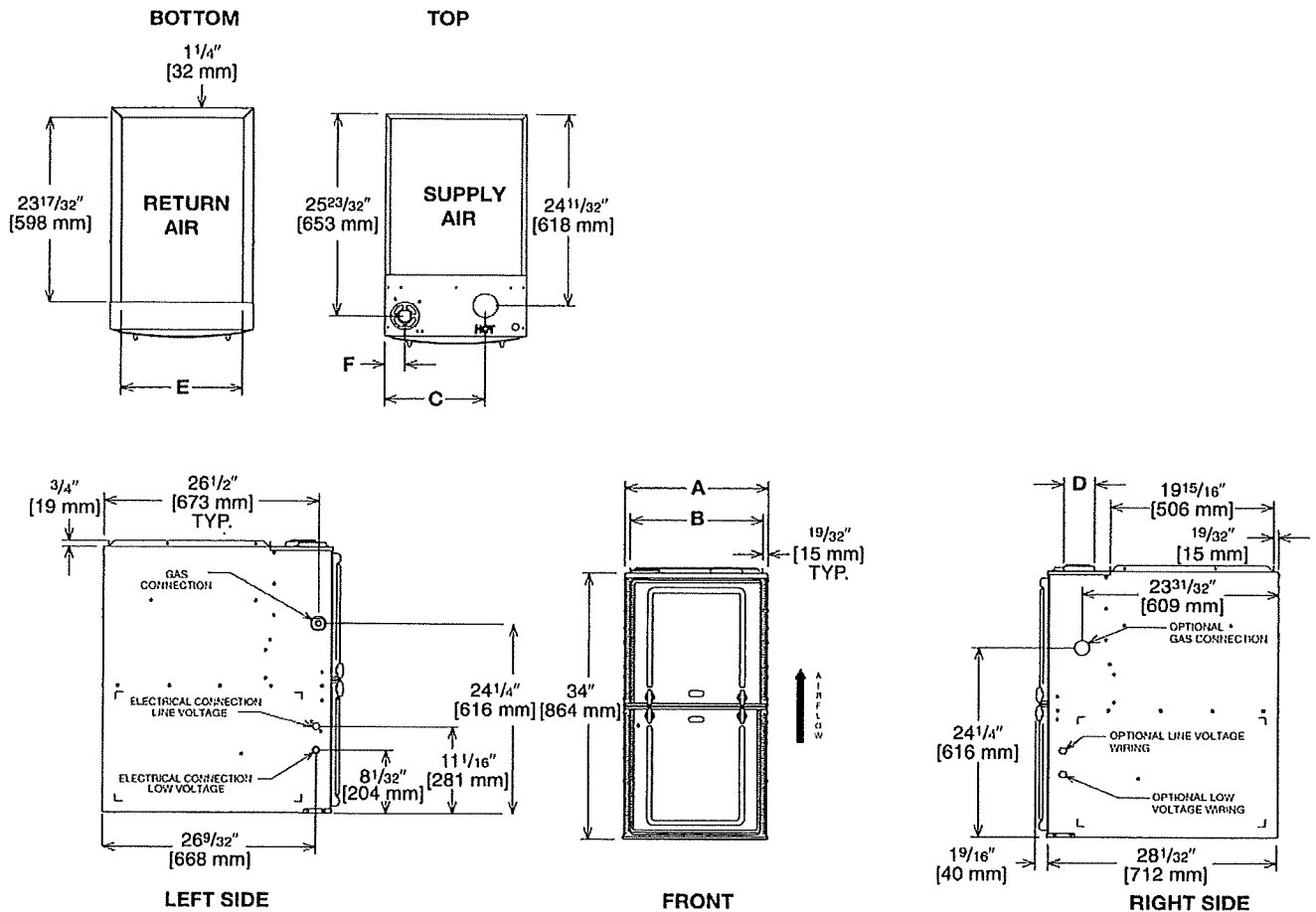


Illustration
ST-A1220-04-00
FIGURE 1

Dimensional Data: Upflow Model

MODEL R801P-	A	B	C	D	E	F	REDUCED CLEARANCE (IN.) [mm]						SHIP WGTS. (LBS.) [kg]
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
050	14 [356]	12 27/32 [326]	10 5/8 [270]	①	11 1/2 [292]	1 7/8 [48]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
075	17 1/2 [445]	16 11/32 [415]	12 9/8 [314]	①	15 [381]	2 1/2 [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
100	21 [533]	19 27/32 [504]	14 1/8 [359]	①	18 1/2 [470]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
125	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
150	24 1/2 [622]	23 11/32 [593]	15 7/8 [403]	①	22 [559]	2 1/2 [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter. 4" adapter included with (-)R801P units.

② May be 0" [0 mm] with type B vent.

③ May be 1" [25 mm] with type B vent.

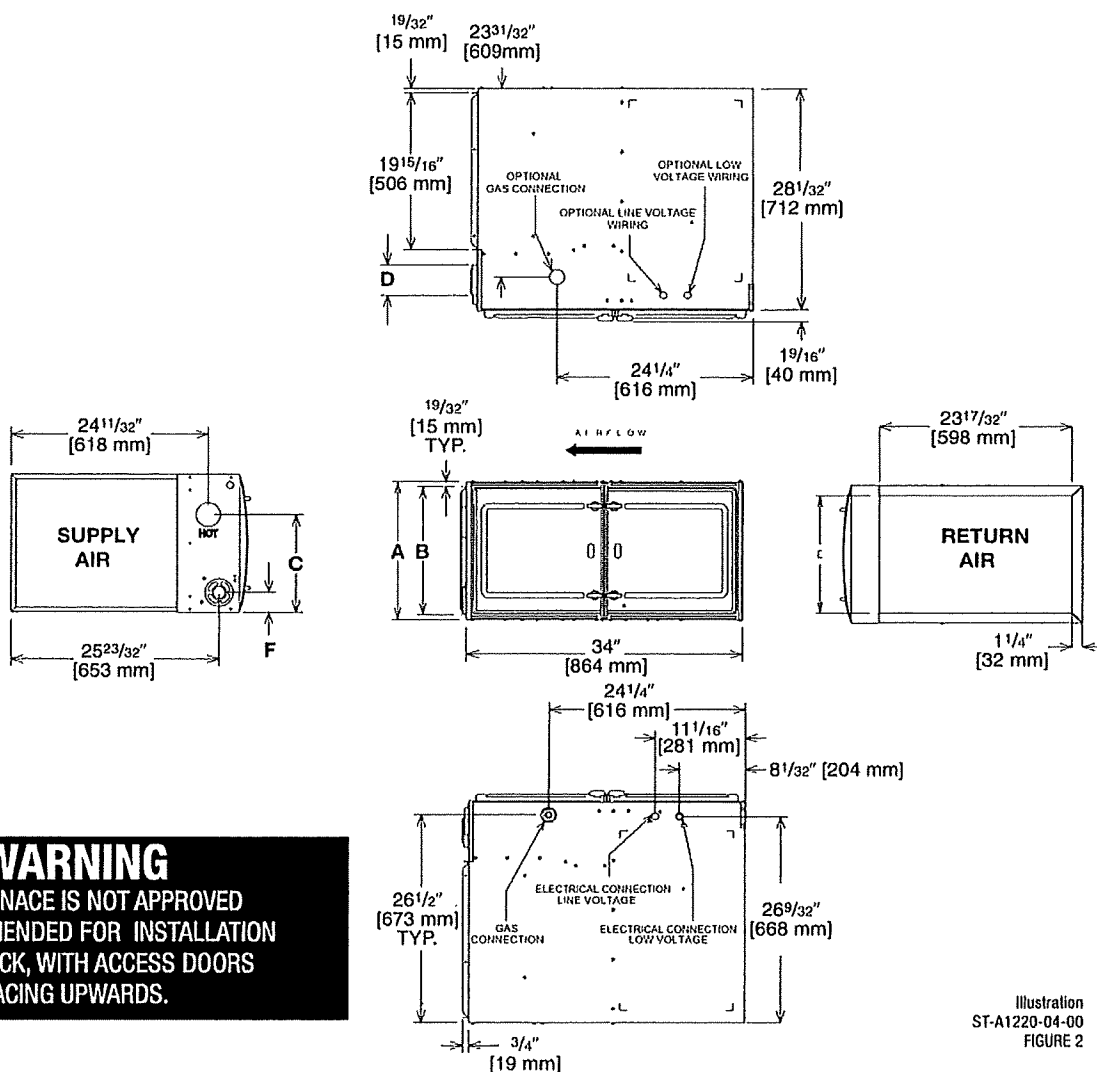
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[] Designates Metric Conversions

Furnace Unit Drawings for FU - 1 - R801PA125524MSA

 Air | Dimensional Data
R801P (UF/HZ) Series

Horizontal Application



WARNING
THIS FURNACE IS NOT APPROVED
OR RECOMMENDED FOR INSTALLATION
ON ITS BACK, WITH ACCESS DOORS
FACING UPWARDS.

Illustration
ST-A1220-04-00
FIGURE 2

Dimensional Data: Horizontal Model

MODEL R801P-	A	B	C	D	E	F	REDUCED CLEARANCE (IN.) (mm)						SHIP WGTS. (LBS.) [kg]
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
050	14 [356]	12 ²⁷ / ₃₂ [326]	10 ⁵ / ₈ [270]	①	11 ¹ / ₂ [292]	1 ⁷ / ₈ [48]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
075	17 ¹ / ₂ [445]	16 ¹¹ / ₃₂ [415]	12 ³ / ₈ [314]	①	15 [381]	2 ¹ / ₂ [64]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
100	21 [533]	19 ²⁷ / ₃₂ [504]	14 ¹ / ₈ [359]	①	18 ¹ / ₂ [470]	2 ¹ / ₂ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
125	24 ¹ / ₂ [622]	23 ¹¹ / ₃₂ [593]	15 ⁷ / ₈ [403]	①	22 [559]	2 ¹ / ₂ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
150	24 ¹ / ₂ [622]	23 ¹¹ / ₃₂ [593]	15 ⁷ / ₈ [403]	①	22 [559]	2 ¹ / ₂ [64]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter. 4" adapter included with (-)R801P units.

② May be 0" [0 mm] with type B vent.

③ May be 1" [25 mm] with type B vent.

Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 and/or Can/CGA-B149 Installation Codes and in accordance with local codes.

[] Designates Metric Conversions

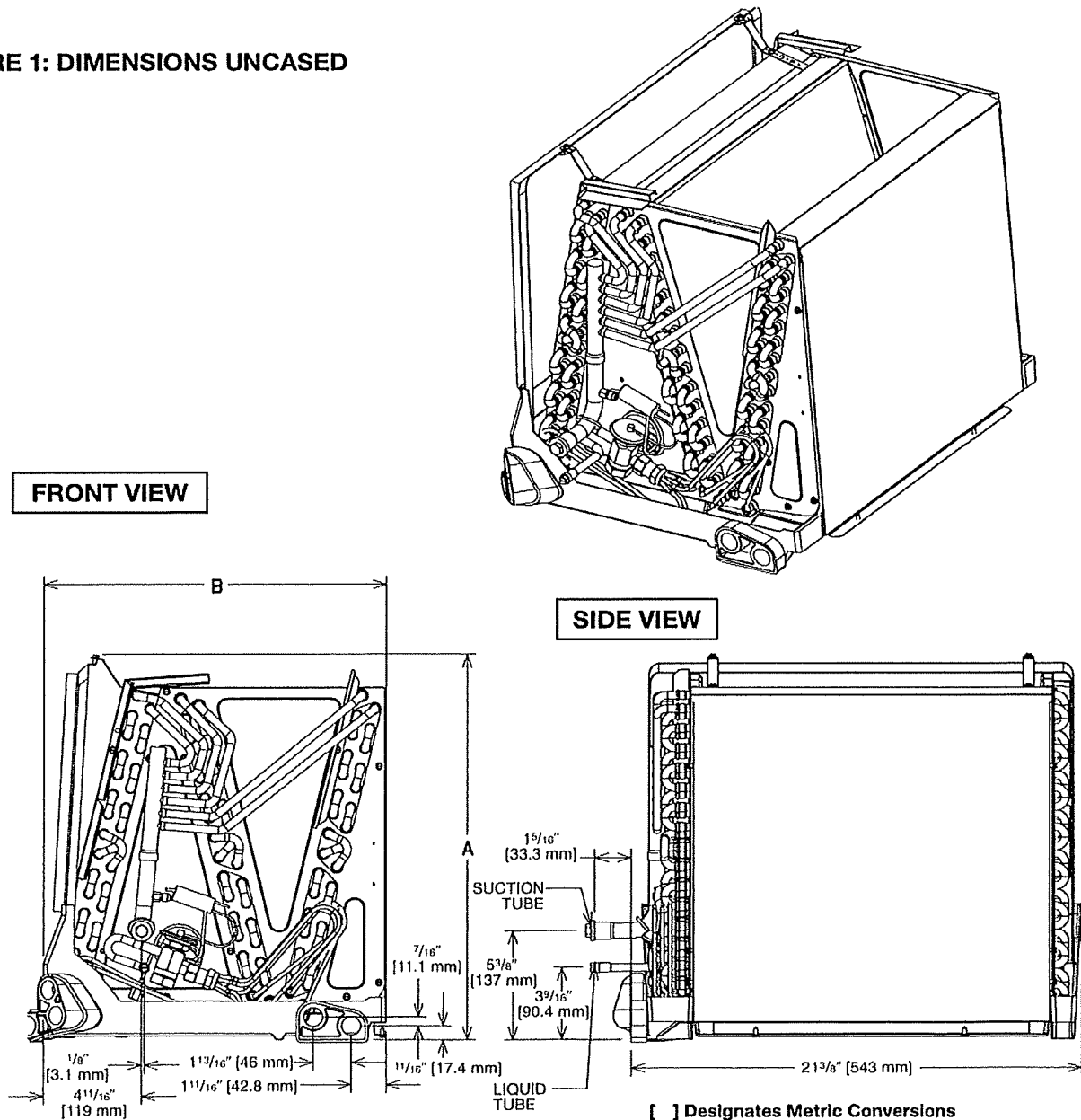
Coil Unit Drawings for CL - 1 - RCF6024STAM

Table 2: Coil Dimensions and Weights

Coil Model RCF	Connections		Uncased Coil Dimensions (in) (mm)		Weight	
	Sweat (in.) (mm)		A	B	Coil Weight (lbs.) (Kg.)	Shipping Weight (lbs.) (Kg.)
	Liquid	Suction				
	I.D.	I.D.				
2414ST	3/8 [9.53]	3/4 [19.05]	21 3/4 [552]	127/8 [327]	43 [19]	47 [21]
2417SP/2417ST	3/8 [9.53]	3/4 [19.05]	15 3/8 [390]	16 3/8 [416]	43 [19]	48 [22]
2417MT/2417HT/3617ST/3617SP	3/8 [9.53]	3/4 [19.05]	18 3/4 [476]	16 3/8 [416]	49 [22]	54 [24]
2421MT/2421HT/3621ST/3621SP	3/8 [9.53]	3/4 [19.05]	18 3/4 [476]	19 7/8 [505]	51 [23]	60 [27]
3621MT/4821ST/4821SP	3/8 [9.53]	3/4 [19.05]	26 5/8 [676]	19 7/8 [505]	71 [32]	78 [35]
3624MT/4824ST/4824ST	3/8 [9.53]	3/4 [19.05]	26 11/16 [678]	23 3/8 [594]	83 [37]	93 [42]
3624HT/4824HT/6024ST/6024HT	3/8 [9.53]	3/4 [19.05]	30 15/16 [786]	23 3/8 [594]	100 [45]	108 [48]

*The 14 inch, 2 ton RCF coil (2414) is part of the "N-Coil" design series, even though the coil shape resembles an "A" coil design.

FIGURE 1: DIMENSIONS UNCASD



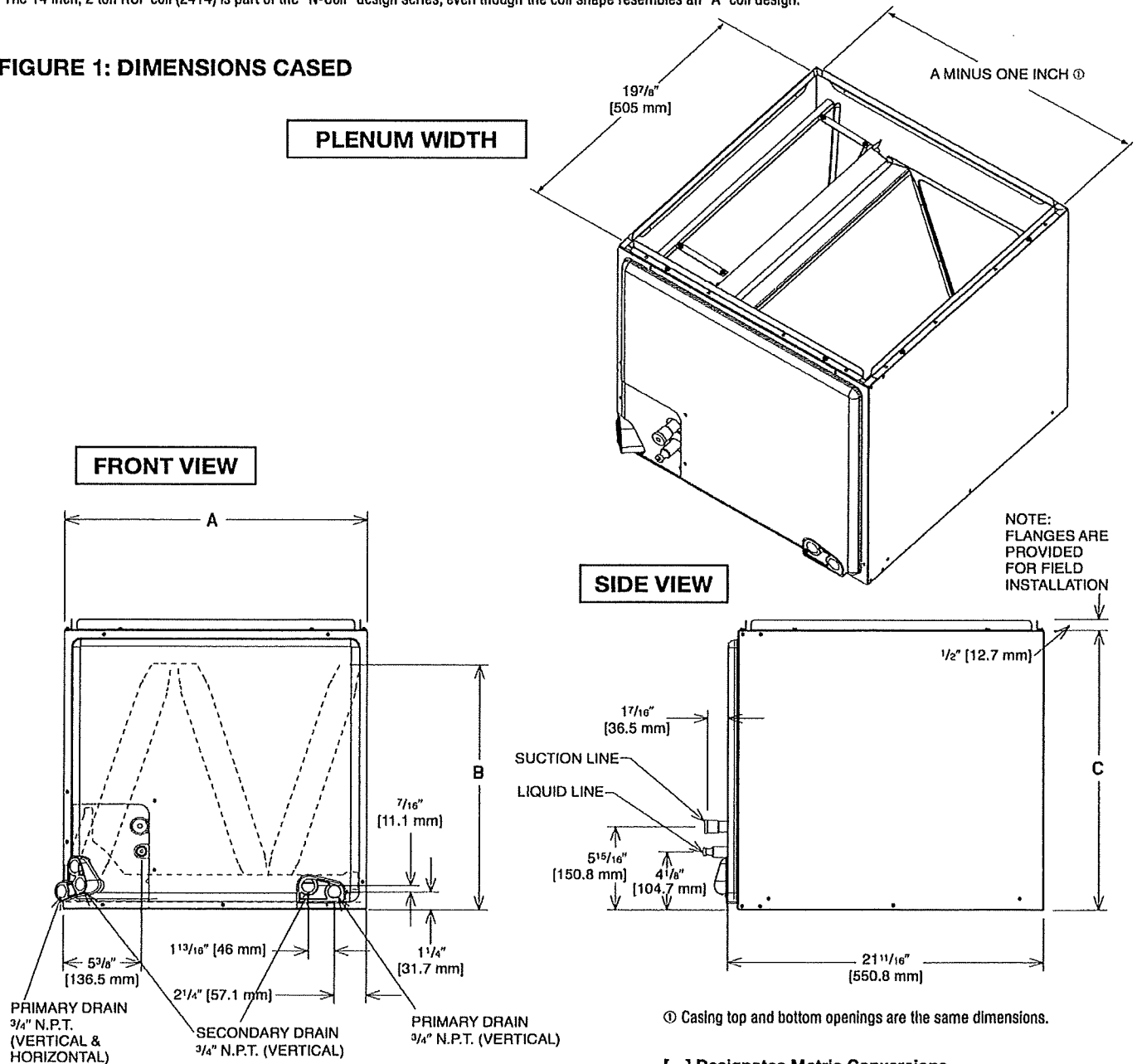
Coil Unit Drawings for CL - 1 - RCF6024STAM

Table 2: Coil Dimensions and Weights

Coil Model RCF	Connections		Cased Coil Dimensions (in) (mm)			Weight	
	Sweat (in.) (mm)		A	B	C	Coil Weight (lbs.) [Kg.]	Shipping Weight (lbs.) [Kg.]
	Liquid	Suction					
	I.D.	I.D.					
2414ST	3/8 [9.53]	3/4 [19.05]	14 [356]	21 [533]	23 3/16 [584]	43 [19]	47 [21]
2417SP/2417ST	3/8 [9.53]	3/4 [19.05]	17 1/2 [445]	14 1/2 [368]	20 [508]	43 [19]	48 [22]
2417MT/2417HT/3617ST/3617SP	3/8 [9.53]	3/4 [19.05]	17 1/2 [445]	17 7/8 [454]	20 [508]	49 [22]	54 [24]
2421MT/2421HT/3621ST/3621SP	3/8 [9.53]	3/4 [19.05]	21 [533]	17 1/2 [445]	20 [508]	51 [23]	60 [27]
3621MT/4821ST/4821SP	3/8 [9.53]	3/4 [19.05]	21 [533]	25 7/8 [657]	28 [711]	71 [32]	78 [35]
3624MT/4824ST/4824SP	3/8 [9.53]	3/4 [19.05]	24 1/2 [622]	25 3/8 [645]	32 [812]	83 [37]	93 [42]
3624HT/4824HT/6024ST/6024HT	3/8 [9.53]	3/4 [19.05]	24 1/2 [622]	30 1/4 [768]	32 [812]	100 [45]	108 [48]

*The 14 inch, 2 ton RCF coil (2414) is part of the "N-Coil" design series, even though the coil shape resembles an "A" coil design.

FIGURE 1: DIMENSIONS CASED

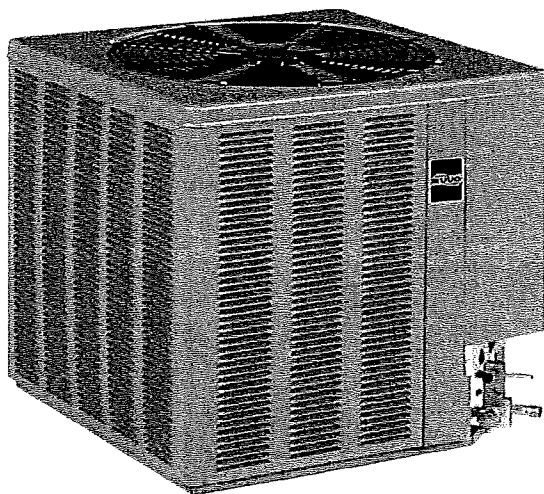


Feature List for CU - 1 - 13AJN60A01



Featuring
Industry Standard
R-410A Refrigerant

R-410A



13 SEER CONDENSING UNITS

Features

- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

Applications

Outdoor condensing unit designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.

Accessories

- Low Pressure Control (RXAC-A07)
- High Pressure Control (RXAB-A07)
- Low Ambient Control (RXAD-A08)
- Compressor Time Delay Control
- Crankcase Heater
- Sound Enclosure

13A*N SERIES

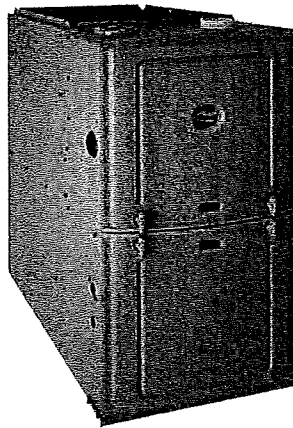


Furnace Feature List for FU - 1 - R801PA125524MSA



Gas Furnaces
R801P (UF/HZ) Series

Ruud Achiever® Series Upflow/Horizontal Gas Furnace



R801P- Upflow/Horizontal Series

80% A.F.U.E.†

Input Rates 50-150 kBTU



†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

- 80% residential Gas Furnace CSA certified
- 3 way multi poise design UF / HZ
- PlusOne™ Diagnostics – 7 Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability. Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation
- Solid bottom
- Insulated blower compartment

- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design – serviceable in all furnace orientations
- Hemmed edges on cabinets and doors
- 1/4 turn door knobs for tool less access
- Integrated Control board features dip switches for easy system set up
- QR code for quick access to product information from your smart phone or tablet

Coil Feature List for CL - 1 - RCF6024STAM

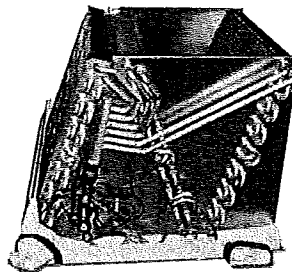
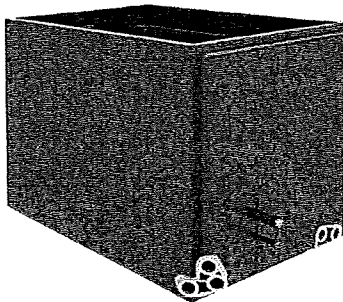


Indoor Coils
RCF Series

Cased/Uncased Coils For Gas And Oil Furnaces

RCF- Series

featuring Industry Standard R-410A
Refrigerant
Airflow Capacity
600-1,900 CFM [283-897 L/s]



(TXV Metering Device Shown)

- Ruud® Indoor Furnace cased coils and replacement uncased coils are designed for use with Ruud outdoor units and are available for vertical upflow or downflow, and horizontal left or horizontal right airflow. When matched with Ruud outdoor units, the coils provide a nominal capacity range from 18,000 BTU/HR [5.24 kW] to 60,000 BTU/HR [17.6 kW].
- Constructed of aluminum fins bonded to internally grooved aluminum tubing.
- Coils are tested at the factory with an extensive refrigerant leak check.
- Coils have copper sweat refrigerant connections.
- Feature two sets of 3/4" [14.1 mm] N.P.T. Condensate drain connections for ease of connection.
- Chatteff metering device connections, at inlet and outlet of TXV or EEV and equalizer connections (TXV only).
- Approved for system application with variety of Ruud outdoor units.
- Condensate drain pan is constructed of high grade, heat resistant, corrosion free thermal-set material.
- Compatible with Germicidal Light System (UV resistant)
- Bi-Directional airflow eliminates the need to switch any internal components from horizontal left to right.
- Unique drain pan design maximizes application flexibility and condensate removal.
- N-Coil design maximizes performance and minimizes height required at installation.
- Coils are AHRI certified for system application with a variety of Ruud outdoor units.



**CITY OF STANWOOD
CITY COUNCIL AGENDA STAFF REPORT**

ITEM NUMBER: 10a

DATE: April 26, 2018

SUBJECT: Authorize the Mayor to sign the Local Solid Waste Financial Assistance Grant (LSWFA) Agreement from the Washington State Department of Ecology for the 2018 and 2019 Clean Sweep Event

CONTACT PERSON: Kevin Hushagen, Public Works Director

ATTACHMENTS: A – DRAFT Grant Agreement

ISSUE

The issue in front of Council is whether or not to authorize the mayor to sign the Local Solid Waste Financial Assistance Grant (LSWFA) Agreement from the Washington State Department of Ecology for the 2018 and 2019 Clean Sweep Event.

SUMMARY

The Washington State Department of Ecology (DOE) renamed the Coordinated Prevention Grant (CPG) to Local Solid Waste Financial Assistance (LSWFA) to more clearly reflect its purpose. DOE has awarded LSWFA funds of \$4,256.00 to the City for its 2018 and 2019 Clean Sweep Events held each spring. The Public Works Department implements the event which has been held in Stanwood for over 14 years.

DISCUSSION

LSWFA funds from the Department of Ecology partially fund Snohomish County's Moderate Risk Waste (MRW) facility and recycling programs that serve the incorporated and unincorporated areas of the county. Cities can apply to Ecology for a portion of LSWFA funds for implementing waste reduction, recycling and moderate risk waste activities that are consistent with Snohomish County's solid waste management plan. The City of Stanwood applied to Snohomish County to be included in the LSWFA funds allocation. This will be the third cycle (total of 6 years) the city has participated in the CPG/LSWFA.

FINANCIAL IMPACT

The total amount of the LSWFA grant is \$4,256.00. The State's grant share is \$3,192.00 and the City's grant share is \$1,064.00. The grant will partially cover expenses the City incurs for the 2018 and 2019 Clean Sweep events. A budget amendment will be necessary for the grant revenues and expenditures in the general fund in 2018 and 2019.

COMMITTEE RECOMMENDATIONS

This issue was not presented to the Public Works Committee.

RECOMMENDED MOTION

I MOVE TO AUTHORIZE THE MAYOR TO SIGN THE LOCAL SOLID WASTE FINANCIAL ASSISTANCE GRANT (LSWFA) AGREEMENT WITH WASHINGTON STATE DEPARTMENT OF ECOLOGY FOR THE 2018 AND 2019 CLEAN SWEEP EVENTS.



Agreement No. W2RLSWFA-1719-Stanwo-00098

WASTE 2 RESOURCES LOCAL SOLID WASTE FINANCIAL ASSISTANCE AGREEMENT

BETWEEN

THE STATE OF WASHINGTON DEPARTMENT OF ECOLOGY

AND

CITY OF STANWOOD

This is a binding Agreement entered into by and between the state of Washington, Department of Ecology, hereinafter referred to as “ECOLOGY,” and CITY OF STANWOOD, hereinafter referred to as the “RECIPIENT,” to carry out with the provided funds activities described herein.

GENERAL INFORMATION

Project Title:	2017-2019 LSWFA City of Stanwood IMP
Total Cost:	\$9,500.00
Total Eligible Cost:	\$4,256.00
Ecology Share:	\$3,192.00
Recipient Share:	\$1,064.00
The Effective Date of this Agreement is:	07/01/2017
The Expiration Date of this Agreement is no later than:	06/30/2019
Project Type:	Planning/Implementation

Project Short Description:

The RECIPIENT (City of Stanwood) will spend \$4,256.00 hosting two (2) residential recycling collection events, expecting to divert a total of 22.5 tons of recycled material and an estimated seven (7) tons of organics from 600 residential participants, as a result of making approximately 6,000 resident contacts during the 2017-19 LSWFA cycle.

Project Long Description:

N/A

Overall Goal:

Provide regional solutions and intergovernmental cooperation; prevent or minimize environmental contamination through planning and project implementation; and comply with state and local solid and hazardous waste management plans and laws.

RECIPIENT INFORMATION

Organization Name: CITY OF STANWOOD

Federal Tax ID: 91-6001509

DUNS Number: 019256379

Mailing Address: 10220 270th Street NW
Stanwood, WA 98292

Physical Address: 10220 270th Street NW
Stanwood, Washington 98292

Organization Email: ryan.larsen@ci.stanwood.wa.us

Contacts

Project Manager	Lisa Sokolik PW Administrative Assistant 10220 270th Street NW Stanwood, Washington 98292 Email: lisa.sokolik@ci.stanwood.wa.us Phone: (360) 629-9781
Billing Contact	Wendy Corder Dowhower Senior Accountant 10220 270th ST NW Stanwood, Washington 98292 Email: wendy.dowhower@ci.stanwood.wa.us Phone: (360) 629-2181 x4502
Authorized Signatory	Leonard Kelley Mayor 10220 270th Street NW Stanwood, Washington 98292 Email: leonard.kelley@ci.stanwood.wa.us Phone: (360) 629-2181

ECOLOGY INFORMATION

Mailing Address: Department of Ecology
Waste 2 Resources
PO BOX 47600
Olympia, WA 98504-7600

Physical Address: Waste 2 Resources
300 Desmond Drive SE
Lacey, WA 98503

Contacts

Project Manager	Vicki Colgan 3190 - 160th Ave SE Bellevue, Washington 98008-5452 Email: vcol461@ecy.wa.gov Phone: (425) 649-7224
Financial Manager	Vicki Colgan 3190 - 160th Ave SE Bellevue, Washington 98008-5452 Email: vcol461@ecy.wa.gov Phone: (425) 649-7224

SCOPE OF WORK

Task Number: 1 **Task Cost:** \$4,256.00

Task Title: Recycling Operations

Task Description:

The RECIPIENT (City of Stanwood) will spend \$4,256.00 hosting two (2) recycling collection events for residents. These popular Clean Sweep events are held each spring and involve both city staff and youth volunteers in directing traffic, helping participants unload material at the proper stations and tabulating the results from the vendors as to material types and weights collected. Flyers will be mailed to announce each event.

The City will provide the following information to the Department of Ecology for project evaluation:

- 1) The number of events held.
- 2) The types and amount of promotional material mailed to or posted for City residents.
- 3) The number of event participants attending - the site greeter will count cars as they arrive.
- 4) The volume of each material collected in pounds/tons as reported from event vendors and from material delivered to recycling centers.

Costs for these activities and associated salaries and benefits are eligible for LSWFA reimbursement.

The RECIPIENT will also report program progress and expenditures for those quarters when eligible costs related to these events occur; and may charge user fees for some items or may drop user fees to increase volume of materials collected, crediting LSWFA for any revenue received from fees or commodity sales on items this Agreement is directly supporting. LSWFA does not pay for costs covered by existing product stewardship programs (E-cycle Washington, LightRecycle Washington, etc.) or for any new product stewardship programs that are adopted during this Agreement period.

Activity: Collection Events

Task Goal Statement:

Convenient capture and diversion of organic waste and other hard-to-recycle items from City residents to avoid landfilling and environmental pollution, constitute the primary goals of this Task.

Task Expected Outcome:

A total from both events is expected to be 22.5 tons of recycled material and an estimated seven (7) tons of organics from 600 residential participants, as a result of making approximately 6,000 resident contacts.

Recipient Task Coordinator: Lisa Sokolik

Recycling Operations

Deliverables

Number	Description	Due Date
1.1	Work as defined in the Scope of Work for this Agreement is implemented.	06/30/2019

Funding Distribution Summary

Recipient / Ecology Share

Funding Distribution Name	Recipient Match %	Recipient Share	Ecology Share	Total
City or Stanwood	25.00 %	\$ 1,064.00	\$ 3,192.00	\$ 4,256.00
Total		\$ 1,064.00	\$ 3,192.00	\$ 4,256.00

AGREEMENT SPECIFIC TERMS AND CONDITIONS

N/A

SPECIAL TERMS AND CONDITIONS

GENERAL FEDERAL CONDITIONS

If a portion or all of the funds for this agreement are provided through federal funding sources or this agreement is used to match a federal grant award, the following terms and conditions apply to you.

A. CERTIFICATION REGARDING SUSPENSION, DEBARMENT, INELIGIBILITY OR VOLUNTARY

EXCLUSION:

1. The RECIPIENT/CONTRACTOR, by signing this agreement, certifies that it is not suspended, debarred, proposed for debarment, declared ineligible or otherwise excluded from contracting with the federal government, or from receiving contracts paid for with federal funds. If the RECIPIENT/CONTRACTOR is unable to certify to the statements contained in the certification, they must provide an explanation as to why they cannot.
2. The RECIPIENT/CONTRACTOR shall provide immediate written notice to ECOLOGY if at any time the RECIPIENT/CONTRACTOR learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
3. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ECOLOGY for assistance in obtaining a copy of those regulations.
4. The RECIPIENT/CONTRACTOR agrees it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable Code of Federal Regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.
5. The RECIPIENT/CONTRACTOR further agrees by signing this agreement, that it will include this clause titled "CERTIFICATION REGARDING SUSPENSION, DEBARMENT, INELIGIBILITY OR VOLUNTARY EXCLUSION" without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

6. Pursuant to 2CFR180.330, the RECIPIENT/CONTRACTOR is responsible for ensuring that any lower tier covered transaction complies with certification of suspension and debarment requirements.
7. RECIPIENT/CONTRACTOR acknowledges that failing to disclose the information required in the Code of Federal Regulations may result in the delay or negation of this funding agreement, or pursuance of legal remedies, including suspension and debarment.
8. RECIPIENT/CONTRACTOR agrees to keep proof in its agreement file, that it, and all lower tier recipients or contractors, are not suspended or debarred, and will make this proof available to ECOLOGY before requests for reimbursements will be approved for payment. RECIPIENT/CONTRACTOR must run a search in <http://www.sam.gov> and print a copy of completed searches to document proof of compliance.

B. FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) REPORTING REQUIREMENTS:

CONTRACTOR/RECIPIENT must complete the FFATA Data Collection Form (ECY 070-395) and return it with the signed agreement to ECOLOGY.

Any CONTRACTOR/RECIPIENT that meets each of the criteria below must report compensation for its five top executives using the FFATA Data Collection Form.

- Receives more than \$25,000 in federal funds under this award.
- Receives more than 80 percent of its annual gross revenues from federal funds.
- Receives more than \$25,000,000 in annual federal funds.

Ecology will not pay any invoices until it has received a completed and signed FFATA Data Collection Form. Ecology is required to report the FFATA information for federally funded agreements, including the required DUNS number, at www.fsrs.gov <http://www.fsrs.gov/> within 30 days of agreement signature. The FFATA information will be available to the public at www.usaspending.gov <http://www.usaspending.gov/>.

For more details on FFATA requirements, see www.fsrs.gov <http://www.fsrs.gov/>.

GENERAL TERMS AND CONDITIONS

Pertaining to Grant and Loan Agreements With the state of Washington, Department of Ecology

GENERAL TERMS AND CONDITIONS AS OF LAST UPDATED 1/22/2018 VERSION

1. ADMINISTRATIVE REQUIREMENTS

- a) RECIPIENT shall follow the "Administrative Requirements for Recipients of Ecology Grants and Loans – EAGL Edition." (<https://fortress.wa.gov/ecy/publications/SummaryPages/1701004.html>)
- b) RECIPIENT shall complete all activities funded by this Agreement and be fully responsible for the proper management of all funds and resources made available under this Agreement.
- c) RECIPIENT agrees to take complete responsibility for all actions taken under this Agreement, including ensuring all subgrantees and contractors comply with the terms and conditions of this Agreement. ECOLOGY reserves the right to request proof of compliance by subgrantees and contractors.
- d) RECIPIENT's activities under this Agreement shall be subject to the review and approval by ECOLOGY for the extent and character of all work and services.

2. AMENDMENTS AND MODIFICATIONS

This Agreement may be altered, amended, or waived only by a written amendment executed by both parties. No subsequent modification(s) or amendment(s) of this Agreement will be of any force or effect unless in writing and signed by authorized representatives of both parties. ECOLOGY and the RECIPIENT may change their respective staff contacts and administrative information without the concurrence of either party.

3. ARCHAEOLOGICAL AND CULTURAL RESOURCES

RECIPIENT shall take reasonable action to avoid, minimize, or mitigate adverse effects to archeological and historic resources. The RECIPIENT must agree to hold harmless the State of Washington in relation to any claim related to historical or cultural artifacts discovered, disturbed, or damaged due to the RECIPIENT's project funded under this Agreement.

RECIPIENT shall:

- a) Contact the ECOLOGY Program issuing the grant or loan to discuss any Cultural Resources requirements for their project:
 - For capital construction projects or land acquisitions for capital construction projects, if required, comply with Governor Executive Order 05-05, Archaeology and Cultural Resources.
 - For projects with any federal involvement, if required, comply with the National Historic Preservation Act.
 - Any cultural resources federal or state requirements must be completed prior to the start of any work on the project site.
- b) If required by the ECOLOGY Program, submit an Inadvertent Discovery Plan (IDP) to ECOLOGY prior to implementing any project that involves ground disturbing activities. ECOLOGY will provide the IDP form.

RECIPIENT shall:

- Keep the IDP at the project site.
 - Make the IDP readily available to anyone working at the project site.
 - Discuss the IDP with staff and contractors working at the project site.
 - Implement the IDP when cultural resources or human remains are found at the project site.
- c) If any archeological or historic resources are found while conducting work under this Agreement:
 - Immediately stop work and notify the ECOLOGY Program, the Department of Archaeology and Historic Preservation at (360) 586-3064, any affected Tribe, and the local government.
 - d) If any human remains are found while conducting work under this Agreement:

- Immediately stop work and notify the local Law Enforcement Agency or Medical Examiner/Coroner's Office, and then the ECOLOGY Program.
- e) Comply with RCW 27.53, RCW 27.44.055, and RCW 68.50.645, and all other applicable local, state, and federal laws protecting cultural resources and human remains.

4. ASSIGNMENT

No right or claim of the RECIPIENT arising under this Agreement shall be transferred or assigned by the RECIPIENT.

5. COMMUNICATION

RECIPIENT shall make every effort to maintain effective communications with the RECIPIENT's designees, ECOLOGY, all affected local, state, or federal jurisdictions, and any interested individuals or groups.

6. COMPENSATION

- a) Any work performed prior to effective date of this Agreement will be at the sole expense and risk of the RECIPIENT. ECOLOGY must sign the Agreement before any payment requests can be submitted.
- b) Payments will be made on a reimbursable basis for approved and completed work as specified in this Agreement.
- c) RECIPIENT is responsible to determine if costs are eligible. Any questions regarding eligibility should be clarified with ECOLOGY prior to incurring costs. Costs that are conditionally eligible require approval by ECOLOGY prior to expenditure.
- d) RECIPIENT shall not invoice more than once per month unless agreed on by ECOLOGY.
- e) ECOLOGY will not process payment requests without the proper reimbursement forms, Progress Report and supporting documentation. ECOLOGY will provide instructions for submitting payment requests.
- f) ECOLOGY will pay the RECIPIENT thirty (30) days after receipt of a properly completed request for payment.
- g) RECIPIENT will receive payment through Washington State Department of Enterprise Services' Statewide Payee Desk. RECIPIENT must register as a payee by submitting a Statewide Payee Registration form and an IRS W-9 form at the website, <http://www.des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx>. For any questions about the vendor registration process contact the Statewide Payee Help Desk at (360) 407-8180 or email payeehelpdesk@watech.wa.gov.
- h) ECOLOGY may, at its sole discretion, withhold payments claimed by the RECIPIENT if the RECIPIENT fails to satisfactorily comply with any term or condition of this Agreement.
- i) Monies withheld by ECOLOGY may be paid to the RECIPIENT when the work described herein, or a portion thereof, has been completed if, at ECOLOGY's sole discretion, such payment is reasonable and approved according to this Agreement, as appropriate, or upon completion of an audit as specified herein.
- j) RECIPIENT must submit within thirty (30) days after the expiration date of this Agreement, all financial, performance, and other reports required by this agreement. Failure to comply may result in delayed reimbursement.

7. COMPLIANCE WITH ALL LAWS

RECIPIENT agrees to comply fully with all applicable federal, state and local laws, orders, regulations, and permits related to this Agreement, including but not limited to:

- a) RECIPIENT agrees to comply with all applicable laws, regulations, and policies of the United States and the State of Washington which affect wages and job safety.
- b) RECIPIENT agrees to be bound by all applicable federal and state laws, regulations, and policies against discrimination.
- c) RECIPIENT certifies full compliance with all applicable state industrial insurance requirements.
- d) RECIPIENT agrees to secure and provide assurance to ECOLOGY that all the necessary approvals and permits required by authorities having jurisdiction over the project are obtained. RECIPIENT must include time in their project timeline for the permit and approval processes.

ECOLOGY shall have the right to immediately terminate for cause this Agreement as provided herein if the

RECIPIENT fails to comply with above requirements.

If any provision of this Agreement violates any statute or rule of law of the state of Washington, it is considered modified to conform to that statute or rule of law.

8. CONFLICT OF INTEREST

RECIPIENT and ECOLOGY agree that any officer, member, agent, or employee, who exercises any function or responsibility in the review, approval, or carrying out of this Agreement, shall not have any personal or financial interest, direct or indirect, nor affect the interest of any corporation, partnership, or association in which he/she is a part, in this Agreement or the proceeds thereof.

9. CONTRACTING FOR GOODS AND SERVICES

RECIPIENT may contract to buy goods or services related to its performance under this Agreement. RECIPIENT shall award all contracts for construction, purchase of goods, equipment, services, and professional architectural and engineering services through a competitive process, if required by State law. RECIPIENT is required to follow procurement procedures that ensure legal, fair, and open competition.

RECIPIENT must have a standard procurement process or follow current state procurement procedures. RECIPIENT may be required to provide written certification that they have followed their standard procurement procedures and applicable state law in awarding contracts under this Agreement.

ECOLOGY reserves the right to inspect and request copies of all procurement documentation, and review procurement practices related to this Agreement. Any costs incurred as a result of procurement practices not in compliance with state procurement law or the RECIPIENT's normal procedures may be disallowed at ECOLOGY's sole discretion.

10. DISPUTES

When there is a dispute with regard to the extent and character of the work, or any other matter related to this Agreement the determination of ECOLOGY will govern, although the RECIPIENT shall have the right to appeal decisions as provided for below:

- a) RECIPIENT notifies the funding program of an appeal request.
- b) Appeal request must be in writing and state the disputed issue(s).
- c) RECIPIENT has the opportunity to be heard and offer evidence in support of its appeal.
- d) ECOLOGY reviews the RECIPIENT's appeal.
- e) ECOLOGY sends a written answer within ten (10) business days, unless more time is needed, after concluding the review.

The decision of ECOLOGY from an appeal will be final and conclusive, unless within thirty (30) days from the date of such decision, the RECIPIENT furnishes to the Director of ECOLOGY a written appeal. The decision of the Director or duly authorized representative will be final and conclusive.

The parties agree that this dispute process will precede any action in a judicial or quasi-judicial tribunal.

Appeals of the Director's decision will be brought in the Superior Court of Thurston County. Review of the Director's decision will not be taken to Environmental and Land Use Hearings Office.

Pending final decision of a dispute, the RECIPIENT agrees to proceed diligently with the performance of this Agreement and in accordance with the decision rendered.

Nothing in this Agreement will be construed to limit the parties' choice of another mutually acceptable method, in addition to the dispute resolution procedure outlined above.

11. ENVIRONMENTAL DATA STANDARDS

a) RECIPIENT shall prepare a Quality Assurance Project Plan (QAPP) for a project that collects or uses environmental measurement data. RECIPIENTS unsure about whether a QAPP is required for their project shall contact the ECOLOGY Program issuing the grant or loan. If a QAPP is required, the RECIPIENT shall:

- Use ECOLOGY's QAPP Template/Checklist provided by the ECOLOGY, unless ECOLOGY Quality Assurance

(QA) officer or the Program QA coordinator instructs otherwise.

- Follow ECOLOGY's Guidelines for Preparing Quality Assurance Project Plans for Environmental Studies, July 2004 (Ecology Publication No. 04-03-030).

- Submit the QAPP to ECOLOGY for review and approval before the start of the work.

b) RECIPIENT shall submit environmental data that was collected on a project to ECOLOGY using the Environmental Information Management system (EIM), unless the ECOLOGY Program instructs otherwise. The RECIPIENT must confirm with ECOLOGY that complete and correct data was successfully loaded into EIM, find instructions at: <http://www.ecy.wa.gov/eim>.

c) RECIPIENT shall follow ECOLOGY's data standards when Geographic Information System (GIS) data is collected and processed. Guidelines for Creating and Accessing GIS Data are available at:

<https://ecology.wa.gov/Research-Data/Data-resources/Geographic-Information-Systems-GIS/Standards>. RECIPIENT, when requested by ECOLOGY, shall provide copies to ECOLOGY of all final GIS data layers, imagery, related tables, raw data collection files, map products, and all metadata and project documentation.

12. GOVERNING LAW

This Agreement will be governed by the laws of the State of Washington, and the venue of any action brought hereunder will be in the Superior Court of Thurston County.

13. INDEMNIFICATION

ECOLOGY will in no way be held responsible for payment of salaries, consultant's fees, and other costs related to the project described herein, except as provided in the Scope of Work.

To the extent that the Constitution and laws of the State of Washington permit, each party will indemnify and hold the other harmless from and against any liability for any or all injuries to persons or property arising from the negligent act or omission of that party or that party's agents or employees arising out of this Agreement.

14. INDEPENDENT STATUS

The employees, volunteers, or agents of each party who are engaged in the performance of this Agreement will continue to be employees, volunteers, or agents of that party and will not for any purpose be employees, volunteers, or agents of the other party.

15. KICKBACKS

RECIPIENT is prohibited from inducing by any means any person employed or otherwise involved in this Agreement to give up any part of the compensation to which he/she is otherwise entitled to or receive any fee, commission, or gift in return for award of a subcontract hereunder.

16. MINORITY AND WOMEN'S BUSINESS ENTERPRISES (MWBE)

RECIPIENT is encouraged to solicit and recruit, to the extent possible, certified minority-owned (MBE) and women-owned (WBE) businesses in purchases and contracts initiated under this Agreement.

Contract awards or rejections cannot be made based on MWBE participation; however, the RECIPIENT is encouraged to take the following actions, when possible, in any procurement under this Agreement:

a) Include qualified minority and women's businesses on solicitation lists whenever they are potential sources of goods or services.

b) Divide the total requirements, when economically feasible, into smaller tasks or quantities, to permit maximum participation by qualified minority and women's businesses.

c) Establish delivery schedules, where work requirements permit, which will encourage participation of qualified minority and women's businesses.

d) Use the services and assistance of the Washington State Office of Minority and Women's Business Enterprises (OMWBE) (866-208-1064) and the Office of Minority Business Enterprises of the U.S. Department of Commerce, as

appropriate.

17. ORDER OF PRECEDENCE

In the event of inconsistency in this Agreement, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order: (a) applicable federal and state statutes and regulations; (b) The Agreement; (c) Scope of Work; (d) Special Terms and Conditions; (e) Any provisions or terms incorporated herein by reference, including the "Administrative Requirements for Recipients of Ecology Grants and Loans"; and (f) the General Terms and Conditions.

18. PRESENTATION AND PROMOTIONAL MATERIALS

ECOLOGY reserves the right to approve RECIPIENT's communication documents and materials related to the fulfillment of this Agreement:

- a) If requested, RECIPIENT shall provide a draft copy to ECOLOGY for review and approval ten (10) business days prior to production and distribution.
- b) RECIPIENT shall include time for ECOLOGY's review and approval process in their project timeline.
- c) If requested, RECIPIENT shall provide ECOLOGY two (2) final copies and an electronic copy of any tangible products developed.

Copies include any printed materials, and all tangible products developed such as brochures, manuals, pamphlets, videos, audio tapes, CDs, curriculum, posters, media announcements, or gadgets with a message, such as a refrigerator magnet, and any online communications, such as web pages, blogs, and twitter campaigns. If it is not practical to provide a copy, then the RECIPIENT shall provide a description (photographs, drawings, printouts, etc.) that best represents the item.

Any communications intended for public distribution that uses ECOLOGY's logo shall comply with ECOLOGY's graphic requirements and any additional requirements specified in this Agreement. Before the use of ECOLOGY's logo contact ECOLOGY for guidelines.

RECIPIENT shall acknowledge in the communications that funding was provided by ECOLOGY.

19. PROGRESS REPORTING

- a) RECIPIENT must satisfactorily demonstrate the timely use of funds by submitting payment requests and progress reports to ECOLOGY. ECOLOGY reserves the right to amend or terminate this Agreement if the RECIPIENT does not document timely use of funds.
- b) RECIPIENT must submit a progress report with each payment request. Payment requests will not be processed without a progress report. ECOLOGY will define the elements and frequency of progress reports.
- c) RECIPIENT shall use ECOLOGY's provided progress report format.
- d) Quarterly progress reports will cover the periods from January 1 through March 31, April 1 through June 30, July 1 through September 30, and October 1 through December 31. Reports shall be submitted within thirty (30) days after the end of the quarter being reported.
- e) RECIPIENT must submit within thirty (30) days of the expiration date of the project, unless an extension has been approved by ECOLOGY, all financial, performance, and other reports required by the agreement and funding program guidelines. RECIPIENT shall use the ECOLOGY provided closeout report format.

20. PROPERTY RIGHTS

- a) Copyrights and Patents. When the RECIPIENT creates any copyrightable materials or invents any patentable property under this Agreement, the RECIPIENT may copyright or patent the same but ECOLOGY retains a royalty free, nonexclusive, and irrevocable license to reproduce, publish, recover, or otherwise use the material(s) or property, and to authorize others to use the same for federal, state, or local government purposes.
- b) Publications. When the RECIPIENT or persons employed by the RECIPIENT use or publish ECOLOGY information; present papers, lectures, or seminars involving information supplied by ECOLOGY; or use logos, reports, maps, or other data in printed reports, signs, brochures, pamphlets, etc., appropriate credit shall be given to ECOLOGY.

- c) Presentation and Promotional Materials. ECOLOGY shall have the right to use or reproduce any printed or graphic materials produced in fulfillment of this Agreement, in any manner ECOLOGY deems appropriate. ECOLOGY shall acknowledge the RECIPIENT as the sole copyright owner in every use or reproduction of the materials.
- d) Tangible Property Rights. ECOLOGY's current edition of "Administrative Requirements for Recipients of Ecology Grants and Loans," shall control the use and disposition of all real and personal property purchased wholly or in part with funds furnished by ECOLOGY in the absence of state and federal statutes, regulations, or policies to the contrary, or upon specific instructions with respect thereto in this Agreement.
- e) Personal Property Furnished by ECOLOGY. When ECOLOGY provides personal property directly to the RECIPIENT for use in performance of the project, it shall be returned to ECOLOGY prior to final payment by ECOLOGY. If said property is lost, stolen, or damaged while in the RECIPIENT's possession, then ECOLOGY shall be reimbursed in cash or by setoff by the RECIPIENT for the fair market value of such property.
- f) Acquisition Projects. The following provisions shall apply if the project covered by this Agreement includes funds for the acquisition of land or facilities:
 - 1. RECIPIENT shall establish that the cost is fair value and reasonable prior to disbursement of funds provided for in this Agreement.
 - 2. RECIPIENT shall provide satisfactory evidence of title or ability to acquire title for each parcel prior to disbursement of funds provided by this Agreement. Such evidence may include title insurance policies, Torrens certificates, or abstracts, and attorney's opinions establishing that the land is free from any impediment, lien, or claim which would impair the uses intended by this Agreement.
- g) Conversions. Regardless of the Agreement expiration date, the RECIPIENT shall not at any time convert any equipment, property, or facility acquired or developed under this Agreement to uses other than those for which assistance was originally approved without prior written approval of ECOLOGY. Such approval may be conditioned upon payment to ECOLOGY of that portion of the proceeds of the sale, lease, or other conversion or encumbrance which monies granted pursuant to this Agreement bear to the total acquisition, purchase, or construction costs of such property.

21. RECORDS, AUDITS, AND INSPECTIONS

RECIPIENT shall maintain complete program and financial records relating to this Agreement, including any engineering documentation and field inspection reports of all construction work accomplished.

All records shall:

- a) Be kept in a manner which provides an audit trail for all expenditures.
- b) Be kept in a common file to facilitate audits and inspections.
- c) Clearly indicate total receipts and expenditures related to this Agreement.
- d) Be open for audit or inspection by ECOLOGY, or by any duly authorized audit representative of the State of Washington, for a period of at least three (3) years after the final grant payment or loan repayment, or any dispute resolution hereunder.

RECIPIENT shall provide clarification and make necessary adjustments if any audits or inspections identify discrepancies in the records.

ECOLOGY reserves the right to audit, or have a designated third party audit, applicable records to ensure that the state has been properly invoiced. Any remedies and penalties allowed by law to recover monies determined owed will be enforced. Repetitive instances of incorrect invoicing or inadequate records may be considered cause for termination.

All work performed under this Agreement and any property and equipment purchased shall be made available to ECOLOGY and to any authorized state, federal or local representative for inspection at any time during the course of this Agreement and for at least three (3) years following grant or loan termination or dispute resolution hereunder.

RECIPIENT shall provide right of access to ECOLOGY, or any other authorized representative, at all reasonable times, in order to monitor and evaluate performance, compliance, and any other conditions under this Agreement.

22. RECOVERY OF FUNDS

The right of the RECIPIENT to retain monies received as reimbursement payments is contingent upon satisfactory performance of this Agreement and completion of the work described in the Scope of Work.

All payments to the RECIPIENT are subject to approval and audit by ECOLOGY, and any unauthorized expenditure(s) or unallowable cost charged to this Agreement shall be refunded to ECOLOGY by the RECIPIENT.

RECIPIENT shall refund to ECOLOGY the full amount of any erroneous payment or overpayment under this Agreement.

RECIPIENT shall refund by check payable to ECOLOGY the amount of any such reduction of payments or repayments within thirty (30) days of a written notice. Interest will accrue at the rate of twelve percent (12%) per year from the time ECOLOGY demands repayment of funds.

Any property acquired under this Agreement, at the option of ECOLOGY, may become ECOLOGY's property and the RECIPIENT's liability to repay monies will be reduced by an amount reflecting the fair value of such property.

23. SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, and to this end the provisions of this Agreement are declared to be severable.

24. STATE ENVIRONMENTAL POLICY ACT (SEPA)

RECIPIENT must demonstrate to ECOLOGY's satisfaction that compliance with the requirements of the State Environmental Policy Act (Chapter 43.21C RCW and Chapter 197-11 WAC) have been or will be met. Any reimbursements are subject to this provision.

25. SUSPENSION

When in the best interest of ECOLOGY, ECOLOGY may at any time, and without cause, suspend this Agreement or any portion thereof for a temporary period by written notice from ECOLOGY to the RECIPIENT. RECIPIENT shall resume performance on the next business day following the suspension period unless another day is specified by ECOLOGY.

26. SUSTAINABLE PRACTICES

In order to sustain Washington's natural resources and ecosystems, the RECIPIENT is fully encouraged to implement sustainable practices and to purchase environmentally preferable products under this Agreement.

- a) Sustainable practices may include such activities as: use of clean energy, use of double-sided printing, hosting low impact meetings, and setting up recycling and composting programs.
- b) Purchasing may include such items as: sustainably produced products and services, EPEAT registered computers and imaging equipment, independently certified green cleaning products, remanufactured toner cartridges, products with reduced packaging, office products that are refillable, rechargeable, and recyclable, and 100% post-consumer recycled paper.

For more suggestions visit ECOLOGY's web page: Green Purchasing, ,
<https://ecology.wa.gov/Regulations-Permits/Guidance-technical-assistance/Sustainable-purchasing>.

27. TERMINATION

a) For Cause

ECOLOGY may terminate for cause this Agreement with a seven (7) calendar days prior written notification to the RECIPIENT, at the sole discretion of ECOLOGY, for failing to perform an Agreement requirement or for a material breach of any term or condition. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination. Failure to Commence Work. ECOLOGY reserves the right to terminate this Agreement if RECIPIENT fails to commence work on the project funded within four (4) months after the effective date of this Agreement, or by any date mutually agreed upon in writing for commencement of work, or the time period defined within the Scope of Work.

Non-Performance. The obligation of ECOLOGY to the RECIPIENT is contingent upon satisfactory performance by the RECIPIENT of all of its obligations under this Agreement. In the event the RECIPIENT unjustifiably fails, in the opinion of ECOLOGY, to perform any obligation required of it by this Agreement, ECOLOGY may refuse to pay any further funds, terminate in whole or in part this Agreement, and exercise any other rights under this Agreement. Despite the above, the RECIPIENT shall not be relieved of any liability to ECOLOGY for damages sustained by ECOLOGY and the State of Washington because of any breach of this Agreement by the RECIPIENT. ECOLOGY may withhold payments for the purpose of setoff until such time as the exact amount of damages due ECOLOGY from the RECIPIENT is determined.

b) For Convenience

ECOLOGY may terminate for convenience this Agreement, in whole or in part, for any reason when it is the best interest of ECOLOGY, with a thirty (30) calendar days prior written notification to the RECIPIENT, except as noted below. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

Non-Allocation of Funds. ECOLOGY's ability to make payments is contingent on availability of funding. In the event funding from state, federal or other sources is withdrawn, reduced, or limited in any way after the effective date and prior to the completion or expiration date of this Agreement, ECOLOGY, at its sole discretion, may elect to terminate the Agreement, in whole or part, or renegotiate the Agreement, subject to new funding limitations or conditions. ECOLOGY may also elect to suspend performance of the Agreement until ECOLOGY determines the funding insufficiency is resolved. ECOLOGY may exercise any of these options with no notification or restrictions, although ECOLOGY will make a reasonable attempt to provide notice.

In the event of termination or suspension, ECOLOGY will reimburse eligible costs incurred by the recipient/contractor through the effective date of termination or suspension. Reimbursed costs must be agreed to by ECOLOGY and the recipient/contractor. In no event shall ECOLOGY's reimbursement exceed ECOLOGY's total responsibility under the agreement and any amendments.

If payments have been discontinued by ECOLOGY due to unavailable funds, the RECIPIENT shall not be obligated to repay monies which had been paid to the RECIPIENT prior to such termination.

RECIPIENT's obligation to continue or complete the work described in this Agreement shall be contingent upon availability of funds by the RECIPIENT's governing body.

c) By Mutual Agreement

ECOLOGY and the RECIPIENT may terminate this Agreement, in whole or in part, at any time, by mutual written agreement.

d) In Event of Termination

All finished or unfinished documents, data studies, surveys, drawings, maps, models, photographs, reports or other materials prepared by the RECIPIENT under this Agreement, at the option of ECOLOGY, will become property of ECOLOGY and the RECIPIENT shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials.

Nothing contained herein shall preclude ECOLOGY from demanding repayment of all funds paid to the RECIPIENT in accordance with Recovery of Funds, identified herein.

28. THIRD PARTY BENEFICIARY

RECIPIENT shall ensure that in all subcontracts entered into by the RECIPIENT pursuant to this Agreement, the state of Washington is named as an express third party beneficiary of such subcontracts with full rights as such.

Agreement No: W2RLSWFA-1719-Stanwo-00098
Project Title: 2017-2019 LSWFA City of Stanwood IMP
Recipient Name: CITY OF STANWOOD

29. WAIVER

Waiver of a default or breach of any provision of this Agreement is not a waiver of any subsequent default or breach, and will not be construed as a modification of the terms of this Agreement unless stated as such in writing by the authorized representative of ECOLOGY.



CITY OF STANWOOD COUNCIL AGENDA STAFF REPORT

ITEM NUMBER: 9a

DATE: April 26, 2018

SUBJECT: Ordinance 1456 –New Retail Recreational Marijuana Rules – 1st Reading

CONTACT PERSON: Ryan C. Larsen, City Administrator/Community Development Director

ATTACHMENTS: A - Ordinance 1456 – Retail Marijuana
B - Map(s)
C - Planning Commission minutes from February 26 and March 26, 2018
D - Additional Public Comments

ISSUE

The issue before the City Council is to review Ordinance 1456 relating to code changes to allow for retail marijuana sales within Stanwood and to review the Planning Commission's recommendation.

RECOMMENDATION

1. Review and discuss proposed rules for retail recreational marijuana sales, mapping, and Planning Commission's recommendation.
2. Allow for first reading of Ordinance 1456 making changes to the City of Stanwood Municipal Code.

SUMMARY STATEMENT

The majority of City Council at their first meeting of the year (January 11, 2018) asked staff to draft rules allowing for sale of marijuana. Based on this direction from City Council staff is providing the following staff report to implement City Council's direction.

Senate Bill 5052 tasked the Washington State Liquor and Cannabis Board (WSLCB) to reopen licensing for retail marijuana businesses. The WSLCB began accepting new applications for retail licenses on October 12, 2015 and to allow retailers to receive a medical marijuana endorsement. The WSLCB understands that some cities may be

concerned about density and other issues related to the number of potential retail marijuana licensees. However, local authorities may choose to make rules or ordinances to address these concerns.

House Bill 2136 allows local authorities to permit the licensing of premises within 1,000 feet but not less than one hundred feet of a restricted entity by enacting an ordinance authorizing such distance reduction. Cities may now choose to adopt buffer zones that are less than one thousand feet from places like parks, transit centers, and childcare facilities. House Bill 2136 provides the following caveats:

- Elementary/secondary schools and playgrounds must remain 1,000 feet from licensed premises.
- City and county distance reductions cannot negatively impact the jurisdiction's civil regulatory enforcement, criminal law enforcement interests, public safety, or public health.
- A local authority ordinance permitting the licensing of a location within 1,000 feet of a restricted entity may require the applicant to notify the restricted entity of the applicant's intent to open.

House Bill 2136 does not address whether or not a city can restrict the retail sales to solely a medical marijuana endorsement. Senate Bill 5052 is the Cannabis Patient Protection Act, and seeks to clarify and reconcile Washington State's medical and recreational marijuana laws. Some highlights are;

- Establishes the liquor control board as the agency to oversee both recreational and medical marijuana and changes the name to Liquor and Cannabis Board.
- Creates a medical marijuana endorsement to be made available to a marijuana retail licensee. Medical marijuana endorsement stores must carry products identified by the Department of Health as beneficial to medical marijuana patients.
- Regulates medical use of marijuana through the same structure as established by Initiative 502 (legalizing recreational marijuana).
- Clarifies what medical conditions qualify for medical use of marijuana.

The Commission held a public hearing on March 26, 2018, at which time the Commission recommended moving the proposed language to City Council without a proposed recommendation. The motion from the Commission passed. Also, there were several members of the community in the audience. The majority of them spoke in opposition to the proposed change.

DISCUSSION

Below is a list of issues for council to discuss on recreational marijuana.

Number of Businesses

There are three types of potential I-502 businesses: Producers, processors and retailers. A retailer cannot be a producer or a processor, and a retail operation cannot

take place in the same location as a producer or processor. However, a producer and a processor may co-locate in the same place.

There is no limit on the number of producers or processors that may choose to locate in a jurisdiction. The actual number in each jurisdiction will depend upon the number of applicants who meet the requirements of the WSLCB and the local jurisdiction.

The state has established a limit on the number of I-502 retail locations in each jurisdiction.

Location

One of the big changes to the rules is the allowance for reduced buffer setbacks. RCW 69.50.331 allows a city to reduce buffers from 1,000-feet to not less than 100-feet for recreation center or facility, child care center, public park, public transit center*, or library, or any game arcade admission to which is not restricted to persons aged twenty-one years or older. Staff has produced a map showing recommended buffers in Attachment B.

* It should be noted the City currently does not have any public transit centers or game arcade admission to which is not restricted to persons aged twenty-one years or older.

Helpful RCW and WAC sections:

RCW 69.50.331

Application for license.

(8)(a) Except as provided in (b) through (d) of this subsection, the state liquor and cannabis board may not issue a license for any premises within one thousand feet of the perimeter of the grounds of any elementary or secondary school, playground, recreation center or facility, child care center, public park, public transit center, or library, or any game arcade admission to which is not restricted to persons aged twenty-one years or older.

(b) A city, county, or town may permit the licensing of premises within one thousand feet but not less than one hundred feet of the facilities described in (a) of this subsection, except elementary schools, secondary schools, and playgrounds, by enacting an ordinance authorizing such distance reduction, provided that such distance reduction will not negatively impact the jurisdiction's civil regulatory enforcement, criminal law enforcement interests, public safety, or public health.

(c) A city, county, or town may permit the licensing of research premises allowed under RCW 69.50.372 within one thousand feet but not less than one hundred feet of the facilities described in (a) of this subsection by enacting an ordinance authorizing such distance reduction, provided that the ordinance will not negatively impact the jurisdiction's civil regulatory enforcement, criminal law enforcement, public safety, or public health.

(d) The state liquor and cannabis board may license premises located in compliance with the distance requirements set in an ordinance adopted under (b) or (c) of this subsection. Before issuing or renewing a research license for premises within one thousand feet but not less than one hundred feet of an elementary school, secondary school, or playground in compliance with an ordinance passed pursuant to (c) of this subsection, the board must ensure that the facility:

WAC 314-55-010

(4) "Child care center" means an entity that regularly provides child day care and early learning services for a group of children for periods of less than twenty-four hours licensed by the Washington state department of early learning under chapter 170-295 WAC.

(11) "Game arcade" means an entertainment venue featuring primarily video games, simulators, and/or other amusement devices where persons under twenty-one years of age are not restricted.

(26) "Public transit center" means a facility located outside of the public right of way that is owned and managed by a transit agency or city, county, state, or federal government for the express purpose of staging people and vehicles where several bus or other transit routes converge. They serve as efficient hubs to allow bus riders from various locations to assemble at a central point to take advantage of express trips or other route to route transfers.

(27) "Recreation center or facility" means a supervised center that provides a broad range of activities and events intended primarily for use by persons under twenty-one years of age, owned and/or managed by a charitable nonprofit organization, city, county, state, or federal government.

City staff created a map representing the 1,000 foot separation distances from such uses and the WSLCB has clarified that "The distance shall be measured as the shortest straight line distance from the property line of the licensed premises to the property line of an elementary or secondary school, playground, recreation center or facility, child care center, public park, public transit center, library or arcade where admission is not restricted to those age 21 and older". The map indicates that several locations may be viable to locate such facilities with the City.

Potential Impacts to City Services

State rules for I-502 regulate the majority of activities that are related to recreational marijuana businesses. I-502 does not specifically address impacts to City services such as traffic or utilities. However, I-502 prevents waste disposal from entering public utilities and specifically regulates how waste shall be transported from the facility to another location.

For the purposes of water and sewer use, retail businesses would not be required to provide an estimate of water and sewer use. Instead the City would utilize existing Equivalent Residential Unit Calculations for retail businesses to determine the appropriate sanitary sewer General Facilities Fee.

For traffic impacts staff recommends using existing traffic impact fees established for retail business for retail sales of marijuana.

Odor

Marijuana can and does produce an odor during its life cycle. Some cities have taken the approach to regulating this through the new regulations within the proposed recreational marijuana regulations. They have accomplished this by considering the smell to be a nuisance and regulating for the installation of ventilation within the facility.

Other Topics

Another questions is where to permit these types of facilities. Staff is suggesting allowing retail use within the Mainstreet Business I and II and in the General Commercial zones. Some cities are allowing for the retail use within industrial type zones and not allowing them within any of their retail zones. Also, we are suggesting to make them an administrative conditional use permit within the zone.

The final area staff would like to draw attention to is that staff is proposing to have all marijuana uses located within a closed facility. This would assist in ensuring greater protection of the facility. The drafted rules only allow for the retail sale of marijuana in the City.

Here are a few highlights from the set of rules affecting retail sales of marijuana:

- Marijuana retailers may not locate within one thousand feet of any parcel containing an elementary or secondary school, playground, recreation center or facility, child care center, public park, public transit center, or library, or any game arcade admission to which is not restricted to persons aged twenty-one years or older.
- Marijuana retailers may not locate within two thousand five hundred feet of any other legally established marijuana retailer whether said marijuana retailer is within the City limits or not.
- Customer parking for marijuana retailers must be on the public street side of the structure.
- Vehicular access to the parking lot for a marijuana retailer shall be from the public street frontage and may not be from an alley.
- Marijuana retailers shall not be allowed on any parcel that is contiguous to a parcel containing residential use.
- The Community Development Director shall have the authority to require improvements.

- The front facade of marijuana retail stores shall consist of storefront window(s), doors, and durable, quality building materials consistent with the design standards of the zone in which the property is located.
- Design standards could apply if located in a zone that does not have them.
- The maximum number of retail marijuana stores allowed in the City of Stanwood shall not exceed two.

The Planning Commission reviewed this issue at their February 26, 2018 meeting. There were several community members in attendance and the majority of speakers spoke in opposition to the change. At the end of the meeting the Commission discussed the proposed language. The Commission seemed to indicate that they only wanted to review the issue of retail sales and not the processing or production of marijuana. Also, the Community Development Committee reviewed the proposed language at their March 8, 2018 and suggested as well to only move forward with retail sales.

The Planning Commission at their public hearing on March 26, 2018 reviewed language for only allowing retail marijuana sales in Stanwood and did not consider any language around processing and/or production of marijuana. Again, at the public hearing a majority of individuals who spoke, spoke in opposition to allowing retail marijuana sales.

One of the biggest topics discussed surrounded a potential location for a retail shop. Many of the speakers expressed concern that the retail shop would end up on mainstreet zoning (MB I or MB II). Some speakers suggested limiting a potential retail shop to the industrial zone(s) rather than downtown if the retail shop was going to be permitted by Council. Also, there were concerns over potential sign size and location as well as potential color of the building. Council could consider listening to the public on this matter then make any suggested edits prior to having first reading of the ordinance. Staff has provided two recommended motions to consider.

Proposed Change to Location

City Council ask staff at their April 12, 2018 meeting to provide alternative zoning locations for potential marijuana retail establishments (Attachment B). Based on this directive staff is proposing the following suggested change.

- Only allow marijuana retail establishments within the MB I, Light Industrial (LI), and General Industrial (GI) zones.
- Within the MB I zone no marijuana retailer shall have frontage along 271st Street NW.
- Within the MBI and LI zones no marijuana retailer shall have frontage along 88th Avenue NW south of the southern right-of-way line for Cedar Street.
- Within the GI zones no marijuana retailer shall have frontage along or access to Pioneer Highway.

If Council wishes to move in this direction, then changes would need to be made to the ordinance under Section 17.30.040 Zoning use table and adding a footnote that addresses the second, third and fourth bullets above.

FINANCIAL IMPACT

New Legislation Provides Shared Single Excise Tax

The taxation of marijuana was overhauled by the 2015 legislature by passage of 2E2SHB 2136 (hereafter referred to as HB 2136). The original marijuana initiative, I-502, did not provide for any portion of the excise tax on licensed marijuana to be shared with local governments.

Starting in June of 2015 the taxation of marijuana changed from an excise tax of 25% at three different phases (production, processing and retail sale) to a single excise tax of 37% at the time of retail sale – and, significantly, the excise tax will be shared with cities and counties.

Distribution of Tax Revenue

During fiscal years 2016 and 2017, the state will distribute \$6 million to cities and counties that have licensed retail marijuana stores within their jurisdiction. In 2018, the amount distributed, pursuant to a distribution formula, will start to increase, but again be limited to those cities and counties that have licensed retail marijuana stores within their borders. Counties will receive 60% and cities will receive 40% of the distribution. Distribution will be based on taxable sales of the jurisdiction. For cities, only jurisdictions with retail sales will receive funding.

Beyond 2017, once the state General Fund has received \$25 million in marijuana excise tax revenue, then 30% up to a maximum of \$20 million per year will be distributed to cities and counties.

- 30% must be distributed to counties, cities, and towns where licensed marijuana retailers are physically located. Each jurisdiction must receive a share of the revenue distribution under this subsection based on the proportional share of the total revenues generated in the individual jurisdiction from the taxes collected from the licensed marijuana retailers physically located in each jurisdiction.
- Seventy percent must be distributed to counties, cities, and towns ratably on a per capita basis. Counties must receive 60% of the distribution, which must be disbursed based on each county's total proportional population. Funds may be distributed to jurisdictions that do not prohibit the siting of any state licensed marijuana producer, processor, or retailer.
- The total share of marijuana excise tax revenues distributed to counties and cities may not exceed fifteen million dollars in fiscal years 2018 and 2019 and twenty million dollars per fiscal year thereafter.

Retail Sales Tax

Medical Marijuana Exemption

The normal retail sales tax for each jurisdiction has always applied to retail sales of marijuana at licensed stores, and that was not changed, but HB 2136 provides that, starting in July of 2016, the retail sales tax will not be applied to retail sales of medical marijuana to “qualifying patients or designated providers who have been issued recognition cards.”

Retail Sales and Tax Revenue Projections

Retail sales at licensed marijuana stores are projected to increase, but any projections of tax revenue to be distributed to cities and counties are merely speculation at this point. However, city staff has contacted several cities and have found a range of approximately \$25,000 to \$45,000 annually.

Since part of the distribution is based on excise tax collected from retail stores within each jurisdiction, the amount distributed to each city and county will depend upon the volume of sales from retailers within their jurisdiction.

Marijuana excise tax distribution increasing 2018

Cities that receive a distribution from the Liquor and Cannabis Board (LCB) for the sale and distribution of marijuana will see an increase in the distribution. The adopted supplemental budget increased the maximum amount to be distributed to cities and counties from \$6 million per fiscal year to \$15 million per fiscal year.

COMMITTEE RECOMMENDATION

City staff met with the Council Community Development Committee on Thursday, March 8, 2018 to discuss the proposed edits. The Committee supported the concept of only allowing for retail sales of marijuana at this time. Staff had a follow up with the Committee on April 12, 2018 following the Planning Commission public hearing and decided to wait for further input from council.

CITY COUNCIL OPTIONS

1. Support the existing language as originally proposed and ask staff to bring back Ordinance 1456 for first reading making changes to Title 17 affecting retail sale of marijuana in the City of Stanwood Municipal Code.
2. Support the newly proposed changed language as suggested by staff and ask staff to bring back a revised Ordinance 1456 for first reading making changes to Title 17 affecting retail sale of marijuana in the City of Stanwood Municipal Code.
3. Do not support first reading of Ordinance 1456 making changes to Title 17 affecting retail sale of marijuana in the City of Stanwood Municipal Code.

RECOMMENDED MOTION

Three Proposed Recommendations

OPTION 1

I MOVE TO SUPPORT THE EXISTING LANGUAGE IN ORDINANCE 1456 AS SET FORTH IN ATTACHMENT "A" BY AMENDING TITLE 17 FOR CHANGES ASSOCIATED WITH THE ALLOWANCE FOR RETAIL MARIJUANA SALES AND ASK STAFF TO BRING BACK THE ORDINANCE FOR FIRST READING.

OPTION 2

I MOVE TO DIRECT STAFF TO PROVIDE THE RECOMMENDED ALTERNATIVE LANGUAGE AS SUGGESTED BY STAFF AND BRING BACK A REVISED ORDINANCE 1456 TO REFLECT THESE CHANGES.

OPTION 3

I MOVE TO APPROVE FIRST READING OF ORDINANCE 1456 AS SET FORTH IN ATTACHMENT "A" BY AMENDING TITLE 17 FOR CHANGES ASSOCIATED WITH THE ALLOWANCE FOR RETAIL MARIJUANA SALES AND SUBJECT TO THE RECOMMENDED CHANGES BY STAFF FOR PROPOSED LOCATION AND ADDED FOOTNOTES.

**CITY OF STANWOOD
WASHINGTON**

ORDINANCE NO. 1456

AN ORDINANCE OF THE CITY OF STANWOOD, WASHINGTON, AMENDING PORTIONS OF STANWOOD MUNICIPAL CODE TITLE 17 ENTITLED ZONING AND RELATING TO DEVELOPMENT REGULATIONS BY AMENDING STANWOOD MUNICIPAL CODE (SMC) 17.30.010 ENTITLED "PERMITTED LAND USES AND ESTABLISHED CLASSIFICATION OF USES"; AMENDING SMC 17.30.040 ENTITLED "ZONING USE TABLE"; AMENDING SMC SUBSECTION 17.80.120(11);AMENDING SMC 17.100.045 ENTITLED "CONDITIONS FOR PERMITTING MEDICAL MARIJUANA COLLECTIVE GARDENS"; ESTABLISHING SEVERABILITY AND AN EFFECTIVE DATE.

WHEREAS, under the State Growth Management Act (GMA), the City is authorized to adopt zoning code amendments to implement its Comprehensive Plan; and

WHEREAS, amendments to the zoning code are required to ensure consistency with the Comprehensive Plan; and

WHEREAS, the development regulation amendment procedures contained in this ordinance are consistent with the procedural guidelines for amendments to the development regulations of the City; and

WHEREAS, on February 26, 2018 the Stanwood Planning Commission reviewed the amendments set forth in this Ordinance during the amendment process; and

WHEREAS, the City of Stanwood SEPA Responsible Official reviewed the amendments and issued a Determination of Non-significance (DNS) on March 13, 2018; and

WHEREAS, on March 26, 2018, following notice as required by law, a public hearing was held by the Planning Commission and all persons wishing to provide public input concerning the proposed amendments set forth in this Ordinance were heard; and

WHEREAS, public notice of the SEPA DNS and the above-referenced public hearing were provided as required by law; and

WHEREAS, the City Council Community Development Committee reviewed the proposed language and amendments set forth in this Ordinance at their March 8, 2018

meeting and reviewed the Planning Commission's recommendation for the proposed edits to Title 17 relating to marijuana retail sales at their April 12, 2018 meeting; and

WHEREAS, the City Council reviewed the recommendation of the Planning Commission at their April 12, 2018 regular meeting; and

WHEREAS, pursuant to RCW 36.70A.106, the City has notified the Washington State Department of Commerce of the City's intent to adopt the proposed amendments to the zoning code and requested expedited review of the amendments set forth in this Ordinance; and

WHEREAS, the City Council has determined that it is in the best interests of the City and in the interest of the public health, safety and welfare of the City and its citizens to amend Title 17 relating to marijuana retail sales to authorize the retail sale thereof, as further set forth in this Ordinance;

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF STANWOOD, WASHINGTON, DO ORDAIN AS FOLLOWS:

Section 1. SMC 17.30.010 is hereby amended to read as follows:

17.30.010 Permitted land uses and established classification of uses.

(1) No building or structure shall be erected, converted, enlarged, reconstructed, or structurally altered, nor shall any building or structure or land be used, designed, or arranged for any purpose other than is permitted pursuant to this section in the district in which the building or structure or land is located; provided, that such regulations shall not prohibit the continuance of an existing use.

(2) Land Use Classifications Established. This section establishes permitted, conditional, accessory and prohibited uses for all properties within the city limits. All uses in a given zone are one of the following five types:

(a) Permitted Use. Land uses allowed outright within a zone. The specific types of permitted uses are set forth in the zoning code chapters for each zoning district.

(b) Conditional Use. Uses with special characteristics that may not generally be appropriate within a zoning district, but may be permitted subject to review by the hearing examiner to establish conditions to protect public health, safety and welfare. The specific types of conditional uses are set forth in SMC 17.30.040, Zoning use table, and/or SMC 17.30.050, Zoning use conditions.

(c) Administrative Conditional Use. Uses with special characteristics that may not be generally appropriate within a zoning district but may be permitted subject to review by the community development director to establish conditions to protect public health, safety and welfare. The specific types of administrative conditional uses are set forth in SMC 17.30.040, Zoning use table, and/or SMC 17.30.050, Zoning use conditions.

(d) Accessory Use. Uses customarily incidental and subordinate to the principal use and located upon the same lot occupied by the principal use. Accessory uses are determined by the community development director or designee on a case-by-case basis.

(e) Prohibited Use. Any use which is not specifically enumerated or interpreted by the city as allowable in that district. Any use not specifically listed as a permitted, conditional, or accessory use is prohibited, except those uses determined to be unclassified and permitted by the community development director pursuant to SMC 17.30.020. Any prohibited use is illegal and is subject to civil or criminal penalties under Chapter 13.01 SMC.

~~(i) Initiative 502 (I-502) attempts to legalize recreational use of marijuana; however, the city of Stanwood prohibits the following under I-502:~~

~~(A) State licensed marijuana processors and producers are prohibited within any zone in the city of Stanwood.~~

~~(B) State licensed marijuana retailers are prohibited within any zone in the city of Stanwood.~~

(f) Unclassified Use. A use which is not a permitted use, a conditional use, or an accessory use, but which is interpreted by the community development director as similar to a permitted, conditionally permitted, or accessory use and not otherwise prohibited, pursuant to SMC 17.30.020. (Ord. 1376 § 6, 2014; Ord. 1294 § 10, 2011).

Section 2. SMC Section 17.30.040 entitled “Zoning Use Table” sections for “Personal Service” and “Retail Trade Establishments” only are hereby amended to read as follows (all other provisions of SMC Section 17.30.040 entitled “Zoning use table” remain in effect and unchanged):

17.30.040 Zoning use table

KEY:

Blank = Not Permitted

AC = Accessory Use

ADC = Administrative Conditional Use

C = Conditional Use

P = Permitted Use

AEO = Adult Entertainment Overlay

HO = Historic Overlay

TO = Transit Overlay

MPO = Master Plan Overlay

MXO = Mixed Use Overlay

Land Use	SR 12.4	SR 9.6	SR 7.0	SR 5.0	MR	TN	MB-I29	MB-II	NB	GC	LI	GI
Personal Services												
Assisted/independent living					C18	C		P11 P18		P18		
Barber shop, beauty shop					P39MXO	P	P	P	P	P, P39 MXO		P37TO
Daycare center			P12	P12	P12	P12	P12	P12	P12	P12, P39 MXO		P37TO
Daycare, family	AC12	AC12	AC12	AC12	P12		P37TO	P	P12	P12, P39 MXO		P37TO
Daycare, mini				P12	P12	P12	P12	P12	P12	P12, P39 MXO		
Dry cleaner					P39MXO	P35	P	P	P	P, P39 MXO	P	P
Equipment rental								P		P, P39 MXO	P	P

Retail Trade Establishments									
Agricultural produce stand					P		P	P	P
Antique shop					P39MXO		P37TO		P, P37TO, P39MXO
Apparel shop					P39MXO		P, P37TO	P	P, P37TO, P39MXO
Artisan and handicraft studio					P39MXO		P30	P30	P50, P39MXO
Artist and drawing supply					P39MXO		P	P	
Auto parts					P39MXO			P	P, P39MXO
Bakery					P39MXO		P	P	P, P39MXO
Book store					P39MXO		P, P37TO	P	P, P37TO, P39MXO
Camera store					P39MXO		P37TO	P	
Confectionery shop					P39MXO		P, P37TO	P	P, P39MXO
Construction and home building supplies					P39MXO				P22
Dairy products store							P	P	P, P39MXO
Electrical and electronic goods					P39MXO		P	P	P, P39MXO
Electrical and plumbing supplies					P39MXO				P, P39MXO
Farmer's market					P39MXO		P	P	P
Feed and farm supply					P39MXO			P	P, P39MXO
Flea market					P39MXO				
Florist					P39MXO		P37TO	P	P, P39MXO
Food bank					P39MXO		P34	P34	P34, P34

												P39MXO				
Furniture store							P39MXO	P	P	P	P	P, P39MXO				
Gift shop							P39MXO	P	P	P		P, P39MXO	P22			
Grocery, convenience							P39MXO	P23		P23	P23	P23	P23	P37TO		
Grocery, specialty							P39MXO	P	P	P	P	P				
Grocery, supermarket							P39MXO		P	P	P	P				
Home building supplies							P39MXO			P		P, P39MXO				
Household appliances							P39MXO					P, P39MXO	P22	P		
Jewelry store							P39MXO	P	P	P			P22			
Kiosk/vending machine							P39MXO	AC44	AC44	AC44	AC44	AC44	AC44	AC44	AC44	AC44
Marijuana Retailer								ADC	ADC	-	ADC	ADC				
News/magazine stand																
Office furnishings and equipment store								P, P37TO	P	P		P, P39MXO	P37TO	P37TO		
Office supplies							P39MXO		P	P		P, P39MXO				
Pawnshop							P39MXO	P	P	P		P, P39MXO				
Pharmacy							P39MXO	P, P37TO	P	P		P, P39MXO				
Photographic equipment/camera shop							P39MXO	P, P37TO	P	P		P, P39MXO				
Plant nursery							P39MXO		P	P		P, P39MXO	P22			
Sporting goods store							P39MXO	P	P	P		P, P39MXO				
Stationery store							P39MXO		P	P	P	P, P39MXO				

Thrift store							P	P		P, P39MXO		
Tobacco shop						P39MXO		P		P, P39MXO		
Other uses determined to be consistent with the definition of "retail trade establishments" as defined in this code							P51HO					

Section 3. SMC 17.80.120(11) is hereby amended to read as follows (All other provisions of SMC Section 17.80.120 entitled "Conditional Use Permit" remain in effect and unchanged):

17.80.120

CONDITIONAL USE PERMIT.

(11) Additional conditions for ~~medical marijuana retailer collective gardens~~ are set forth in SMC 17.100.045. (Ord. 1344 § 5, 2013; Ord. 1294 § 29, 2011; Ord. 1264 § 4, 2010; Ord. 1253 § 19, 2009).

Section 4. SMC 17.100.045 entitled "Conditions for permitting medical marijuana collective gardens" is hereby amended to read as follows:

Chapter 17.100

NONRESIDENTIAL PERFORMANCE STANDARDS

Sections:

17.100.010 Scope.

17.100.020 Categories of use.

17.100.030 Performance standards.

17.100.040 Supplemental standards for drive-through facilities.

17.100.045 Conditions for permitting ~~medical marijuana retailer collective gardens~~

17.100.050 Conditions for permitting ball parks, athletic fields, parks, playgrounds, community centers, houses of worship and meeting halls in residential zones.

17.100.055 Supplemental standards for live entertainment uses.

17.100.060 Conditions for permitting a bed and breakfast in single-family residential zones.

17.100.070 Conditions for permitting schools in single-family residential zones.

17.100.075 Supplemental standards for detached accessory storage.

17.100.080 Temporary uses and structures.

17.100.045 Conditions for permitting ~~medical marijuana retailer collective gardens~~. An administrative conditional use permit shall be required in order to operate as a marijuana retailer in the City of Stanwood. In order to issue an administrative conditional use permit for a marijuana retailer the eCommunity dDevelopment director shall make all of the findings in subsection (1) of this section in addition to all of the findings in SMC 17.80.120(6) prior to issuing an administrative conditional use permit for medical marijuana collective gardens and shall require the In addition, all standards listed in subsection (2) of this section must also be met prior to issuance of an administrative conditional use permit for these uses a marijuana retailer.

(1) Findings.

(a) The proposed use will be effectively contained and screened by means of fencing and/or landscaping or a combination of fencing and landscaping.

(b) The proposed development or use complies with SMC 17.112.030 and 17.112.040.

(c) The proposed use complies with all required additional standards contained within this Title.

(d) Proof that a license to operate as a marijuana retailer has been issued by the State Liquor and Cannabis Board.

~~(2) Additional Standards. Medical marijuana collective garden facilities shall:~~

~~(a) Be fully within a permanent structure compliant with the city building code and constructed under a building permit from the city regardless of the size or configuration of the structure.~~

~~(b) Have no use, production, processing, delivery or display of marijuana visible to the public.~~

~~(i) Blocked windows by means of paper, wood, or other similar materials shall not be allowed.~~

~~(c) Meet all requirements under E2SSB 5073, including but not limited to limitations on number of members, number of plants, amount of usable cannabis on site, maintenance of each member's valid documentation of qualifying patient status.~~

~~(d) Have an installed and operational security system that is monitored 24 hours a day.~~

~~(e) Restrict hours of operation and/or outdoor activities to increase compatibility with surrounding land uses.~~

~~(f) The following separation standards shall be measured in a straight line from property boundary to property boundary.~~

~~(i) No medical marijuana collective garden shall be located closer than 1,000 feet from any school, day care, community centers, or other youth oriented facility nor shall such collective gardens be located closer than 1,000 feet from one another.~~

~~(3) Time Limit and Renewal. If all requirements for approval are satisfied, the conditional use permit may be issued for a period of one year only with the opportunity for annual renewal. If continued operation is desired, renewal of the administrative conditional use permit shall be required on an annual basis. The permit shall be conditioned such that the location of a new use triggering the separation standards in subsection (2)(f) of this section shall not be grounds for denial of any renewal. (Ord. 1344 § 4, 2013).~~

(2) Retailers. Marijuana retailers may operate in the City pursuant to the following conditions and restrictions:

(a) Marijuana retailers must comply with all requirements of state law, Washington State Liquor and Cannabis Board and the city;

(b) Marijuana retailers may not locate within one thousand feet of any parcel containing an elementary or secondary school, playground, recreation center or facility, child care center, public park, public transit center, or library, or any game arcade admission to which is not restricted to persons aged twenty-one years or older;

- (c) Marijuana retailers may not locate within two thousand five hundred feet of any other legally established marijuana retailer whether said marijuana retailer is within the City limits or not;
- (d) Customer parking for marijuana retailers must be on the public street side of the structure in which the marijuana retailer is located and may not be off of or adjacent to an alley. However, staff parking and business deliveries may occur on the alley side of the structure;
- (e) Vehicular access to the parking lot for a marijuana retailer shall be from the public street frontage and may not be from an alley. Any property located on a street from which vehicular access to the site from the street is prohibited shall not be allowed for use as a marijuana retailer;
- (f) Marijuana retailers shall be fully contained within a permanent structure compliant with the city building code and constructed under a building permit from the city regardless of the size or configuration of the structure;
- (g) Marijuana retailers shall have an installed and operational security system that is monitored 24 hours a day;
- (h) Marijuana retailers shall restrict hours of operation to increase compatibility with surrounding land uses from 9:00 am to 9:00 pm daily;
- (i) Marijuana retailers shall not be allowed on any parcel that is contiguous to a parcel containing residential use, unless the Community Development Director, finds all of the following:
- (i) There is a physical separation between the two uses, such as another commercial building, or a substantial change in topography;
 - (ii) The marijuana retail use is located in a shopping center as one of multiple tenants with adequate parking for all uses and access as stated above in (2)(d) and (e);
 - (iii) The building in which the marijuana retail use is located faces the commercial street and the residential use faces a residential street in the opposite direction, without a shared alley between the two;
 - (iv) The residential use is located at least fifty feet from the common lot line between the two uses;
- (j) In reviewing a proposed marijuana retailer use under this section, as a condition of issuance of an administrative conditional use permit, the Community Development Director shall have the authority to require improvements including, but not limited to, fencing and/or landscaping to screen the retail use from the residential use;
- (k) The front facade of marijuana retail stores shall consist of storefront window(s), doors, and durable, quality building materials consistent with the design standards of the zone in which the property is located. Transparency requirements for windows shall apply unless in conflict with Washington State Liquor and Cannabis Board regulations. If located in a zone without design standards, at least three of the following shall be provided:

- (i) Special treatment of windows and doors, other than standard metal molding/framing details, around all ground floor windows and doors, decorative glazing, or door designs.
- (ii) Decorative light fixtures with a diffuse visible light source or unusual fixture.
- (iii) Decorative building materials, such as decorative masonry, shingle, brick, or stone.
- (iv) Individualized patterns or continuous wood details, decorative moldings, brackets, trim or lattice work, ceramic tile, stone, glass block, or similar materials.
- (v) Use of a landscaping treatment as part of the building's design, such as planters or wall trellises.
- (vi) Decorative or special railings, grill work, or landscape guards.
- (vii) Landscaped trellises, canopies, or weather protection.
- (viii) Sculptural or hand-crafted signs.
- (ix) Special building elements, such as pilasters, entablatures, wainscots, canopies, or marquees that exhibit nonstandard designs.
- (x) Other similar features or treatment that satisfies the intent of the guidelines as approved by the city.

(3) Additional Restrictions/Limitations. In addition to the requirements and limitations set forth in subsections (1) and (2) above, marijuana retailers shall be subject to the following:

- (a) The maximum number of retail marijuana stores allowed in the City of Stanwood shall not exceed two.
- (b) Measurements. Distances provided under this section shall be measured as the shortest distance between the perimeters of the parcels at issue.
- (c) Compliance. Marijuana retailers are required to acquire all necessary business licenses and are required to comply with municipal tax regulations and all other applicable city ordinances and regulations.
- (d) Establishment. For purposes of the two-thousand-five-hundred-foot setback between marijuana retailers, marijuana retailers shall be considered to be legally established in the order in which they are issued a City of Stanwood business license. The city will not accept a business license application for a recreational marijuana business prior to the applicant providing the city a copy of a letter from the Washington State Liquor and Cannabis Board indicating that the applicant has been approved for a state-issued recreational marijuana license. The city will process business license applications for recreational marijuana businesses in the order in which they are accepted.
- (e) Inspection. An inspection of the proposed marijuana related use by the City shall be required prior to opening such a use. Such inspection shall occur after the premises are ready for operation, but prior to the stocking of the business with any marijuana product, and prior to the opening of the business. The inspection is to verify that the business facilities are constructed and can be operated in accordance with the application submitted and the applicable requirements of the code and any other applicable law, rule or regulation.

(f) Enforcement. Any violation of this section is subject to enforcement under the provisions of Chapter 13.01 SMC or through action of the city attorney seeking injunctive or other civil relief in any court of competent jurisdiction. The violator will be responsible for costs, including reasonable attorney fees.

(4) Any and all permits for the use or construction of facilities to produce, process or sell marijuana in the City of Stanwood shall bear the following warning:

"The production, processing, sale and use of marijuana are a criminal activity under federal law and may subject any person engaging in such conduct to prosecution under federal law. The issuance of this permit by the City of Stanwood carries out a Washington State regulatory scheme, but does not affect the application of federal law to the permittee."

Section 5. Severability. The various parts, sections and clauses of this ordinance are hereby declared to be severable. If any part, sentence, paragraph, section or clause is adjudged unconstitutional or invalid by a court of competent jurisdiction, the remainder of the Ordinance shall not be affected thereby.

Section 6. Effective Date. This Ordinance shall take effect from and after five (5) days after its passage and publication as required by law.

PASSED AND APPROVED by the Stanwood City Council this ____ day of _____ 2018.

CITY OF STANWOOD

Leonard Kelley, Mayor

ATTEST:

By: _____
David A. Hammond, City Clerk

APPROVED AS TO FORM:

By: _____
Grant Weed, City Attorney

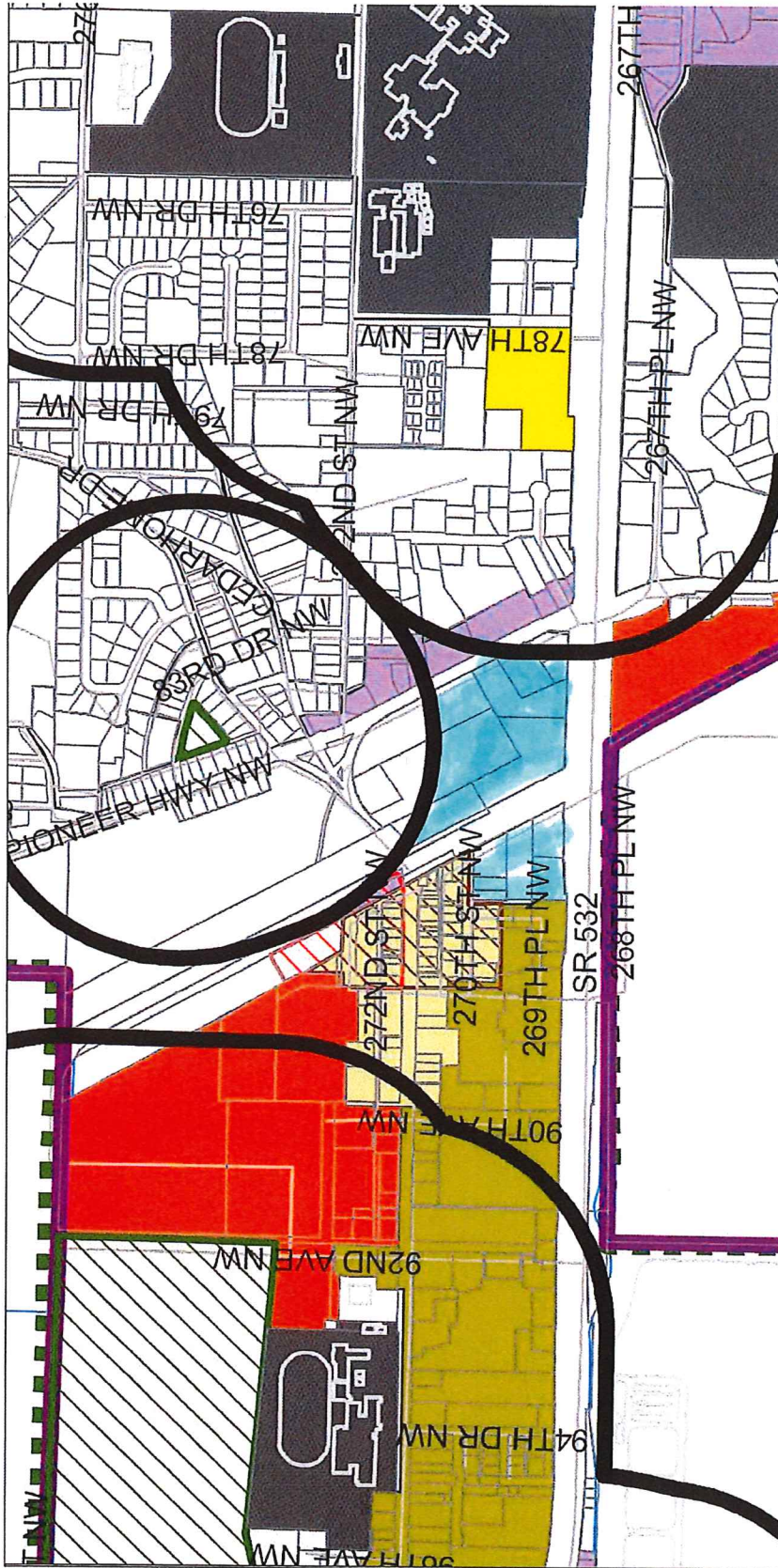
Date of Publication: _____

Effective Date: _____

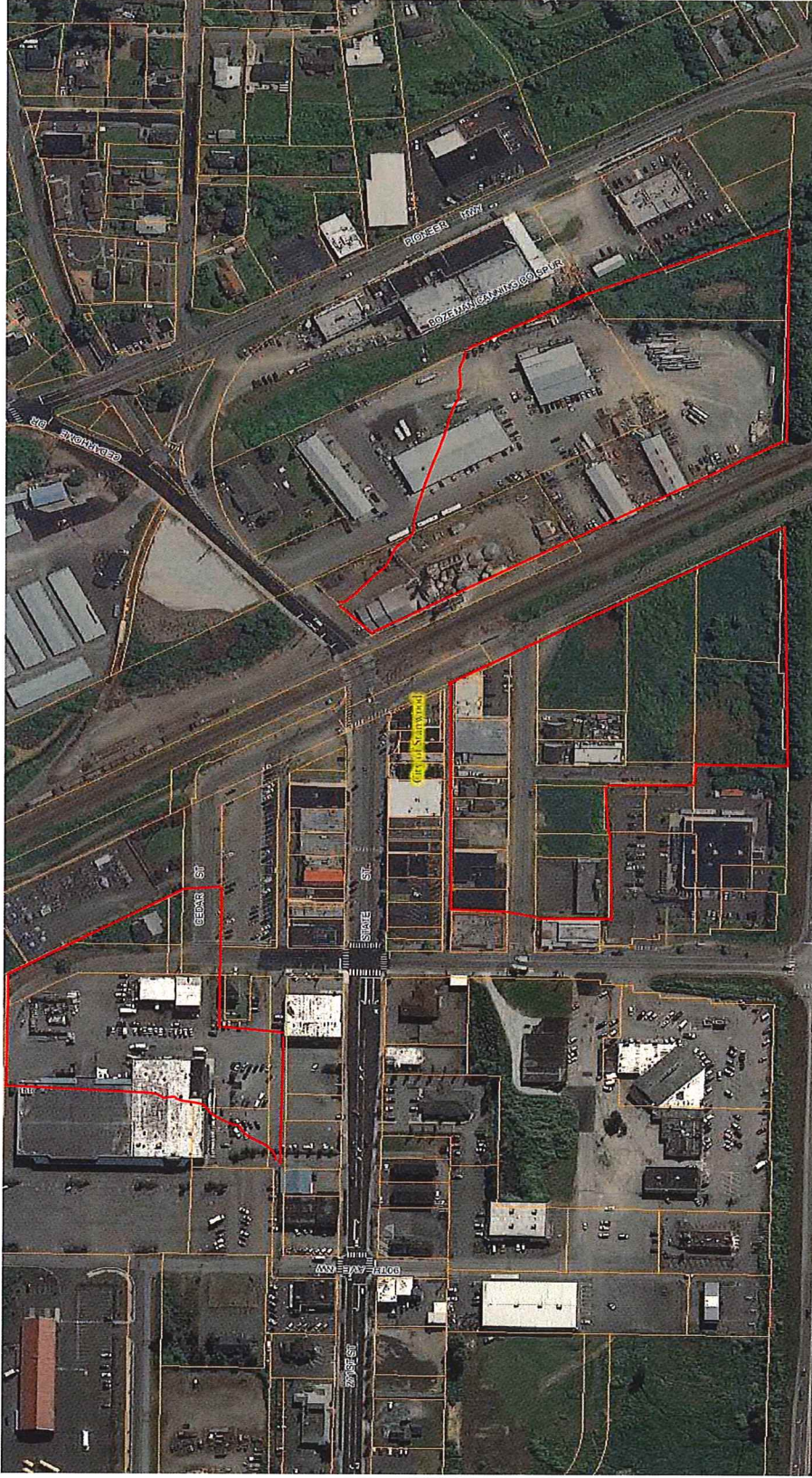
1,000 ft Buffer Schools, Child



ATTACHMENT B 2



ATTACHMENT B 3





STANWOOD PLANNING COMMISSION MINUTES

February 26, 2018

Call to Order

Chair Utgard called the meeting to order at 6:30PM with the following Commissioners present: Kelly McGill, Randy Heagle, Steve Shepro, Susan Ronken, Marcus Metz, Lance Dennis. Staff present; Community Development Director Ryan Larsen and Community Development Senior Planner Amy Rusko. Known public in attendance: Bryan Hansen, Kristie Flickner, Cathy Wooten, Paul Armstrong, Michelle Armstrong, David Armstrong, Dottie Gorsuch, Katie Shrock, Sarah Cookston, Aleph Fackenthall, Kathleen Shepro, Nancy Hansen, Brandy Vizmanos-Garcia, David Rodenbusle,

Chair Utgard welcomed Commissioner Lance Dennis to his first Commission meeting.

Public Requests or Comments

Tim Schmidt, 27308 101st Ave NW, Stanwood. Requested that when the city looks at the existing sign code to consider A-board signs, temporary event signs/banners and signage along SR532 for businesses that do not site on the highway. The city should be harboring good business but not allowing for sign blight. He stated that it seems as though smaller businesses are enforced more heavily than bigger businesses. He sees more leeway with the signage at bigger box stores and strip malls.

Minutes

No minutes were submitted.

New Business

Recreational Marijuana Rules Discussion

Director Ryan Larsen gave the staff report, explaining that City Council requested staff take another look at the rules and regulations to allow recreational marijuana retailers and/or marijuana producer/processors within the city limits. City Council made this request at their January 11, 2018 council meeting. Mr. Larsen summarized the rules that would be put in place regarding these marijuana uses. The city will be maintaining the 1,000 foot setback buffer from elementary/secondary schools and playgrounds, parks and childcare facilities. There is also a 2,500 foot buffer between any two retail marijuana stores. This buffer will ultimately only allow for 1 retail store within the city. The retail stores would have a limit of 2 within the city limits, but could only be located where allowed. Currently there would be no limit to the amount of producer/processors that could locate in the city. The new businesses will follow the regulations of the Stanwood municipal codes, Washington State Liquor and Cannabis Board regulations, and follow all RCW's and WAC's related to the producing, processing or selling of recreational marijuana. The producer/processors will be allowed to locate within the Light Industrial and General Industrial areas of the city. The retail stores will be allowed to locate within the Mainstreet Business I, Mainstreet Business II and General Commercial areas of the city. Depending on where the business is located there will be requirements for building façade improvements, frontage improvements and parking along the street or front of the store.

Impacts to the city that will need to be reviewed prior to a business moving in will include; water and sewer usage estimates, traffic impact fees, fire impact fees, and odor. Staff proposed to combine both the retail and producer/processor sections of the code together, but after further discussion it was decided to leave them separated so the decision can be made to approve or disapprove each one independently of each other. City staff will research the financial benefits or issues related to both the retailers and producer/processors.

The Planning Commission discussed:

- Are there any retail or producer/processor businesses wanting to come into the city at this time?
- Sign code regulations related to marijuana businesses.
- Definition of public transit station vs Stanwood station.
- Tax revenue numbers that Stanwood is expected to see.
- How do the proposed rules and regulations compare to other surrounding cities?

Public Comment:

Aleph Fackenthall, 6108 284th, Stanwood. Brought up and summarized the 2016 planning commission and city council meetings about marijuana. He stated that he is not necessarily against the use of medical marijuana, but does not want to see a recreational store locate in Stanwood.

Michael Wooten, 27828 84th, Dr., Stanwood. Stated that medical marijuana is okay but not recreational marijuana. He would like to see this issue placed on a ballot and voted on by the whole community and not just decided by the planning commission and city council members.

Katie Shrock, 26930 94th Dr. NW, Stanwood. There are inconsistent rules and regulations between businesses in Stanwood. Small business owners and issues with signs are treated differently than the big businesses. Marijuana is still Federally illegal and rules have been passed to be able to shut down businesses within states that have made it legal. Marijuana is still a schedule I controlled substance (Heroin is also a schedule I controlled substance).

Kathy Shepro, 8611 280th St NW, Stanwood. Stated that the odor nuisances throughout the city have not been addressed yet. She would like to see this part of the code be addressed prior to considering marijuana related business being discussed. The retail and producer/processors should not be packaged together. Marijuana businesses are not an appropriate business to be bringing within the city. The tax revenue estimates need to be more exact. Can staff research other cities of the same size to get a more viable number? The planning commission and city council need to be more informed with what the people want.

Cathy Wooten, 27828 84th Dr., Stanwood. Stated that it is very important to be able to speak at the planning commission meetings. Odor within the industrial zones is still an issue that has not been addressed in the code. How good is Stanwood at enforcing the code? Need to start punishing businesses that are not in compliance with the code.

Tim Schmidt, 27308 101st Ave NW, Stanwood. Concerned with issues around the signage for the retail stores. Will the businesses be allowed to have bright colors/displays/etc.? What will be done about the retail store odor next to a single family residence? How do the

neighbors get away from the smell? The store should provide brochures stating how to receive help for substance abuse.

Dottie Gorsuch, 27519 80th, Stanwood. Asked if money is more powerful than the kids? Do we want this in our city? She is appalled at the entire topic of allowing marijuana within our city. She referenced a Seattle police presentation that was done a couple years ago about the effects of legalizing marijuana has had on the City of Seattle. City Council and Planning Commissioners are like the mothers and fathers of the community. The mothers and fathers should be protecting our community and our youth. She stated that the city still has the option to allow or not allow marijuana to be legal within Stanwood, we do not have to follow what the state has done. We have a choice.

Kelly McGill, Planning Commissioner, discussed the similarities and differences between marijuana use and alcoholism. He stated he has a hard time buying into the idea that recreational marijuana will destroy a community and its children.

Bryan Hansen, 28714 75th Dr. NW, Stanwood. Wanted to know how a new business locating next to a marijuana store would be effected? If the new business is one that needs a setback buffer, will the buffer work in reverse? For example, if the new business was a child care facility would they need to be located 1,000 feet away from the marijuana retail store? He stated that he feels this is a waste of time and resources to bring forward again to the planning commission and city council. He referenced an article in the Journal of Addictive Behavior (Oregon). The downtown area should be a safe zone for people to shop and not be bothered by the nuisance of a marijuana retail store. He stated that there should be no premature decisions on this item. Who regulates the potency of the marijuana that is sold?

Kristie Flickner, 842 Madrona Beach Rd, Camano Island. Questioned why we need more marijuana in the home and community? There is no reason for a store to locate in the city of Stanwood. There are other locations that people can go to buy marijuana. The kids think it is more acceptable because they see it all over being advertised on signs, billboards, and on buildings.

Nancy Hansen, 28714 75th Dr. NW, Stanwood. She wanted to clarify the email address to send in comments about topics at the planning commission meetings.

Steve Shepro, Planning Commissioner. Stated that he received the staff report and documents 3 days prior the planning commission meeting. He would like to motion for a sub-committee to be formed to discuss the marijuana retail and producer/processors in further detail. There was no second to move this forward.

Kelly McGill, Planning Commissioner. Stated that he would like to see the retail and producer/processor regulations stay separate. Then they can be voted on separately.

Heritage Master Plan Presentation

Mr. Larsen offered to provide a 30 minute power point presentation and discussion at the meeting or the presentation could be moved to the next meeting in order to have time for a full presentation.

Commissioner Shepro stated that he would like to have the full version presented and thought it was important to have more time for the presentation. Commission Shepro made a motion to have the presentation be move to the March 12th planning commission meeting. The rest of the planning commission member supported the motion.

Commissioner Utgard stated that the Heritage Master Plan Presentation will be moved to the March 12th planning commission meeting.

No Old Business

Miscellaneous Business & Upcoming Items

Kelly McGill, Planning Commissioner. Suggested that staff visit the completed sewer installation project along Pioneer Highway next to Fox Hill Estates to check for erosion control.

Adjourn

The meeting adjourned at 7:48 PM.

Amy M. Rusko, City of Stanwood



STANWOOD PLANNING COMMISSION MINUTES

March 26, 2018

Call to Order

Chair Utgard called the meeting to order at 6:30PM with the following Commissioners present: Kelly McGill, Steve Shepro, Marcus Metz, Lance Dennis and Randy Heagle. Commissioner Susan Ronken was excused. Staff present; Community Development Director Ryan Larsen, Community Development Senior Planner Amy Rusko, Planning Commission Clerk Devin Sola. Elected Officials in attendance: Councilmember Judy Williams. Known public in attendance: Ry McDuffy, Cathy and Michael Wooten, Jil Fewell, Andy and Julie Johnson, Bryan Hanson, Christa Lyford, R.Dupree, Mike Satterfield, Tim Schmitt, Aleph Fackenthall, Kate Hansen, Amy Sellers, Darren Sellers, Nancy Hansen, Anna Hansen, Debbie Klein, Scott Amundson, Peggy Kitting, Eric Pilkington, Gary Williams, Nancy Williams, Kathleen Shepro, Cliff Grant, Tim Cooper, Caprice DeGuzman, Ryan Oting, Margie Dubree, Karen Palmer, Wade Grant, Dottie Gorsuch, Melissa Hutsell, Katie Farrey, Fel Farrell, Mike Braley, Tim Poetzl, John Brazier, Erika Lervick, Karin Brazier.

Public Requests or Comments

Cathy Wooten, 27828 84th Ave NW, Stanwood, Mrs. Wooten stated that during the March 8th Community Development Committee meeting there was discussion about changing the bed and breakfast permitting process from a conditional use permit to an administrative conditional use permit. It would cost a citizen \$500 to appeal to the hearing examiner an administrative conditional use permit plus potential additional costs. Changing from a conditional use permit to an administrative conditional use permit limits citizen involvement, and expenses should be the responsibility of the permit applicant.

Minutes

The minutes of the February 26 and March 12, 2018 meetings were approved as presented.

New Business

Trailside 15 Lot Preliminary Plat Public Meeting

City Administrator Ryan Larsen stated that this is an informational meeting for the commissioners to review this application and to provide suggestions for the project. No official action is necessary this evening.

Senior Planner Amy Rusko stated that the plat includes 15 single family residential units. There was a street modification request allowing for a drop curb within the cul-de-sac area only, and regular curb, gutter, and sidewalk everywhere else. The property is zoned multi-family residential. The property is 2.61 acres. The applicant could have done 52 multi-family units on the site, but instead is doing 15 single-family units.

Ry McDuffy – 3605 Colby Ave Everett. Mr. McDuffy spoke on behalf of the applicant, stating that they are doing improvements from 96th to 271st. They are going to look at the drainage system and improving the ditch along Heritage Trail.

Staff answered inquiry from Planning Commission regarding mention of a detention pond. It was clarified that on the north side of the property, there is a trail along the south side of Heritage Park. The applicant will improve the ditch along the south side of the park by widening it and creating a pump system to pump that into our existing drainage. There is no physical detention pond.

Mr. McDuffy answered a question regarding trees shown along Heritage Trail. They will be removing seven trees along the south side in order to move the ditch onto public property.

Staff answered inquiry from Planning Commission regarding pump system. Staff responded this is a city owned pump, and will also help entire downtown drainage system.

Planning Commission asked whether the large tree in the front yard of lot 13 will be removed. Staff and Mr. McDuffy responded that has not been determined yet.

Public Comment:

Cathy Wooten, 27828 84th, Dr., Stanwood, Mrs. Wooten asked if there will still be parking on both sides of the street where the currently paved strip is in front of the library. She would rather give up that parking for safety. She is also wondering if there could be a cross-walk added to the off-site parking lot.

City Administrator Ryan Larsen said he has not seen a physical map so he does not know yet if that parking will still be there.

Julie Johnson, 27126 96th Ave NW, Stanwood, Mrs. Johnson is concerned about drainage and safety. She is wondering if the plan will tax the current drainage system, and if it takes flood events into account. She commented that the traffic study didn't take into account extra traffic during weekends created by sporting events at the sports fields and library traffic. Does the city need a residential development in the downtown flood plain? She made suggestions for improvements to the plan.

Judy Williams, 10520 Saratoga Dr, Stanwood, Councilmember Williams commented that Stanwood is a place for families, and right now we do not have the homes for that. It's important to look at our options. There will be impact anywhere a development is built. Flood insurance is the responsibility of the buyer, so the buyer will be aware of that before the purchase of a home.

Mr. McDuffy stated traffic, drainage, and parking concerns will be taken into consideration and will be discussed at the public hearing.

Public Hearing: Zoning Edits to Title 17 related to Retail Marijuana

Chair Utgard opened the public hearing.

City Administrator Ryan Larsen gave the staff report on edits to Title 17 related to retail marijuana. The City Council in January asked staff to look at the issue of retail marijuana. Some rules in the proposed ordinance include a limit of two retail businesses in Stanwood, and a 1,000 foot distance from any parcel containing an elementary school or secondary school, playground, recreation center or facility, child care center, public park, public transit center, library or arcade where admission is not restricted to those age 21 and older. Shops

may not locate within 2,500 feet of each other. Customer parking rules were discussed, as well as front façade materials consistent with design standards in that zone. Design standards could apply if located in a zone that does not have them. The proposed zoning locations include Mainstreet Business I and II, and the General Commercial Zone. City staff has contacted several cities and have found a range of approximately \$25,000 to \$45,000 annually in retail sales and tax revenue. Some part of distribution is based on excise tax on retail sales.

Planning Commission discussed:

- Once a retail shop is approved downtown, it's to the exclusion of any other establishment in that area, creating a monopoly
- Requested names of cities contacted regarding their revenue dollars – will need to discuss with legal counsel to see if those can be disclosed because revenue sales are proprietary within city
- Do those cities have more than one retail establishment? Only one

Public Comment:

Scott Amundson, 27210 103rd Dr NW Stanwood, Mr. Amundson is owner of Amundson Auction's. As a local business owner, he is all for any additional revenue that the city can obtain within a respectable manner, however, he does not believe it should be on mainstreet in our tourism area. Those that partake in recreational marijuana who live in Stanwood are currently bringing their dollars outside the city.

Cathy Wooten, 27828 84th Ave NW Stanwood, Mrs. Wooten stated she is not speaking for or against marijuana. She is concerned that staff is proposing to add retail sales as an administrative use permit not a conditional use, which would mean a public hearing would not be required.

Commission and City Administrator discussed language in the staff report from the February 26th meeting and from today's meeting and determined there was a typo regarding administrative use permit instead of administrative conditional use permit in today's staff report.

Amy Sellers, 27820 73rd Ave NW, Stanwood, Mrs. Sellers is not in favor of a retail marijuana store. She shared statistics from a report done by the Rocky Mountain High Intensity Drug Traffic Force who have done five in depth reports in Colorado. She asked that the Commission research this issue more. The safety of the community is more important than revenue.

Kate Hansen, 28714 75th DR NW, Mrs. Hansen read a summary of Ordinance 1376 passed in 2014 which included reasons why the council decided against marijuana at that time. She believes all of these reasons still apply and does not see a reason to make this sudden change regarding this topic. She suggested we wait to hear more about the topic before acting.

Commission asked that in the future if there is an ordinance that speaks directly to an issue that it be cited somewhere in the staff report.

Mike Satterfield, 30400 15th Ave NE, Stanwood, Mr. Satterfield stated that it was decided just a couple years ago that marijuana would not be allowed, so assurances regarding buffer

zones don't mean anything to him. He stated that marijuana is not harmless and listed harmful side effects of the drug. He also stated THC content in marijuana is increasing.

Peggy Kitting, 7229 286th PL NW, Stanwood, Mrs. Kitting opposes a marijuana retail shop in Stanwood. Her main concern is the abuse of marijuana and youth using marijuana. She asked if we really want a pot shop in the heart of Stanwood. She asked that this be brought to a public vote.

Michael Wooten, 27828 84th AVE NW, Stanwood, Mr. Wooten stated we are looking at a very small zoning area for a shop to go. He pointed out on a map where the recommended zones are located. The most likely spot for a shop to locate within the proposed zones is on mainstreet. He believes people are feeling disenfranchised.

Karen Brazier, 26517 Fox Hill Dr N, Stanwood, Mrs. Brazier stated she is using marijuana for medical issues. She used to be on pain medication that is no longer prescribed due to abuse of opioids. When she is in the Bud Hut buying marijuana, most of the other customers are also purchasing marijuana for medical reasons. Children are going to get it, and it's all about educating children. It would be great to just allow medical marijuana, but we don't have that option.

Dottie Gorsuch, 27519 80th Dr NW, Stanwood, Mrs. Gorsuch stated that when she was growing up, the council supported whatever the parents supported. The goal was to raise children in a safe environment. She asked that the commission slow this process down and take time to think about what has been shared.

Commissioner Shepro asked if Mrs. Gorsuch was on council when Ordinance 1376 was passed and asked who the author of the ordinance was. Mrs. Gorsuch responded she was on council at the time but is not aware who the author was.

Caprice DeGuzman, 2315 Blanch Way, Camano Island, Mrs. DeGuzman is not in support of marijuana in Stanwood. She understands it's all about revenue. Her family was directly affected by marijuana. Stanwood has a long history of losing youth, and she asked why bring one more thing into the city that will affect our youth.

Ed Farrey, 27313 Pioneer Hwy, Stanwood, Mr. Farrey spoke in favor of marijuana. He doesn't think having a store downtown will affect black market pot that is already available to children. By the time kids are in middle school and high school, we need to be supporting kids in learning how to protect themselves. We have elected a council, and if you do not like how they vote, vote them out.

Katie Farrey, 27313 Pioneer Hwy, Stanwood, Mrs. Farrey stated we need to teach our kids to be responsible and we cannot do this by isolating them. She is a retired teacher, and taught in Stanwood for 30 years. She uses marijuana for severe arthritis in her hand, and was impressed with security in a marijuana shop in Seattle.

Aleph Fackenthall, 6108 284th, Stanwood, Mr. Fackenthall stated we may soon have a solution for medical marijuana patients who are homebound. The City Council should not consider a decision without public support. He suggested the Planning Commission recommend an advisory vote, or form a sub-committee to study what has worked well for

other cities. He also stated there would be more support if this was allowed in Light Industrial instead of mainstreet.

Bryan Hanson, 28714 75th Dr NW, Stanwood, Mr. Hanson stated his wife and daughter were verbally berated at a hearing a couple years ago on the marijuana issue. He has not seen the rationale for the 180 degree change from the previous ordinance on marijuana. Not enough time has passed since marijuana has been legal for enough research to have been conducted. He would like to see a sub-committee formed to look at this more thoroughly.

Cliff Grant, 8201 283rd St NW, Stanwood, Mr. Grant stated that the proposal for retail marijuana appears to be in conflict with the city's comprehensive plan, including the vision for the city and the downtown plan. He is also concerned with the permit method. He would like the Planning Commission to reconsider creating a sub-committee to discuss options.

Tim Schmitt, 27308 101st Ave NW, Stanwood, Mr. Schmitt is against an advisory vote because of the cost to put the issue on the ballot, and because people have already had the chance to voice their concerns, and this is what the Planning Commission is for.

Christa Lyford, 27928 80th Ave, Stanwood, Ms. Lyford is a college student and is not in support of marijuana. She works here and is involved with youth ministries here. She is concerned that one proposed location is near her church. Having a marijuana shop in downtown will normalize it.

Mike Braley, 28003 85th Dr NW, Stanwood, Mr. Braley stated he was not here to take a side either way, but believes we should have an advisory vote on the issue. He stated that the MRSC.org website has a section that can estimate tax revenue.

Commissioner McGill asked if Mr. Braley has seen a correlation between marijuana and encampments. Mr. Braley declined to comment on that, he came to the meeting as a citizen.

Erika Lervik, 28921 64th Ave NW, Stanwood, Mrs. Lervik stated that she does not mind going out of town to buy her underwear, therefore it shouldn't be a problem to go out of town to buy marijuana. Stanwood is a small hometown and shouldn't conform.

Tim Poetzl, 28448 71st Dr NW, Stanwood, Mr. Poetzl stated the biggest issue is zoning. He doesn't think downtown is the best place for a shop.

Judy Williams, 10520 Saratoga Dr, Stanwood, Councilmember Williams asked how many people are planning to go home and have a glass of wine tonight. She commented that everyone seems to be fine with that. She thinks this is an emotional issue, but we have to not be fearful in the decisions that we make. Alcohol is just as deadly as marijuana.

Commissioner McGill stated that he believes alcohol is far worse than marijuana. The issue for him is where we put a shop. Is there a way we can forge a compromise where people in this town in need can get marijuana?

Commissioner – stated that when there is an issue we are against, we tend to show up in force. He encouraged everyone to put as much consideration into working to do positive things in the community in a proactive way as opposed to a defensive way.

Chair Utgard closed the public hearing.

Commissioner Shepro made a motion to refer the matter to a special committee. Motion seconded.

Chair Utgard clarified there is a motion and second to form a sub-committee of the Planning Commission members to study this issue further. Dennis-abstain, Metz-no, McGill-yes, Utgard-no, Shepro-yes, Heagle-no. Motion failed.

Commissioner Heagle made a motion to move this along to City Council for a vote. Motion seconded.

Chair Utgard clarified there is a motion and second to refer this issue back to the City Council without a recommendation. Dennis-yes, Metz-yes, McGill-abstain, Utgard-yes, Shepro-no, Heagle-yes. Motion passes.

No Old Business

No Miscellaneous Business & Upcoming Items

Adjourn

The meeting adjourned at 8:30 PM.

Devin M. Sola, City of Stanwood

ATTACHMENT D

My name is Peggy Kitting--- I oppose a retail marijuana shop in Stanwood.

My main concerns are ABUSE of marijuana whether its regulated or not and youth using marijuana more.

When I was 11 years old I smoked my first cigarette. As a teenager in the 60's, out of curiosity, I tried marijuana for the first time. Later when I was offered other drugs I tried them.

My mother had to work and my dad was away. What do you think teenagers do when they are left alone for hours? "I" created my own social environment and choose to take that risk for drug use. I didn't have a structured 'after school activities' to be my parent. Do you know how many teenagers go home to an empty house in Stanwood without any parental guidance?

People who are more vulnerable to taking drugs are simply more likely to start with drugs that are readily available, such as marijuana, tobacco, or alcohol, and their subsequent social interactions with others who use drugs increases their chances of trying other drugs.

I do not need to wait 10 years into the future for facts and statistics to tell me what happens to a community since marijuana has been legalized. I have my experience. There's no denying, cigarettes, marijuana, alcohol are gateway drugs. The reason why I say gateway drug, is because users get habituated to its effects and seek out 'stronger' alternatives. I look back and can say it was a waste of 17 years with my children watching. I saw how it affected me, my children, my marriage, my family. Many of my friends that smoked it that became addicted and how it ruined their own families. Fears that their children will have easier access to it.

If people would open their eyes and really pay attention to the true effects of this substance they would see what it is doing to the youth of our country. I have seen young people who were productive young adults become unproductive, belligerent, defiant, unkempt to the point of dirty and not bathing. They stopped studying and began to fail in their classes. We want to make decisions to help our youth in our town. We can be one town that takes a stand and say "NO, we are not going to be like all the other towns for revenue!" Marijuana is a drug. THC is dangerous. Smoking cigarettes is addictive. SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy.

What is your hurry? It is clear to me that the Mayor and 5 city council members have already made up their minds so I am asking the city council members for a motion for a discussion item which would include the citizens of Stanwood in your plans. I elected you to make decisions for me and I am asking you to tell me what you are doing? Thank you for giving me the opportunity to speak. City Council Meeting, April 12, 2018

Before The Stanwood City Council
Marijuana Outlet Testimony
April 12, 2018

Honorable Council Members,

My name is Wendell Johnson and my wife Julie and I live at 852 Madrona Beach Road on Camano Island. On a personal note, we submitted a letter to the Planning Commission in late March that told of attending the funeral on St. Patrick's Day of this year of a 22-year old friend of the family whose death was attributed to drug abuse. The letter included our musings on whether his journey down the road of drug use may have started with marijuana use.

However, I come to you tonight as a land use consultant who has been a member of the American Planning Association for 40 years and a Certified Planner for 25 of those years. In a 2016 report, the Centers for Disease Control reported that Washington State had more opioid related deaths per 100,000 population than did Hawaii, California, Oregon, Idaho, and Montana¹. In a televised report last year, KOMO News reported that more Washingtonians now die from drug overdose than from automobile accidents.

To maintain my AICP credential, I am required to log 32 hours of continuing education every two years. As part of that effort, earlier this week I listened to two online presentations recorded earlier this year in which the American Planning Association presented experts who explained how Planners can work with local officials to address the opioid epidemic.² In the introductory session, a Public Health Consultant provided a list of measures that involve local Planners working with local officials such as you to avoid or mitigate the opioid epidemic in their own jurisdiction. One of those measures is to regulate the density of alcohol and marijuana outlets. While it might be said that "the horse is out of the stall" when it comes to controlling alcohol outlets in the City of Stanwood, you do have a golden opportunity before you to control access to marijuana.

As you know, there is only one way on and off Camano Island, and that route takes you right by the Bud Hut. I can honestly say that I have never seen more than maybe four cars at any one time in the Bud Hut parking lot, and that is rare indeed. So it would seem clear that demand has not outstripped supply in this case. And I probably don't need to remind you that the Bud Hut is about a five-minute drive from the Stanwood City Limits. I therefore do not see the need for another marijuana outlet from either a demand or a convenience standpoint and in the spirit of what has been suggested to help control drug abuse, I request that you not allow a marijuana outlet within the City limits.

However, if somehow there is some overwhelming and compelling reason to allow a marijuana outlet in the City of Stanwood, at least use the tools at your disposal to more tightly regulate where that outlet can be sited. I have seen local jurisdictions use overlay zones in a very effective manner to more tightly regulate the location of controversial land uses, and I strongly suggest you consider use of that tool in this case.

Thank you for your time and consideration.



Wendell Johnson, AICP, PLS, CDT

¹ Source: CDC National Vital Statistics System, Mortality CDC WONDER Atlanta, GA, US Department of Health and Human Services, CDC 2016, <https://wonder.cdc.gov/>

² YouTube: https://www.youtube.com/watch?time_continue=11&v=loCL2r81VgQ

Erica Schorn

From: Bryan Hansen <bryhansen@gmail.com>
Sent: Friday, April 13, 2018 1:57 PM
To: Erica Schorn; Clerk, City
Subject: Washington State I-502 Evaluation Report #2
Attachments: I-502 Evaluation and Benefit-Cost Analysis Second Required Report.pdf

Hi,

Please forward this email and the enclosed report to the Mayor, City Council, Planning Commission and Community Development Department.

In my comments at last night's City Council meeting, I made reference to the attached document from the State of Washington, which was required as part of I-502.

Many of the folks in favor of marijuana note well that the reefer-madness-inspired fear regarding the harms of marijuana are often over-stated. But it is quite another thing to say there are no harms at all. We're not talking about broccoli with calcium for strong bones here.

And as the attached report shows, I-502 requires that the state evaluate on an ongoing basis, the effects of marijuana legalization on:

- Public Health
- Public Safety
- Youth and adult rates of use and abuse
- Economic impacts
- Criminal justice impacts
- Admin costs and revenues

In some instances, they find no difference before and after legalization. And others they find some. What is troubling is that they often say "we found one study that..." and this shows that there are simply not enough studies to determine the effects--good, or bad--about legalization.

C.S. Lewis held the critique that we modern people are prone to "chronological snobbery" -- which is to say that we believe our period in history is the most advanced in history, and that the knowledge which we now have is the purest and not subject to change. This was certainly true of the generations that treated illness by blood letting, or mercury for just about any ailment, and lobotomies for mental illness. Of course, we know better now. But do we? Look at the opioid epidemic. We've recently discovered that treating pain that way has adverse effects not just on users, but on the communities in which the prescriptions are filled and subsequently abused. So we're rushing at a national level to address it.

In 50 years or 100 years, what will be said of our treatments? C.S. Lewis would hold (and hostroy shows) that we don't believe we're as far off course as we actually are.

With that said, as you read the attached September 2017 report, you will notice that (in the Limitations section beginning on page 34) that "Overall, these analyses should be considered preliminary. The most current outcome data available reflect the first two years of legal cannabis sales, and the supply system is still growing.

In upcoming reports we will update these analyses as more current data become available and report findings from new analyses to address other of our study requirements." (p35)

My recommendation would be to simply wait until the 2022 report comes out from the state. Or until more research can be surveyed and better conclusions drawn. But proponents seem keen to move forward--even if were feeling around in the dark. I'm see no harm in being patient.

But assuming my view is not shared by the council, the state is required to use funding from pot sales to fund substance abuse and education. How is Stanwood able to take advantage of those programs to mitigate the risks associated with increased availability of marijuana in communities? Again--we're not talking about broccoli or granola here. Marijuana is a psychotropic plant with effects on the body that are both medicinal and harmful with some portions of the population prone to addiction and abuse of the drug. The State Patrol won't arrest you for driving under the influence of tacos. But pot has risks. I don't think it is responsible to endorse the sales of a substance in the jurisdiction over which you preside and at the same time fail to also mitigate for the risks that come with what you endorse. And if such mitigation carries a price tag, then it should be included in the considerations of pros and cons of such an endorsement.

Thank you for reading.

Regards,

Bryan Hansen

September 2017

I-502 Evaluation and Benefit-Cost Analysis *Second Required Report*

In November 2012, Washington State voters passed Initiative 502 (I-502) which legalized limited possession and private use of marijuana by adults.¹ The law also directed the Washington State Institute for Public Policy (WSIPP) to conduct benefit-cost evaluations of the implementation of I-502 by examining outcomes related to:

- public health,
- public safety,
- substance use,
- the criminal justice system,
- economic impacts, and
- administrative costs and revenues.

WSIPP is required to produce reports for the legislature in 2015, 2017, 2022, and 2032. This report focuses on initial results of outcome analyses examining the effects of I-502 implementation on youth and adult substance use, treatment admissions for cannabis abuse, and drug-related criminal convictions.

Summary

I-502 required WSIPP to conduct a benefit-cost evaluation of implementation of the law from its enactment in 2012 through 2032. In this second required report, we present preliminary findings of outcome analyses to identify effects of I-502 on youth and adult substance use, cannabis abuse treatment admissions, and drug-related criminal convictions.

We used two main analysis strategies. We examined the effect of I-502 enactment on cannabis abuse treatment admissions, comparing Washington to similar non-legalizing states before and after I-502 enactment. We also examined how local differences in the amount of legal cannabis sales affected cannabis abuse treatment admissions, youth and adult substance use, and drug-related criminal convictions.

We found that cannabis abuse treatment admissions were not affected by I-502 enactment. We also found that the amount of legal cannabis sales generally had no effect on outcomes. One exception was that adults 21 and older in counties with more retail cannabis sales were more likely to report using cannabis in the past 30 days and to report using it heavily.

These findings represent a snapshot of our progress to date and are an intermediate step towards the ultimate benefit-cost analysis of I-502.

Suggested citation: Darnell, A.J. & Bitney, K. (2017). *I-502 evaluation and benefit-cost analysis: Second required report*. (Document Number 17-09-3201). Olympia: Washington State Institute for Public Policy.

¹ Initiative Measure No. 502.

The report is organized as follows: Section I provides background information on I-502 and our study requirements, establishing the specific portion of the overall study requirements that we address in this report. Section II describes the current status of the evolving marijuana policy context. Section III describes current research on effects of medical and non-medical cannabis legalization. Section IV details our analysis strategy. Section V describes our findings. Section VI provides a summary and notes limitations of this report.

Terminology

In this report we use the terms "cannabis" and "marijuana" interchangeably, to refer to all drug preparations of the cannabis genus of plants. We retain the terminology used in existing materials that we cite. We use the term "non-medical" in place of "recreational" to refer to cannabis consumption that is not part of an authorized treatment of a medical condition. Throughout the report, references to non-medical cannabis exclude black market cannabis.

I. Introduction

This report is part of a series of reports WSIPP will release over a 20-year period to assess the effects of I-502, as required by the initiative. The requirements for the study are shown in Exhibit 1.

The study requirements define six broad categories of outcomes to be evaluated: public health, public safety, youth and adult drug use and maladaptive use, economic impacts, criminal justice, and state and local administrative costs and revenues.

The ultimate aim of the study is a benefit-cost analysis of I-502 implementation. Our benefit-cost analysis will account for an array of monetary aspects of I-502 implementation:

- State and local revenues;
- State and local agency costs of implementing the law;
- Effects on substance use, health, traffic safety, crime, workplace safety, etc.; and
- Other economic impacts including employment and wages in the non-medical cannabis industry and ripple effects on the broader economy.

In September 2015, WSIPP released the first report in the series, *I-502 Evaluation Plan and Preliminary Report on Implementation*, in which we articulated our research plan for the overall study.² In brief, our research plan includes three main components: a descriptive study, a series of outcome

² Darnell, A.J. (2015). *I-502 evaluation plan and preliminary report on implementation*. (Doc. No. 15-09-3201). Olympia: Washington State Institute for Public Policy.

studies to identify potential effects of I-502, and a summative benefit-cost evaluation. The outcome studies will examine both the net effect of I-502 and the effect of specific features of I-502 on:

- Substance use: Youth and adult use and abuse of cannabis, alcohol, and other drugs;
- Health: Physical and mental health problems associated with substance use;
- Traffic safety: Traffic accidents and fatalities involving impaired drivers;
- Criminal justice: Arrests, convictions, and sanctions for charges involving cannabis and other drugs;
- Education: Standardized test scores, disciplinary actions, grade retention, and high school graduation; and
- Workplace safety and productivity: Accidents, injuries, and absenteeism.

The current report presents preliminary results from analyses designed to identify effects of I-502 on a subset of the above non-monetary outcomes. This is a necessary step in accomplishing the larger study aim of a benefit-cost analysis of I-502.

We must emphasize that analyses are ongoing, and the findings here reflect a snapshot of our progress to date. Results may change as implementation of the law progresses and more outcome data become available.

Study Overview

Central to our study of I-502 is the identification of causal effects of the law—changes in outcomes that can be attributed to I-502. As described in Section II of this

report, I-502 had multiple components, all of which might affect outcomes.

The primary features of I-502 that may influence outcomes are changes in criminal prohibitions; the formation and growth of a regulated cannabis supply system; and required investments in substance abuse prevention, treatment, and research. These features may produce a variety of possible effects; for illustration, we describe several examples below.

As a result of I-502, limited adult possession and private use are no longer illegal. The licensed production, delivery, and sale of cannabis are also no longer illegal. As a result, cannabis users may be less likely to come into contact with the criminal justice system. The elimination of these prohibitions could lead to increased enforcement of other crimes. On the other hand, I-502 also added a new *per se* blood content limit for cannabis-impaired driving. Although cannabis-impaired driving was illegal prior to I-502, enforcement of this new aspect of the law or an increase in cannabis-impaired driving may increase demands on criminal justice resources.

In addition to changes to criminal prohibitions, I-502 also provided for the formation of a regulated cannabis supply system. The new supply system is expected to increase adult access to cannabis; expected effects on youth access are less clear. Although licensed retailers are not permitted to sell to persons under age 21, access by youth may increase if they are able to obtain legally purchased marijuana secondhand. It is also possible that youth access could decrease if black market supply of cannabis is reduced by successful competition of the legal market. The new

legal market may also produce changes in advertising, product quality, potency, price, and diversification of product types, all of which may influence the use of cannabis and subsequent outcomes.³ The amount of legal cannabis sales may vary within the state and over time and further affect the use of cannabis and subsequent outcomes.

I-502 also required investments in substance abuse prevention, treatment, and research. Revenues collected from cannabis excise taxes, penalties, and fees are directed to public education campaigns, evidence-based prevention and treatment programming, and cannabis-related research, all of which may mitigate potential harms resulting from increased access to cannabis.

In our outcome analyses examining the effects of I-502, we can apply research strategies that focus on effects of the law as a whole, in which effects of different aspects of the law are combined and the net effect of the law can be identified. Additionally, we can apply strategies that focus on effects of specific aspects of the law, such as the amount of legal cannabis sales or the intensity of prevention programming in an area. Both of these strategies are needed for a complete understanding of effects of I-502.

In the outcome analyses described in this report, we applied two types of strategies in order to detect net effects of I-502 and the effect of a specific aspect of I-502—the amount of legal cannabis sales. We were able to complete both types of analyses to examine cannabis abuse treatment admissions. We used a between-state

analysis to examine the effects of I-502 as a whole, comparing changes before and after I-502 enactment in Washington to non-legalizing states, and a within-state analysis to identify whether the amount of legal cannabis sales in different parts of Washington affects cannabis abuse treatment admissions in those areas. We also present within-state analyses on the effects of the amount of legal cannabis sales on youth and adult substance use and drug-related criminal convictions. Both strategies are described in more detail in Section IV.

Ideally, we would use both strategies to investigate effects of I-502 on each outcome. At this time, we do not have access to data that would support between-state analyses for all outcomes examined in this report. Our work is ongoing to access these data. In future reports we will report findings from new between-state analyses on the current outcome domains. We will also report between- and within-state analyses for other outcome domains, such as workplace safety, in our broader study. In future reports, we will also share findings from other aspects of our study which are ongoing, including examining the state and local costs of implementation of I-502; the impact of increased investment in prevention, treatment, and research; and the broader economic impacts of the law. In Appendix Exhibit A4 we provide an update on the status of data access efforts and other components of the overall study.

³ Kilmer et al. (2010).

Exhibit 1
I-502 Study Requirements Contained in the
Revised Code of Washington (RCW) 69.50.550 (emphasis added)

(1) *The Washington state institute for public policy shall conduct **cost-benefit evaluations** of the implementation of chapter 3, Laws of 2013. A preliminary report, and recommendations to appropriate committees of the legislature, shall be made by September 1, 2015, and the first final report with recommendations by September 1, 2017. Subsequent reports shall be due September 1, 2022, and September 1, 2032.*

(2) *The evaluation of the implementation of chapter 3, Laws of 2013 shall include, but not necessarily be limited to, consideration of the following factors:*

(a) **Public health**, to include but not be limited to:

- (i) *Health costs associated with marijuana use;*
- (ii) *Health costs associated with criminal prohibition of marijuana, including lack of product safety or quality control regulations and the relegation of marijuana to the same illegal market as potentially more dangerous substances; and*
- (iii) *The impact of increased investment in the research, evaluation, education, prevention and intervention programs, practices, and campaigns identified in RCW 69.50.363 on rates of marijuana-related maladaptive substance use and diagnosis of marijuana-related substance-use disorder, substance abuse, or substance dependence, as these terms are defined in the Diagnostic and Statistical Manual of Mental Disorders;*

(b) **Public safety**, to include but not be limited to:

- (i) *Public safety issues relating to marijuana use; and*
- (ii) *Public safety issues relating to criminal prohibition of marijuana;*

(c) **Youth and adult rates** of the following:

- (i) *Marijuana use;*
- (ii) *Maladaptive use of marijuana; and*
- (iii) *Diagnosis of marijuana-related substance-use disorder, substance abuse, or substance dependence, including primary, secondary, and tertiary choices of substance;*

(d) **Economic impacts** in the private and public sectors, including but not limited to:

- (i) *Jobs creation;*
- (ii) *Workplace safety;*
- (iii) *Revenues; and*
- (iv) *Taxes generated for state and local budgets;*

(e) **Criminal justice impacts**, to include but not be limited to:

- (i) *Use of public resources like law enforcement officers and equipment, prosecuting attorneys and public defenders, judges and court staff, the Washington state patrol crime lab and identification and criminal history section, jails and prisons, and misdemeanor and felon supervision officers to enforce state criminal laws regarding marijuana; and*
- (ii) *Short and long-term consequences of involvement in the criminal justice system for persons accused of crimes relating to marijuana, their families, and their communities; and*

(f) **State and local** agency administrative costs and revenues.

II. Policy Context

Cannabis Policy in Washington State

Relevant policy changes in Washington State begin with medical legalization, which was effected in 1998 by the passage of voters' Initiative 692 (I-692). I-692 provided authorized patients and their designated caregivers a legal defense for charges related to the use or possession of medical cannabis (an "affirmative defense").⁴

In 2011, the legislature passed an overhaul of medical cannabis regulations.⁵ The bill created a registry of medical cannabis patients and providers and directed state employees to authorize and license commercial medical cannabis businesses. Those sections of the bill were vetoed due to concerns that they would expose public employees to the risk of federal prosecution.⁶ The remaining provisions of the legislation provided an affirmative defense for home cultivation and collective gardens, which were defined as cooperative grow operations among medically authorized patients, with limits placed on the number of patients and plants.

Also in 2011, liquor sales were privatized by passage of Initiative 1183 (I-1183). Effective in June 2012, the initiative removed the state controlled liquor system, allowed liquor sales by private stores, removed uniform pricing, and removed bans on

quantity discounts and advertising.⁷ I-1183 represents an important part of the policy context because it went into effect less than a year prior to I-502 and could potentially influence outcomes such as traffic safety.

On November 6, 2012, I-502 passed with 55.7% approval in Washington State, legalizing limited adult possession and private consumption of non-medical cannabis as well as its licensed production and sale. I-502 mandated the Washington State Liquor and Cannabis Board (LCB) to oversee the recreational market and imposed a 25% excise tax on cannabis sales at each of the three tiers in the legal supply chain: producers, processors, and retailers. I-502 designated a new budget account for cannabis revenues (the Dedicated Marijuana Account) and required expenditures from that account on a variety of activities, including substance abuse prevention and treatment, supply chain enforcement, and cannabis-related research.⁸ I-502 also added a new threshold for driving under the influence of cannabis. The law became effective on December 6, 2012.

In October 2013, the LCB adopted the first set of rules regarding cannabis licenses, the application process, requirements, and reporting. License applications were accepted from November to December 2013. The LCB initially capped the number of retailer licenses at 334; there is no cap on producer or processor licenses. The first producer and processor licenses were issued in March 2014. Retailer licenses were allotted for each city and county based on estimates of cannabis demand and incorporated random selection

⁴ Initiative No. 692.

⁵ Engrossed Second Substitute Senate Bill 5073, Chapter 181, Laws of 2011, partial veto.

⁶ <https://www.sos.wa.gov/elections/initiatives/text/i692.pdf>.

⁷ Initiative Measure No. 1183, Chapter 2, Laws of 2012; Full text available at <http://lawfilesexternal.wa.gov/biennium/2011-12/Pdf/Initiatives/Initiatives/INITIATIVE%201183.SL.pdf>.

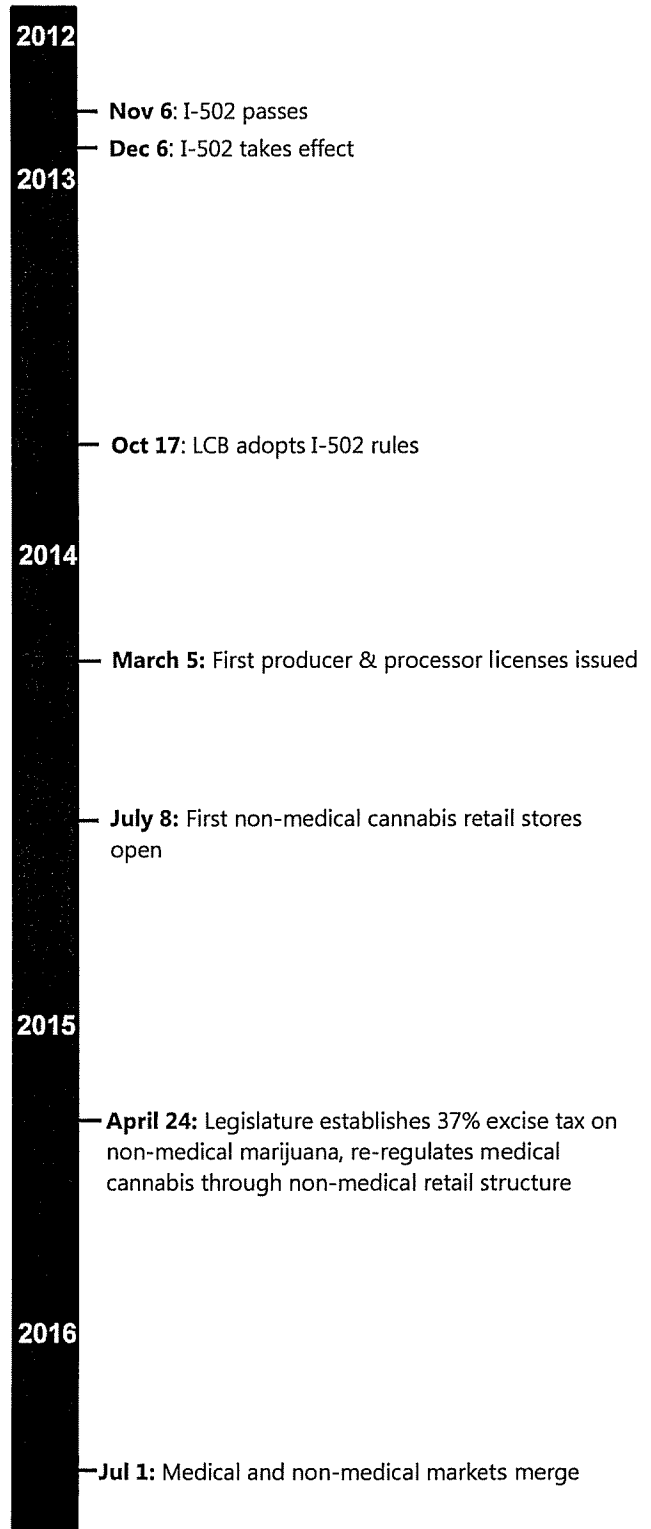
⁸ RCW 69.50.540.

Exhibit 2 I-502 Policy Timeline

when the number of applicants exceeded the allotment. The first non-medical cannabis retail stores opened on July 8, 2014.

In 2014, the Washington State Court of Appeals declared that state law only provided an affirmative defense for medical cannabis patients and that the use and possession of medical cannabis, including collective gardens, were still illegal. The 2015 Legislature passed legislation regulating medical cannabis through the existing non-medical cannabis regulatory structure and created a voluntary registry of medical cannabis patients.⁹ The legislation required businesses with a non-medical retail license to obtain a medical marijuana endorsement in order to serve medical patients. In response to expected increased demand from medical patients, the LCB opened an additional application window for retailers from October 2015 to March 2016 and raised the state cap of retail licenses from 334 to 556. The formal integration of medical and non-medical cannabis sales occurred on July 1, 2016.

The 2015 Legislature also changed the tax structure on cannabis, replacing the three-tier tax structure (i.e., the 25% tax on sales by producers, processors, and retailers) with a single 37% excise tax on retail sales.¹⁰ The same law provided for distribution of excise tax revenues to local jurisdictions and allowed jurisdictions to reduce the required buffer zones around cannabis businesses.



⁹ Second Substitute Senate Bill 5052, Chapter 70, Laws of 2015.

¹⁰ Second Engrossed Second Substitute House Bill 2136, Chapter 4, Laws of 2015.

Local Cannabis Policy in Washington

City and county governments have enacted their own policies concerning regulation of licensed cannabis businesses. In January 2014, the Washington State Attorney General released a memo affirming that local jurisdictions may regulate and/or ban I-502-related businesses. Generally, multiple cities are located within a given county boundary; city governments can legally regulate businesses within city boundaries, and county governments can regulate businesses in unincorporated areas.¹¹ A recent study found that as of June 30, 2016, six of Washington's 39 counties (15%), and 54 of 142 cities (38%) with populations of 3,000 or more had passed permanent bans on legal retail cannabis sales—approximately 30% of the state's population lived in these areas.¹²

Cannabis Policy in Other States

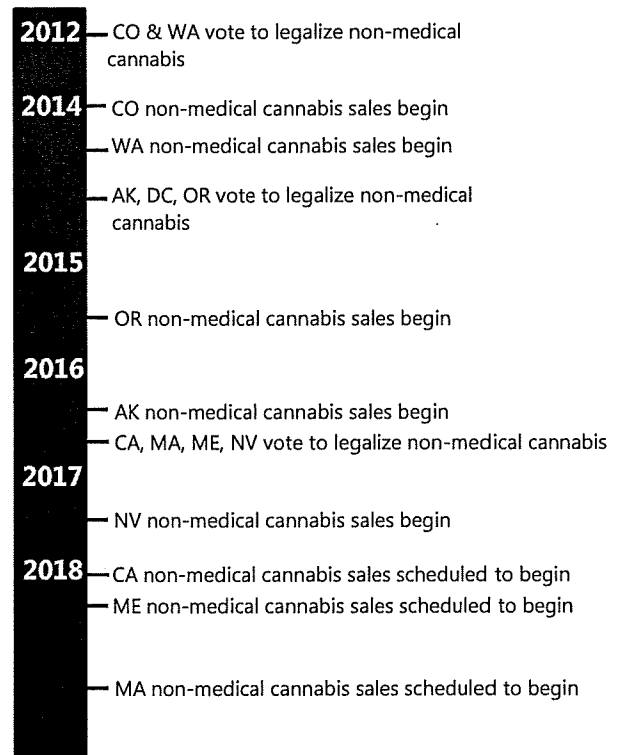
As of June 30, 2017, 29 states (including Washington) and the District of Columbia had legalized medical cannabis. An additional 15 states allowed limited access to certain forms of cannabis extract high in cannabidiol (referred to as CBD-only laws).¹³

Eight of these states, including Washington, passed ballot initiatives to allow the sale of cannabis for non-medical purposes (Exhibit 5).¹⁴ The District of Columbia legalized

cannabis for non-medical purposes but does not allow sales. Oregon's legalization of non-medical cannabis in 2014 is of particular relevance for this study, due to its proximity and the potential impact on Washington cannabis sales to Oregon residents. Under Oregon's law, existing medical dispensaries are allowed to sell cannabis to anyone 21 and older as of October 2015, and the first dedicated non-medical retailers opened in October of 2016.

Exhibit 3

Timeline of Other States' Non-Medical Cannabis Laws



¹¹ RCW 70.05.030 & 70.05.035.

¹² Dilley et al. (2017).

¹³ Cannabidiol (or CBD) and THC (tetrahydrocannabinol) are the two most well-known cannabinoids—chemical compounds in cannabis that act on cannabinoid receptors in the human body. Unlike THC, CBD does not have intoxicating psychoactive effects.

¹⁴ In May 2017, the Vermont Legislature became the first state to pass a non-medical cannabis legalization bill through its legislature; however, the measure was vetoed. <http://legislature.vermont.gov/assets/Documents/2018/Docs/CALENDAR/sc170621.pdf#page=1>.

Implementation of the legal cannabis supply system

In this section we describe the status of the cannabis supply system created by I-502. Specifically, we describe growth in the amount of retail sales of cannabis and differences in retail sales amounts across the state, which are the subject of many of our outcome analyses.

Legal Cannabis Supply System

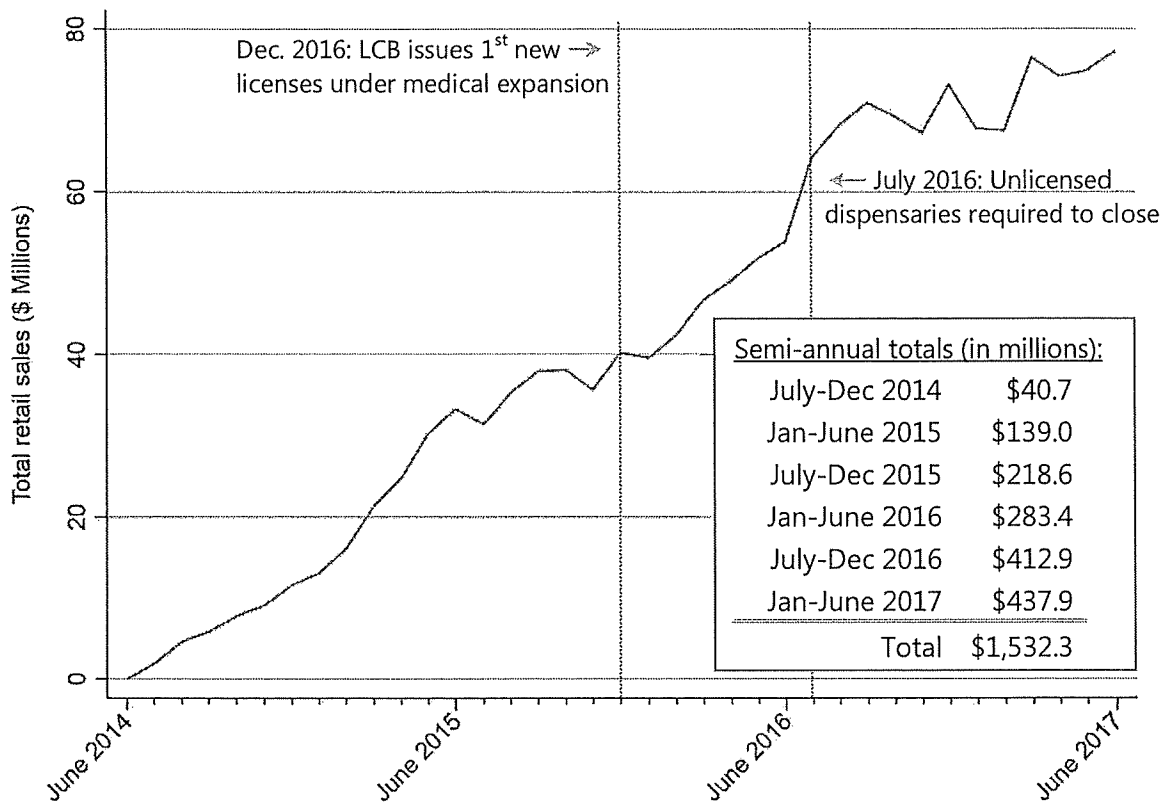
The three-tiered cannabis supply system consists of producers, processors, and retailers, as licensed by the LCB. Generally, producers grow cannabis, processors package and create secondary products such as extracts and edibles, and retailers sell cannabis and products for consuming cannabis to consumers.

Washington's cannabis supply system is not vertically integrated—businesses holding retail licenses cannot also be involved in other parts of the supply chain, although producer and processor licenses can be held in combination. In terms of the type of license held by businesses reporting active sales in June 2017, there were 383 retailers, 36 producers, 103 processors, and 653 producer/processors.¹⁵ The number of active retailer licenses is currently well below the cap of 556.

Retail sales. Retail sales have climbed since they began in July 2014. They began to stabilize in the second half of 2015, just prior to the beginning of the medical expansion. The medical expansion was fully implemented by July 2016, when all unlicensed dispensaries were required to close. Monthly retail sales totals are shown in Exhibit 4.

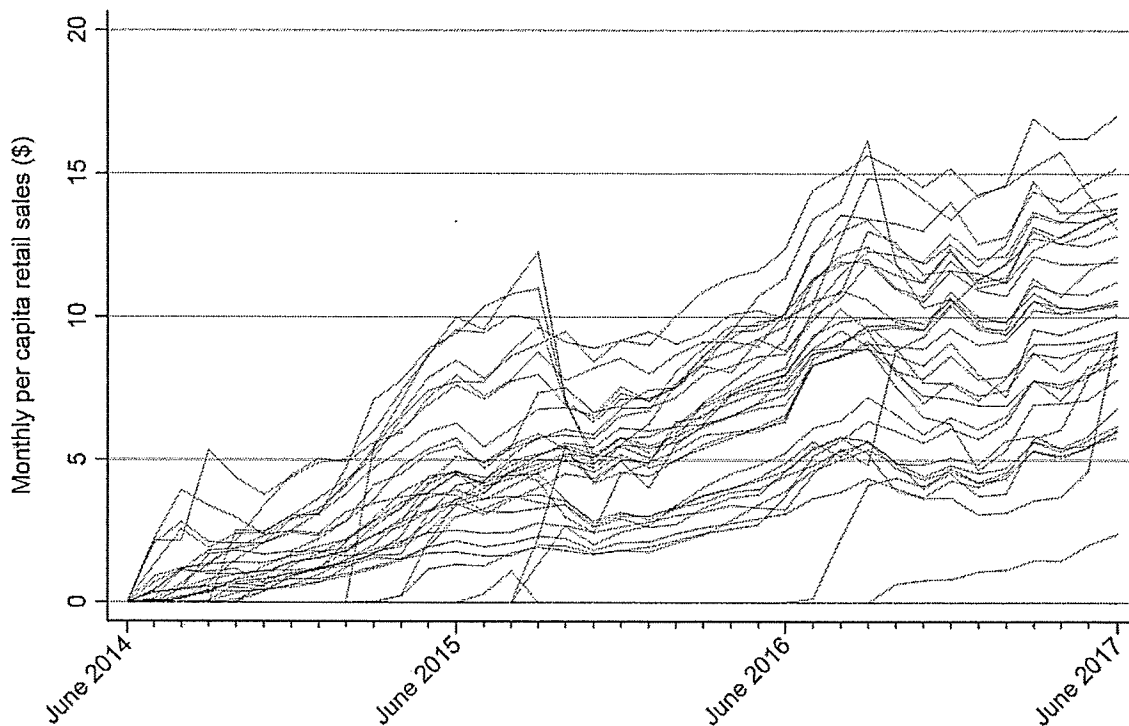
¹⁵ More extensive descriptive analysis of businesses and employment in Washington's legal cannabis supply system is reported in Hoagland, C., Barnes, B., & Darnell, A. (2017). *Employment and wage earnings in licensed marijuana businesses* (Doc. No. 17-06-4101). Olympia: Washington State Institute for Public Policy.

Exhibit 4
Total Monthly Retail Cannabis Sales



Source:
Washington State Liquor & Cannabis Board.

Exhibit 5
Monthly Per Capita Retail Cannabis Sales by County



Source:

Washington State Liquor & Cannabis Board sales data. County population obtained from: Washington State Office of Financial Management, Forecasting Division (2016). Small Area Demographic Estimates: County 2000-2016.

Note:

Asotin County is omitted from the figure above due to extremely high per capita sales values, which began to increase sharply in February of 2016 and had moved above \$30 by July 2016.

Local variation in retail sales.

Exhibit 5 displays monthly per capita retail sales in counties in Washington State.¹⁶ The exhibit illustrates differences in the timing of first legal sales in each county (e.g. the late starter at the bottom right of the exhibit), differences in overall sales levels, and differences in the rate of growth in sales over time. Four counties had no licensed

sales through June 2017. Sales amounts and per capita rates for each county on a semi-annual basis are shown in Appendix Exhibits A1 & A2.

The amount of legal cannabis sales is the primary predictor examined in many of the outcome analyses in this report. These analyses focus on differences in sales at the county or school district level. The timing and amount of cannabis sales within Washington school districts also varies substantially (see Appendix Exhibit A3).

¹⁶ Retail sales data are current through June 30, 2017; however, 2017 county population data are not yet available, so we could not compute per capita rates based on annual population here. Instead we used the average population from 2014 through 2016. In outcome models we computed per capita sales rates based on the available data in each analysis.

The Changing Role of the Medical Cannabis Supply System

The distinction between medical and non-medical cannabis has always been an important one for our study. In accordance with the study requirements, our focus has been on the non-medical cannabis system created by I-502. With the integration of the medical and non-medical supply systems in Washington, the medical distinction is becoming more difficult and perhaps less useful to maintain.

Prior to the incorporation of medical cannabis into the regulated system, the quasi-legal network of medical cannabis dispensaries was an important source of cannabis supply to account for in our analyses of the non-medical system. The system was not tightly regulated and there were suspicions that non-medical use was a substantial portion of this gray market. However, there are no available data sources on the number of medical cannabis dispensaries in the state or their sales prior to the integration of the medical supply system into the regulated system.

With the integration of the medical supply system into the regulated system, the number of available retail licenses was increased, and licensed retailers were given the option of obtaining a medical marijuana endorsement. The endorsement allows retailers to sell Department of Health (DOH)-compliant products to qualifying patients and designated providers.¹⁷ Of the 383 retailers reporting active sales in June 2017, 346 (90%) held a medical endorsement. Because nearly all retailers sell both medical and non-medical cannabis, we

ignore the medical endorsement distinction for the remainder of this report.

Aside from the supply system itself, it may also be possible to distinguish medical usage based on whether a product is primarily used for medical purposes, whether the people who use cannabis are medically authorized patients, or if a particular instance of consuming cannabis is done for a medical purpose.

The sales data reported thus far include all legal retail cannabis sales, which after the incorporation of the medical system, include both medical and non-medical sales. The LCB's marijuana traceability system monitors all marijuana products in the legal supply system and differentiates nine types of marijuana products. In our outcome models, for computation of per capita sales we omit four types of products that are used primarily for medical purposes: capsules, suppositories, tinctures, and topicals. These products represent a very small share of sales—in January 2017 they accounted for less than 0.1% of all legal cannabis sales.

The remaining cannabis products may be used for either medical or non-medical purposes, and prospects for distinguishing medical and non-medical use of these products are dim. Although the data are not currently available, it is possible to distinguish transactions to medically authorized consumers in the LCB traceability system.¹⁸ However, many medical users report using cannabis for both medical and non-medical purposes,¹⁹ and the research

¹⁷ RCW 69.50.375.

¹⁸ The traceability system distinguishes transactions to medically authorized consumers, but the variable reflecting this distinction is not currently provided with the traceability data available from LCB.

¹⁹ Pacula et al. (2016).

literature on the medical uses of cannabis does not yet support a clearer distinction between “prescribed” use versus abuse, such as the distinction applied for prescription drugs. From this perspective, the notion of distinguishing medical and non-medical cannabis use in our study is seemingly impossible.

Aside from the omission of a small number of products most likely to be used exclusively for medical purposes, we do not distinguish medical and non-medical cannabis further in this report.

Other aspects of I-502

Although not the focus of the current report, there are many aspects of I-502 implementation that can be expected to influence outcomes. Enforcement activities for example, might decrease youth access to cannabis at licensed retailers or might decrease diversion of cannabis products from the legal system to the black market. Other aspects of I-502 implementation, such as the activities funded by required expenditures for substance abuse prevention and treatment, may also affect outcomes. Many of these activities are financed, in whole or in part, by cannabis-related revenues, including excise taxes, license fees, penalties, and forfeitures.

These revenues and required activities will be important in the ultimate benefit-cost evaluation of I-502. We have limited our focus in this report primarily to one specific aspect of I-502 implementation—the amount of cannabis sales in the legal supply system. We look forward to addressing other aspects of I-502 implementation in future reports. For now, it should be noted that these other aspects of I-502

implementation are not explicitly accounted for in our outcome models and thus constitute factors that may be associated with sales and outcomes, which should be kept in mind when we view findings.

In the next section we shift our attention to our outcome analyses. We begin by reviewing prior research on effects of medical cannabis laws and the much smaller number of studies on non-medical legalization, which we draw on in formulating our analysis strategy.

III. Research Context

WSIPP routinely draws on other rigorous research to conduct meta-analyses and inform our benefit-cost analyses.²⁰ Increases in the number of states legalizing medical or non-medical cannabis have stimulated research on effects of these laws. However, the entire body of research is still in an early stage of development and is not yet sufficient for us to conduct meta-analyses. It can still inform our research direction as we evaluate impacts in Washington.

It is also worth noting that the majority of these studies draw comparisons between states with a medical marijuana law and those without. More recently, researchers have begun to recognize the importance of differences in specific features of medical legalization from one state to the next, comparing states that have enacted more or less strict versions of legalization (e.g., allowing home cultivation or requiring a registry of authorized medical patients).²¹ We are aware of two studies that attempted to identify effects of the size of the medical marijuana market.²² These studies come closest to the methods we used in our outcome models that examine effects of the amount of legal cannabis sales.

²⁰ Note that the I-502 benefit-cost evaluation will look at the broad impacts of I-502 on Washington State as a whole, while WSIPP's routine approach examines the impact of an intervention on a per-participant basis. As such, the I-502 evaluation will necessarily take a different form than WSIPP's standard approach, although many of the underlying principles and methods will remain the same.

²¹ Pacula et al. (2015); Choi et al. (2014); Hasin et al. (2015); Smart (2015); and Wen et al. (2015).

²² Salomonsen-Sautel et al. (2014) focused on a policy shift that led to the proliferation of medical dispensaries; Smart (2015) examined effects of the number of patients in state medical cannabis registries.

Substance use and abuse

Youth and adult cannabis use

Youth cannabis use is one of the most frequently examined outcomes related to cannabis legalization, and findings from these studies have been mixed. Most studies found no evidence that the passage of a medical cannabis law caused an increase in use among adolescents.²³ We are aware of three studies that found evidence suggesting that youth cannabis use increased as a result of medical legalization; one of these studies failed under replication.²⁴

In contrast, studies consistently suggest that adult use increases as a result of medical legalization.²⁵ Several studies found that these effects are limited to adults older than 26.²⁶

One study found evidence of an increase in both youth and adult use in the general population associated with growth in the number of patients registered in state medical marijuana registries.²⁷

We are aware of one published study examining effects of non-medical legalization on substance use, which found

²³ Anderson & Rees (2011); Harper et al. (2012); Lynne-Landsman et al. (2013); Anderson et al. (2014); Choo et al. (2014); Hasin et al. (2015); and Martins et al. (2016).

²⁴ Pacula et al. (2015); Stolzenberg et al. (2015); and Wen et al. (2015). The findings of Stolzenberg et al. were later contradicted in a replication study—Wall et al. (2016) which found no evidence of increasing youth use. The findings of Pacula et al. were specific to medical marijuana laws providing legal protection for dispensaries and allowing for home cultivation.

²⁵ Anderson & Rees (2011); Hasin et al. (2017); and Wen et al. (2015).

²⁶ Martins et al. (2016) and Williams et al. (2017).

²⁷ Smart (2015).

that youth cannabis use was higher in Washington following non-medical legalization relative to comparison states.²⁸ Several other studies have found that attitudes favorable to cannabis use have increased following medical or non-medical cannabis legalization.²⁹

Cannabis abuse treatment admissions
We found three studies that examined effects of cannabis legalization on treatment admissions for cannabis abuse in different populations, and results are not consistent. One study found that after enactment of medical legalization, cannabis abuse treatment admissions increased relative to states without medical legalization.³⁰ That study focused on admissions among adults who were not referred by the criminal justice system. Another study focused on cannabis abuse treatment admissions among youth and found no evidence of an effect of medical legalization.³¹ Finally, the third study found that cannabis abuse treatment admissions (age not differentiated) decreased after medical cannabis legalization relative to comparison states, but the effect varied substantially depending on specific features of the medical cannabis policy (e.g., protections for dispensaries).³²

²⁸ Cerda et al. (2016).

²⁹ Cerda et al. (2016); Keyes et al. (2016); and Schuermeyer (2014).

³⁰ Chu (2014).

³¹ Anderson et al. (2014).

³² Pacula et al. (2015).

Alcohol, tobacco, and other drugs

The relationship between use of cannabis and other substances, especially alcohol and tobacco, will likely be a major factor in the ultimate economic impact of the law. Researchers have noted that the potential effect of cannabis legalization on use of alcohol and tobacco, even if small, may outweigh the economic impact of increased cannabis use, due to the strong evidence of long-term health consequences of tobacco use and alcohol abuse.³³

Regarding alcohol, research has yet to determine whether cannabis and alcohol are more likely to be used as complements or as substitutes, and in turn, what effect legalized cannabis may have on alcohol use.³⁴ One study found lower probability of any drinking and binge drinking and fewer drinks consumed in states after the passage of a medical marijuana law, relative to comparison states.³⁵ Another study found that growth in the number of medical cannabis patients was linked to a reduction in alcohol poisoning deaths.³⁶

In contrast, another study found the frequency of binge drinking and the likelihood of simultaneous use of marijuana and alcohol were significantly higher following medical legalization, relative to comparison states.³⁷

We are aware of only one study examining effects on tobacco use, which found a small decrease in cigarette smoking associated with medical legalization.³⁸

³³ Caulkins et al. (2012).

³⁴ Wen et al. (2015).

³⁵ Anderson et al. (2012).

³⁶ Smart (2015).

³⁷ Wen et al. (2015).

³⁸ Choi (2016).

Research on opioids suggests favorable effects of medical legalization, including lower rates of prescription opioid overdose deaths,³⁹ opioid use among fatally-injured drivers age 21 to 40,⁴⁰ and hospitalizations related to prescription opioid dependence and overdose.⁴¹ One study found that growth in medical marijuana markets was linked to a decrease in prescription opioid poisoning deaths.⁴²

Another study examined the effects of medical legalization on use of other illegal drugs and found no impact on hard drug use in adolescents or adults.⁴³

Crime

One study found no evidence that state medical marijuana laws caused an increase in property and violent crimes reported by the FBI but did find evidence of decreased homicide and assault associated with medical legalization.⁴⁴ Another study examining effects of non-medical legalization found evidence that non-medical legalization in Washington and Oregon may have led to a drop in rape and murder rates.⁴⁵ Regarding effects on cannabis-specific crimes, another study found that higher marijuana arrest rates among adult males were associated with medical legalization.⁴⁶

³⁹ Bachhuber et al. (2015).

⁴⁰ Kim et al. (2016).

⁴¹ Shi (2017).

⁴² Smart (2015).

⁴³ Wen et al. (2015).

⁴⁴ Morris et al. (2014).

⁴⁵ Dragone et al. (2017).

⁴⁶ Chu (2014).

IV. Analysis Strategy

I-502 requires WSIPP to produce a benefit-cost evaluation of the law's implementation. Identifying causal effects of I-502 is necessary for that aim. However, I-502 is a multi-faceted and complex intervention. It imposed a number of different changes on the state including changes to criminal prohibitions; the creation of a regulated cannabis supply system; and mandated investments in substance abuse prevention, treatment, and research. Each aspect of I-502 may have its own effects on outcomes.

Further, the way the law was implemented in the state had clear differences by geographic region over time. For example, sales grew at varying rates in different parts of the state, which could influence outcomes differently in regions across the state. Thus, there are multiple ways to explore the potential effects of I-502, all of which are important to consider in a comprehensive assessment of the impact of I-502 on Washington.

In this report we report findings for analyses of the following outcomes:

- Youth and adult use of cannabis, alcohol, and cigarettes;
- Clinically disordered cannabis use, as indicated by substance abuse treatment admissions; and
- Convictions for drug-related criminal charges.

We use two main analysis strategies in this report. To identify effects of I-502 as a whole, we use between-state analyses to compare changes before and after I-502 enactment in Washington to changes in non-legalizing states over the same period.

We also use within-state analyses to identify effects of one aspect of I-502 implementation—the amount of legal cannabis sales.

We rely entirely on existing data sets for our outcome analyses, and the structure of these datasets in large part determines our research strategy. Outcome data sets available for multiple states provide opportunities to examine effects of the law as a whole. On the other hand, data sources only available for Washington have more limited capabilities for identifying effects of the law as a whole⁴⁷ and are better suited to identifying effects of specific aspects of the law's implementation, especially those that vary within the state.

At the time of this report, WSIPP only had access to one multi-state dataset, allowing us to conduct between-state analyses to examine the net effect of I-502 on cannabis abuse treatment admissions. The majority of data sources we currently have access to only contain data for Washington State. Thus, the majority of analyses in this report examine the effect of the amount of legal cannabis sales, applying a within-state analysis strategy.

We describe our between-state and within-state analysis strategies in more detail below.

⁴⁷ Analyses of state-level trends for a single state (e.g., time series analysis), which draw comparisons before and after implementation of the law, tend to be weaker designs for causal inference because time-related factors that may coincide with the timing of I-502 are difficult to eliminate as alternative explanations of an observed effect.

Between-State Analysis

Our analysis of the impact of I-502 on cannabis abuse treatment admissions relies on data from the Treatment Episode Data Set (TEDS-A), which is available for all U.S. states. In this analysis we examined effects of I-502 enactment in 2012, contrasting the number of admissions to treatment for cannabis abuse before and after I-502 enactment to comparable changes in other states that did not legalize non-medical cannabis (i.e., comparison states). We used the synthetic control method (SCM) for this analysis.⁴⁸

SCM is a method of constructing a comparison group from states that have not legalized non-medical marijuana. This allows us to model what would have likely happened in Washington, had I-502 never become law. Using SCM, comparison states that are most similar to Washington before I-502 are weighted more heavily in the “synthetic” comparison group to maximize comparability to Washington. After establishing that the synthetic comparison group is similar to Washington before I-502, changes in outcomes after I-502 that are different for Washington than for the synthetic comparison group can be interpreted as effects of the law. We describe the methods for this analysis in more detail in the I-502 Technical Appendix.⁴⁹

Due to data availability limitations, this is the only analysis in this report that is focused on identification of the effect of

I-502 as a whole. We plan to analyze data from the National Survey on Drug Use and Health (NSDUH), which measures substance use among youth and adults across the country, as soon as these data become accessible.⁵⁰ We will conduct and publish additional between-state analyses in future reports, as we gain access to additional national datasets.

Within-state analyses

The majority of the analyses in this report focus on effects of the amount of legal cannabis sales on various outcomes.⁵¹ For each outcome examined, we applied the general analysis strategy described below. Specific features of this strategy vary based on the specific outcome examined. These variations are discussed in more detail in the I-502 Technical Appendix.

In the absence of data from multiple states, analyses must draw comparisons from elsewhere—either by examining differences in outcomes in different places in Washington (which vary in I-502 implementation) or by examining changes in outcomes over time. The strongest designs take advantage of both.

Our within-state analysis strategy does both. In the previous section we discussed how the amount of legal cannabis sales varied substantially across the state and over time. We paired sales data with outcome data sources, examining the relationship between sales amounts and outcomes as they vary in

⁴⁸ Abadie & Gardeazabal (2003) and Abadie et al. (2010).

⁴⁹ Darnell, A., & Bitney, K. (2017). I-502 evaluation and benefit-cost analysis: Second required report—technical appendix. Olympia, Washington State Institute for Public Policy.

⁵⁰ We received a license for access to the restricted-use version of the NSDUH, but shortly after, access to the data was closed by the Substance Abuse and Mental Health Data Archive (SAMHDA) for administrative reasons. We are awaiting notification of when we can access the data.

⁵¹ See the I-502 Technical Appendix for definition of sales variable in within-state outcome analyses.

different locations throughout the state and over time.

General design of within-state analyses

Our within-state outcome models belong to a category of methods referred to as fixed effects models, which are a common method for identifying effects of macro-level interventions, such as state laws, in non-experimental settings. It is the approach used in many studies of medical legalization.⁵²

In the fixed effects approach, a relationship between the intervention and the outcome variable is established. For example, in our case there may be a relationship between cannabis sales and crime. Sales may be represented at the individual level, as the amount of legal cannabis sold to each person, or at some higher level such as the amount of cannabis sold in each county. A similar decision must be made about time—whether to analyze effects of sales on a daily, monthly, or yearly basis.

Even if we establish a relationship between the intervention and the outcome, we cannot assume that the intervention causes the outcome to change, without eliminating alternative possible causes. For example, if we observe that crime increases as sales increase in a particular county over time, there may be differences between counties with higher levels of sales that explain differences in crime, such as county economic conditions. There may also be changes occurring over time that cause both sales and crime to change, such as the passage of a state law affecting liquor consumption.

⁵² Anderson et al. (2014); Choo et al. (2014); Harper et al. (2012); Hasin et al. (2017); Pacula et al. (2015); Smart (2015); and Wen et al. (2015).

The basic strategy of a fixed effects model is to eliminate these two sets of possibilities categorically. If our intervention variable is a county-level sales variable, a fixed effect for county is included in the model that accounts for all differences between counties that do not change over time. And, if our sales variable is measured at a monthly frequency, a fixed effect for time is included in the model to account for all differences from one month to the next that are shared by all counties.

One of the major strengths of the fixed effects strategy is that we do not need to have data sources with variables representing all the possible differences between counties—they are all accounted for at once with the specification of a county fixed effect.

While the general approach remains the same, the specific units of geography and time vary for each analysis. Characteristics of available data sources determined the units of geography and time fixed effects for each outcome analysis. Across outcome data sources, for the fixed effect for geography, we had the option of analyzing the data at county, school district, or ZIP code levels. For the fixed effect for time, options included monthly, quarterly, and annual metrics of time. The specifications we settled on for each outcome data source are shown in Exhibit 6.

For clarity, we continue this discussion using the example of a fixed effects analysis with county and month fixed effects. However, some outcome analyses are also conducted with district or state fixed effects, instead of county, and with quarter or year fixed effects, instead of month.

Exhibit 6
Analysis Characteristics by Data Source

Outcome area	Data source	Geographic unit	Time unit	Overall time period
Youth substance use	Healthy Youth Survey (HYS)	School district	Biennium	2002-2016
Adult substance use	Behavioral Risk Factors Surveillance System (BRFSS)	County	Quarter	2011-2015
Disordered cannabis use	TARGET	County	Month	2002-2016
Disordered cannabis use	Treatment Episodes Data Set	State	Year	2005-2014
Drug-related crime	Administrative Office of the Courts	County	Month/quarter	2005-2016

Addressing County Differences that Change Over Time

Despite their strengths, fixed effects models are not a magic bullet. Fixed effects for county and month do not account for differences between counties that change over time. For example, other features of I-502 implementation, such as substance abuse prevention funded by I-502 revenues, may also influence outcomes, competing with the effects of sales in our models. If these other possible causes of changes in outcomes occur in the same counties at the same time as legal sales, our understanding of the effect of sales will be distorted. We applied several analysis techniques to address these so-called time-varying confounds.

First, in each analysis we included a set of time-varying control variables. For example in our analysis of how the amount of retail sales might drive drug-related criminal convictions, we included annual total convictions in the county to account for changes in the overall capacity of the county criminal justice system. Other time-varying control variables account for changes in demographic composition and socioeconomic conditions. The specific time-varying control variables included in each analysis are listed in the I-502 Technical Appendix.

Although we hypothesize that increases in legal cannabis sales cause outcomes to change, it is also possible that outcomes cause sales to change—for example, people who commit more crime may purchase more legal cannabis. In our outcome models, the cannabis sales variable was typically “lagged” to allow a period of time for possible effects of sales to register in the outcome. Lagging the sales variable has the effect of shifting the timing of sales and outcomes. Before lagging, observations are paired by the time they were observed (e.g., sales and outcomes measured in September) but lagging the intervention variable means we can examine the effect of sales in July or August on outcomes in September. A relationship between sales prior to outcomes has a more likely causal interpretation than a contemporaneous relationship, in which the direction of the relationship is less clear. The length of the lag was determined for each data source based on data structure and conceptual rationale.

To further address the possibility that an apparent relationship between the amount of sales and outcomes does not in fact indicate that changes in sales are causing the changes in outcomes, we also examined models in which sales was specified as a “leading” variable.⁵³ The opposite of a lagged version of sales, a leading version of sales would identify the relationship between future sales and past outcomes. For example, outcomes measured in September can be examined for relationship to sales in October or November. Evidence that future sales are associated with today’s outcomes would suggest that outcomes affect sales, that both effects apply (effects

move in both directions), or that an unknown underlying cause affects both variables.⁵⁴ Our analyses were not equipped to determine which of these possibilities is the correct one, and we take a cautious approach in avoiding causal interpretations of legal sales estimates in the presence of significant leading estimates.

In the next section we provide brief summaries of analysis methods and findings for each data source. For each analysis, additional detail on the data source, methods, and results are available in the I-502 Technical Appendix.

⁵³ Angrist & Pischke (2009).

⁵⁴ A leading effect could also reflect anticipatory effects—Malani & Reif (2015). For example, people may change their behavior in advance of an intervention if they know it is coming. One could argue that these anticipatory effects should be considered part of the effect of the intervention.

V. Results

In the sections that follow, we present brief summary descriptions of trends in outcomes, as well as methods and results from outcome analyses. Additional detail on trends, data sources, methods, and outcome findings are available in the I-502 Technical Appendix.

We begin with a discussion of youth and adult substance use and abuse, covering trends in use among adults and youth as well as trends in disordered cannabis use as indicated by substance abuse treatment admissions involving cannabis. We then discuss our findings of the effect of I-502 enactment on cannabis abuse treatment admissions, followed by findings on the effect of legal cannabis sales on cannabis abuse treatment admissions and substance use among youth and adults.

Following that, we discuss trends in drug-related criminal convictions and our findings of the effect of legal cannabis sales on convictions.

Substance Use and Abuse

Trends in substance use
*Youth substance use and attitudes—
Washington Healthy Youth Survey.*

Washington's Healthy Youth Survey (HYS) is administered biennially on even-numbered years to a representative sample of students in grades 6, 8, 10, and 12 in Washington schools.⁵⁵ The HYS addresses a range of risk behaviors that contribute to the health and safety of youth in Washington State. In this section, we report statewide results using the HYS census dataset for selected items concerning cannabis for years 2002 through 2016, separated by grade level.⁵⁶

Exhibit 7 illustrates that across grades 6, 8, 10, and 12, cannabis use indicators have been stable or fallen slightly since I-502 enactment. Beliefs that cannabis is difficult to obtain and that using cannabis is harmful began a downward trend in 2006, especially among older students. Since 2010, the view that cannabis is difficult to access has been stable or increased. The downward trend in perceived harm of cannabis use stabilized from 2014 to 2016.

⁵⁵ <http://www.askhys.net/>.

⁵⁶ See I-502 Technical Appendix for details on the HYS census data set.

Adult substance use—Washington Behavioral Risk Factors Surveillance System.

Washington State administers the national Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone survey of adults that provides epidemiological data on modifiable risk factors for chronic disease.⁵⁷

Statewide BRFSS results concerning cannabis indicate that since the enactment of I-502, statewide cannabis use has increased among adults, whereas heavy alcohol use and cigarette use have remained stable or fallen (see Exhibit 8).

Trends in Cannabis Abuse Treatment Admissions

Substance use rising to the level of clinical disorder can be measured by substance abuse treatment admissions. As shown in Exhibit 9, Washington TARGET⁵⁸ data indicate that the number of state-funded admissions for cannabis abuse in Washington has fallen since 2008. The number of cannabis abuse admissions fell in the three years following I-502 enactment, dropping from 7,843 in 2012, to 7,374 in 2013, 6,885 in 2014, and 6,142 in 2015 (the most recent year available).⁵⁹

Cannabis abuse treatment admissions include a subset of individuals referred to treatment due to involvement with the criminal justice system. When we isolate trends for the group of individuals who were not referred by criminal justice, cannabis abuse admissions did not begin to decline until 2011.

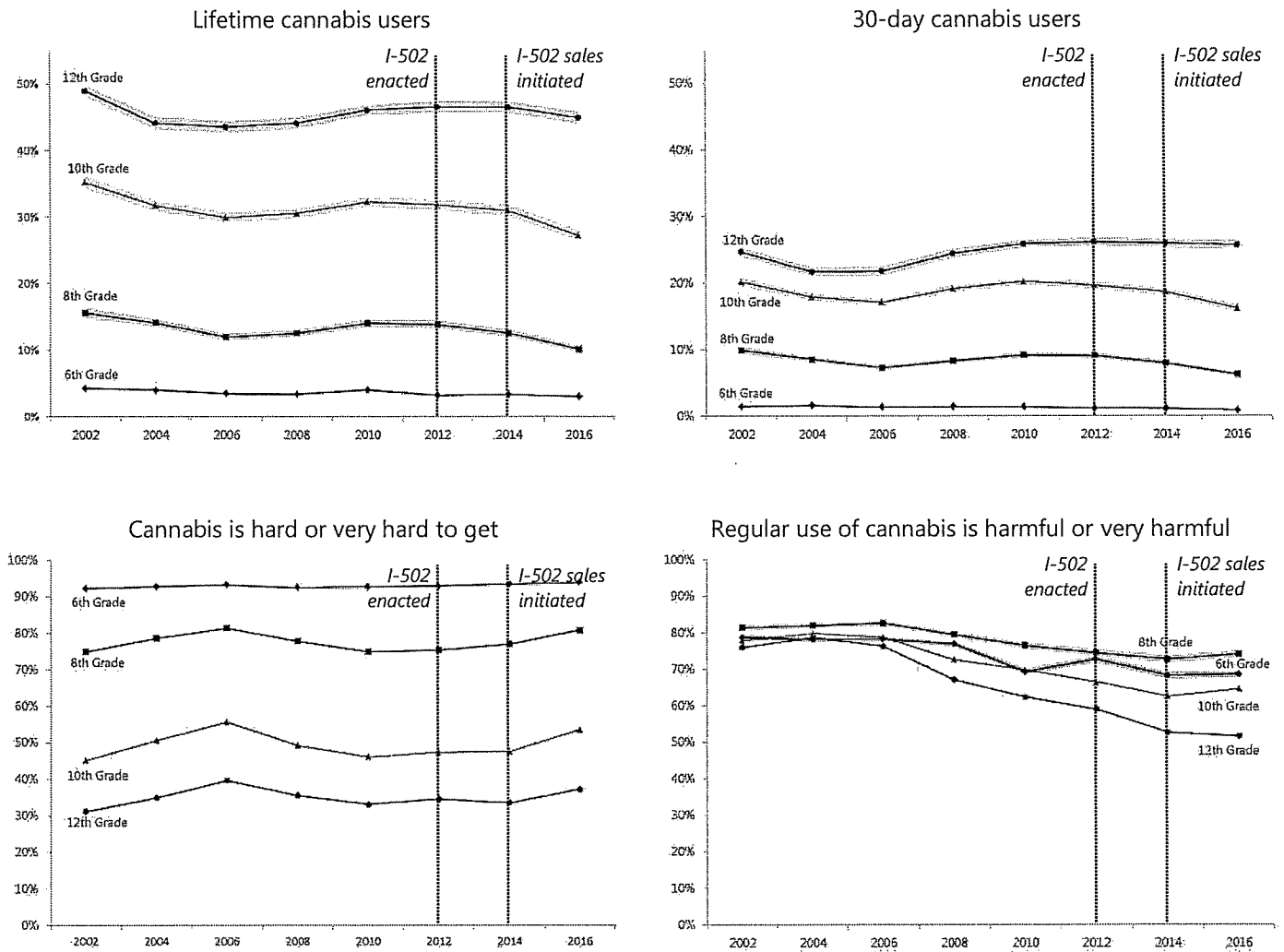
⁵⁷ Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by the Centers for Disease Control and Prevention, Cooperative Agreement U58/DP006066-01 (2015).

⁵⁸ <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/target>.

⁵⁹ Admissions for cannabis abuse defined as admissions for which cannabis was the first drug identified as a problem at intake.

Exhibit 7

Washington Healthy Youth Survey, Selected Cannabis Items by Grade



Source:

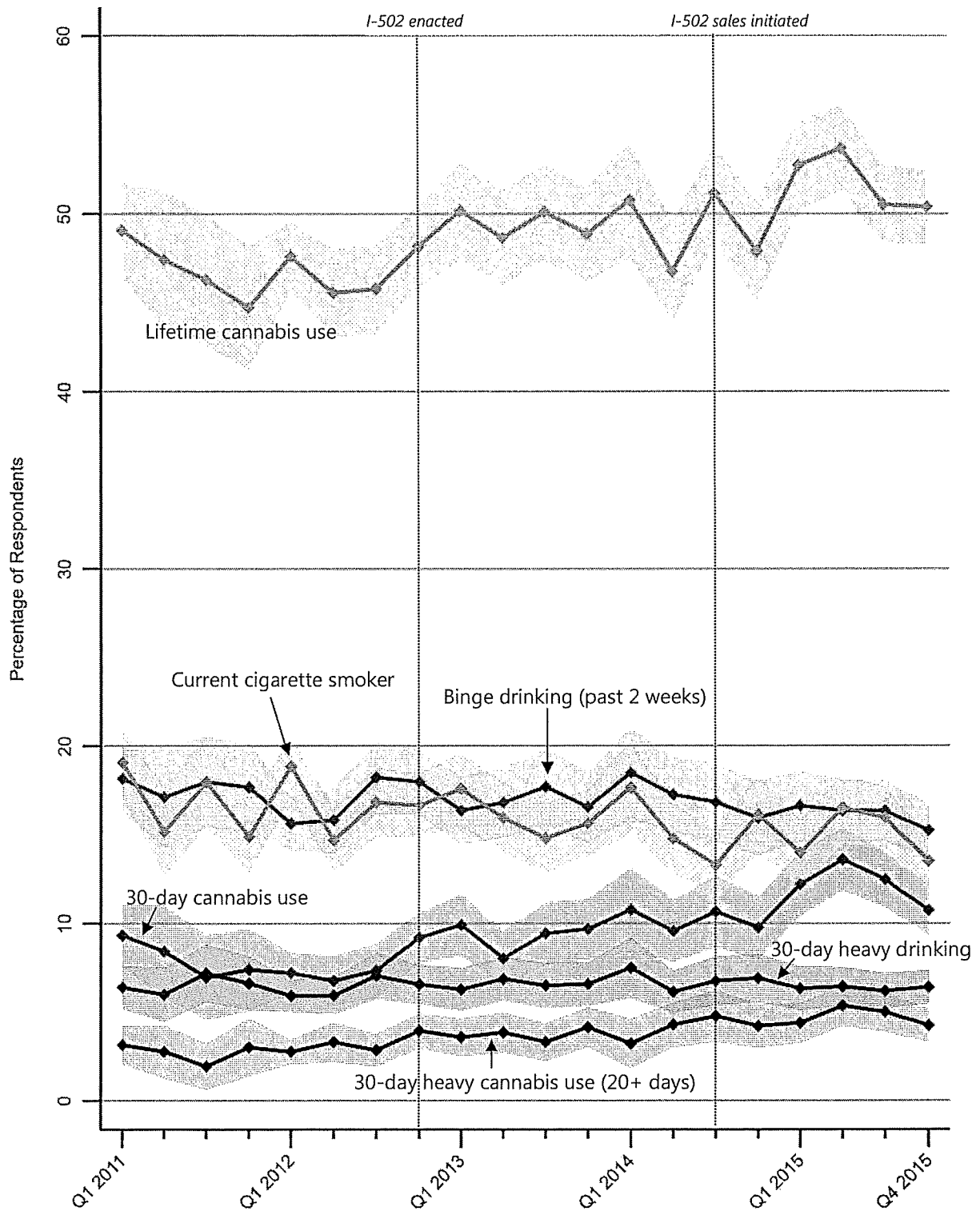
Washington Health Youth Survey, Census Data Set.

Note:

Shaded regions represent 95% confidence intervals.

Exhibit 8

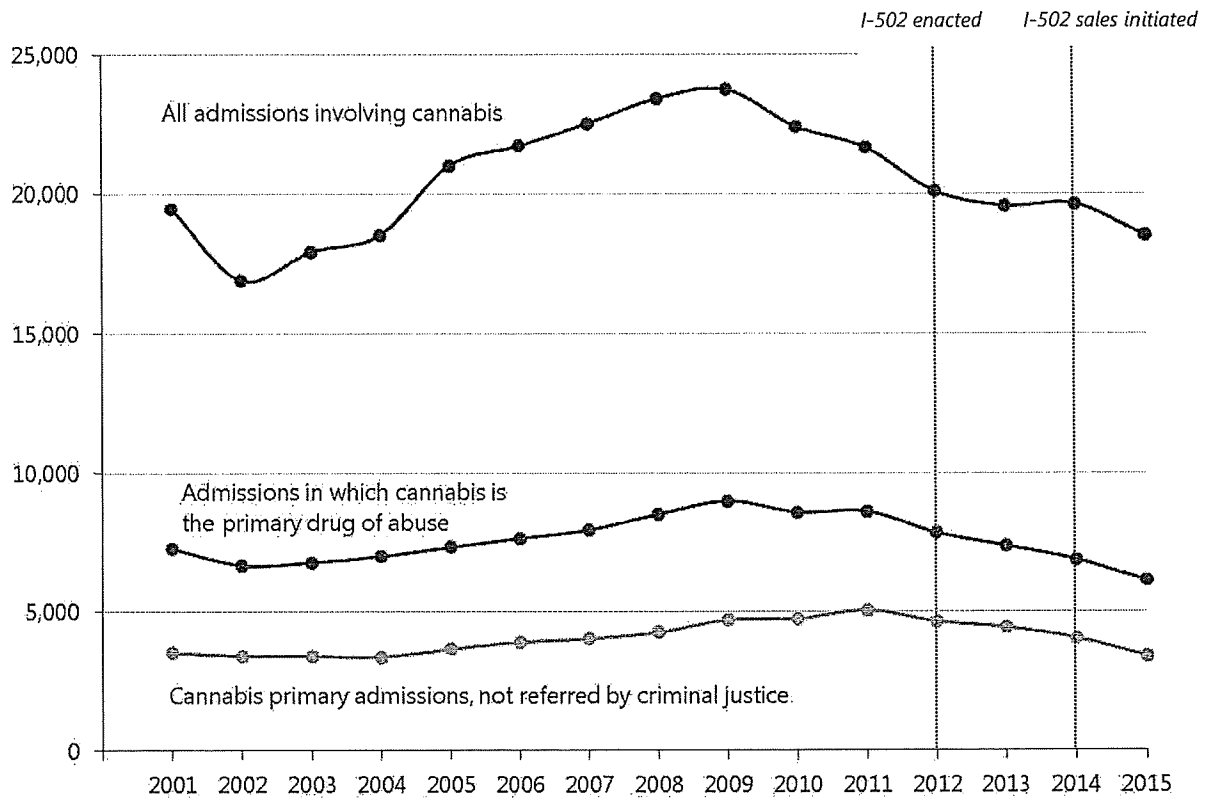
State Trends in Adult Substance Use (BRFSS), Quarterly 2011-2015



Note:
Shaded regions represent 95% confidence intervals.

Exhibit 9

State Trends in Treatment Admissions for Cannabis Abuse (TARGET), Annually 2001-2015



Summary Results of Outcome Analyses

I-502 enactment and Cannabis Abuse Treatment Admissions

Summary

The TEDS-A data set contains data for all 50 states and the District of Columbia. As such, we were able to conduct a between-state analysis in an effort to identify the effect of I-502 as a whole, upon its enactment in 2012.

Using the synthetic control method with the TEDS-A data, we identified a similar set of states that did not legalize non-medical marijuana and had rates of cannabis abuse treatment admissions similar to Washington prior to 2012. We used data from this set of states to serve as a counterfactual for Washington—our best estimate of what would have happened in Washington had I-502 not been enacted.

Findings

Our outcome models found no meaningful differences between treatment admissions for cannabis abuse in Washington and those in comparison states following I-502 enactment. That is, although admissions to substance abuse treatment for cannabis abuse fell as a percentage of all admissions in Washington in recent years, there is no evidence that the enactment of I-502 caused this change.

Detailed analytic methods and results are shown in the I-502 Technical Appendix.

Exhibit 10

Description of Data for Between-State Analysis of Cannabis Abuse Treatment Admissions

Data source	U.S. Treatment Episode Data Set—Admissions (TEDS-A)
Data contents	Census of all state-funded substance abuse treatment episodes, age 12+
Geography	50 states and the District of Columbia
Time period	2005-2014
Outcomes	Percent of admissions with cannabis as primary substance of abuse Percent of admissions involving cannabis
I-502 feature	Enactment in 2012

Per Capita Sales and Cannabis Abuse Treatment Admissions

Summary

In addition to our between-state analysis of the effect of I-502 on cannabis abuse treatment admissions, we used the TARGET data system to further focus our analysis on effects of one specific feature of I-502—the amount of retail cannabis sales in a county. We examined how differences in the amount of legal cannabis sales in each county might affect cannabis abuse treatment admissions for persons residing in the county.

The design of the analysis accounts for a range of alternative possible causes of changes in substance abuse treatment admissions, including the following:

- All differences between counties that do not change over time, such as differences in county unemployment rates that remain consistent across time;
- All changes over time that are shared by all counties, such as a national trend in unemployment rates that affects all counties;

- Some, but not all, county differences that change over time, such as demographic shifts unique to a county; and
- The possibility that differences in treatment admissions actually cause differences in cannabis sales, rather than sales causing changes in treatment admissions.

Findings

Our outcome models that examined the effect of the amount of legal cannabis sales on the number of cannabis abuse treatment admissions in each county produced no evidence that the level of sales had an effect on admissions.

Detailed analytic methods and results are shown in the I-502 Technical Appendix.

Exhibit 11

Description of Data for Within-State Analysis of Cannabis Abuse Treatment Admissions

Data source	TARGET data system (Treatment and Assessment Report Generation Tool)
Data contents	Census of all state-funded substance abuse treatment admissions
Geography	Washington counties
Time period	2002-2016
Outcomes	Count of admissions with cannabis as primary substance of abuse Count of admissions involving cannabis
I-502 feature	Per capita legal cannabis sales

Per Capita Sales and Youth Substance Use

Summary

Our analysis of the HYS does not address effects of cannabis legalization as a whole but instead focuses on the effect of one specific feature of I-502—the amount of retail cannabis sales in an area. We examined how differences in the amount of legal cannabis sales in each school district affect youth substance use behavior and attitudes in the district.

The design of the analysis accounts for a range of alternative possible causes of youth substance use, including the following:

- All differences between school districts that do not change over time, such as differences in high school completion rates that remain consistent across time; and
- All changes over time that are shared by all districts, such as a trend in high school completion rates that is common across districts.

of youth cannabis use in grades 8, 10, and 12. Among the other outcomes examined, which included use of alcohol and tobacco and attitudes about cannabis use, there were two statistically significant findings ($p < 0.05$), both among 8th graders:

- 8th graders in districts with higher per capita legal cannabis sales were significantly less likely to report smoking cigarettes.
- 8th graders in districts with higher per capita legal cannabis sales were significantly less likely to report the belief that one would get caught by the police if they used cannabis.

Analytic methods for the HYS were limited by certain characteristics of the available data, so results of these analyses are considered particularly preliminary. The strength of conclusions regarding causal effects of the law can be improved when more current data on sales and control variables are available.

Findings

We found no evidence of effects of the amount of legal cannabis sales on indicators

Detailed analytic methods and results are shown in the I-502 Technical Appendix.

Exhibit 12

Description of Data for Within-State Analysis of Youth Substance Use

Data source	Washington Healthy Youth Survey (HYS)
Data contents	Substance abuse behavior and attitudes for Washington public school students in grade 8, 10, & 12
Geography	Washington public school districts
Time period	Even-numbered years 2002-2016
Outcomes	Lifetime cannabis use, 30-day cannabis use and heavy use, 30-day alcohol use and binge drinking, cigarette use, and attitudes about cannabis use
I-502 feature	Per capita legal cannabis sales

Per Capita Sales and Adult Substance Use

Summary

Our analysis of the BRFSS does not address effects of cannabis legalization as a whole but instead focuses on the effect of one specific feature of I-502—the amount of retail cannabis sales in an area. We examined how differences in the amount of legal cannabis sales in each county affect adult substance use in the county.

The design of the analysis accounts for a range of alternative possible causes of adult substance use, including the following:

- All differences between counties that do not change over time, such as differences in county unemployment rates that remain consistent across time;
- All changes over time that are shared by all counties, such as a national trend in unemployment rates that affects all counties;
- Some, but not all, county differences that change over time, such as demographic shifts unique to a county; and
- The possibility that differences in adult substance use actually cause differences in cannabis sales, rather than sales causing changes in substance use.

Findings

We found no evidence that greater levels of legal cannabis sales caused increases in overall adult cannabis use. Several analyses of the effect of sales among subgroups of the BRFSS sample did produce statistically significant findings ($p < 0.05$).

Among respondents 21 and older, those living in counties with higher levels of legal cannabis sales were significantly more likely to report any cannabis use in the past 30 days and heavy cannabis use (defined as use on 20 or more of the past 30 days).

Among respondents under age 21, those living in counties with higher sales were significantly less likely to report use of cannabis in the past 30 days, but the likelihood of heavy use was unaffected. The subgroup analyses by age were somewhat sensitive to model specification.

We also found that among cigarette smokers, respondents living in counties with higher levels of legal cannabis sales were significantly less likely to report using cannabis in the past 30 days.

Detailed analytic methods and results are shown in the I-502 Technical Appendix.

Exhibit 13

Description of Data for Within-State Analysis of Adult Substance Use

Data source	Washington Behavioral Risk Factors Surveillance System (BRFSS)
Data contents	Substance use for a representative sample of Washington adults (age 18+) in telephone households
Geography	Washington counties
Time period	2011-2015
Outcomes	Lifetime cannabis use, 30-day cannabis use and heavy use, 30-day heavy drinking and binge drinking, and cigarette use
I-502 feature	Per capita legal cannabis sales

Per Capita Sales and Drug-related Criminal Convictions

Trends

We used data from Washington's Administrative Office of the Courts to identify trends in drug-related criminal convictions over time. Among offenders 21 and older, misdemeanor cannabis possession convictions began a sharp decline in 2012, dropping from 297 convictions in January 2012, to 0 by January 2013, the first month following enactment of I-502 (Exhibit 14).

Among offenders under 21, for whom prohibitions did not change under I-502, misdemeanor cannabis possession convictions began to decline in 2012, dropping from 1,015 convictions in the first three months of 2012, to 722 in the first quarter of 2013, the first quarter following enactment of I-502 (Exhibit 15).

Exhibit 14
Adult Convicted Charge Counts

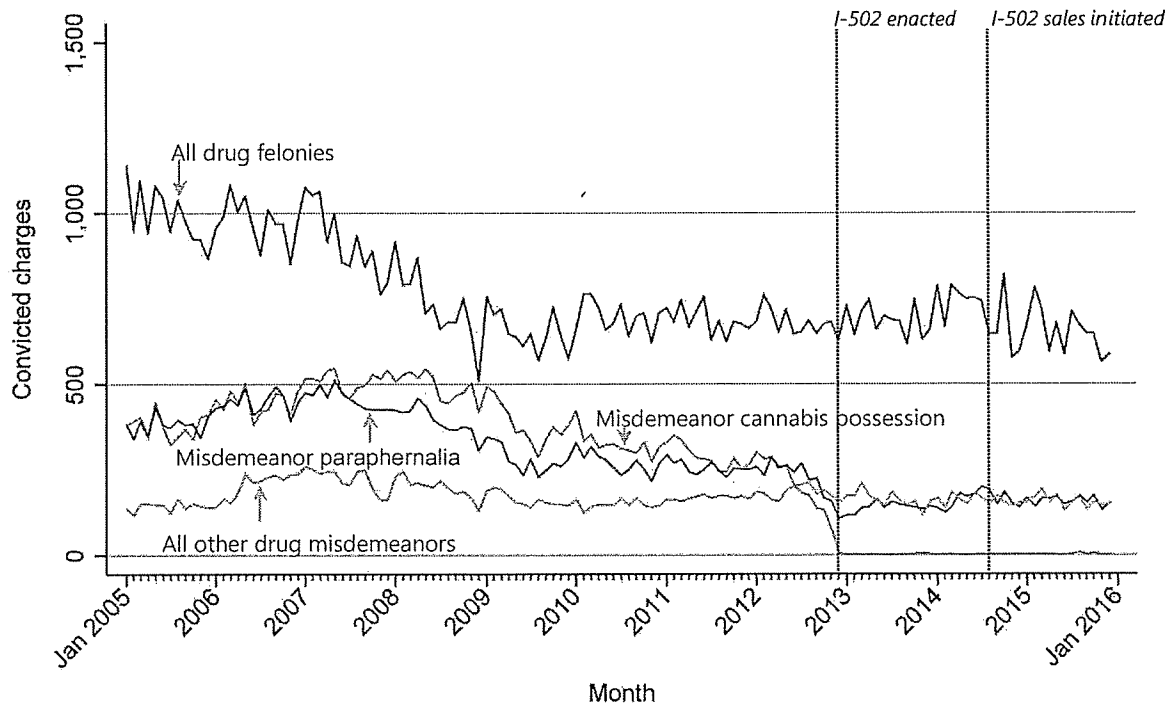
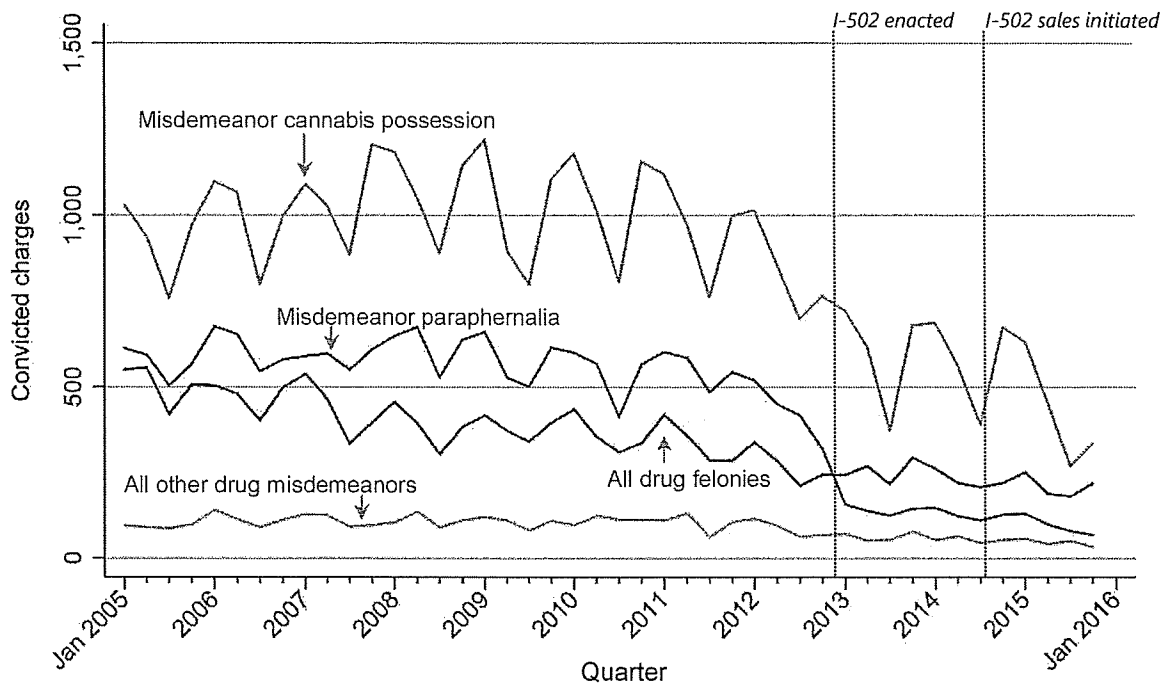


Exhibit 15
Under 21 Convicted Charge Counts



Outcome Analysis of Drug-Related Convictions

Summary

Our analysis of drug convictions does not address effects of cannabis legalization as a whole but instead focuses on the effect of one specific feature of I-502—the amount of retail cannabis sales in an area. We examined how differences in the amount of legal cannabis sales in each county affect the number of drug-related convictions in the county.

The design of the analysis accounts for a range of alternative possible causes of drug-related convictions, including the following:

- All differences between counties that do not change over time, such as differences in county unemployment rates that remain consistent across time;
- All changes over time that are shared by all counties, such as a national trend in unemployment rates that affects all counties;

- Some, but not all, county differences that change over time, such as demographic shifts unique to a county; and
- The possibility that differences in criminal convictions actually cause differences in cannabis sales, rather than sales causing changes in crime.

Findings

Outcome models examining effects of legal cannabis sales on drug-related convictions in each county produced no evidence of effects of retail cannabis sales on any of the drug-related charge categories.

Detailed analytic methods and results are shown in the I-502 Technical Appendix.

Exhibit 16

Description of Data for Within-State Analysis of Drug-Related Criminal Convictions

Data source	Administrative Office of the Courts
Data contents	Census of all convicted drug-related misdemeanor and felony charges
Geography	Washington counties
Time period	2005-2016
Outcomes	Convictions for drug-related misdemeanors (marijuana possession, paraphernalia, DUI, negligent driving, and all other drug-related misdemeanors) and felonies (DUI and all other drug-related felonies)
I-502 feature	Per capita legal cannabis sales

VI. Conclusions

Summary of findings

Our outcome analyses were designed to identify causal effects of I-502. However, I-502 is a multi-faceted law that may affect outcomes through a variety of mechanisms including changes to criminal prohibitions; the creation of a regulated cannabis supply system; and investments in substance abuse prevention, treatment, and research.

The findings we present in this report are only one portion of a larger body of work designed to address multiple aspects of the law.

In these initial investigations, we found no evidence that I-502 enactment, on the whole, affected cannabis abuse treatment admissions. Further, within Washington State, we found no evidence that the amount of legal cannabis sales affected cannabis abuse treatment admissions.

The bulk of outcome analyses in this report used the within-state approach to focus on identifying effects of the amount of legal cannabis sales. We found no evidence that the amount of legal cannabis sales affected youth substance use or attitudes about cannabis or drug-related criminal convictions.

We did find evidence that higher levels of retail cannabis sales affected adult cannabis use in certain subgroups of the population. BRFSS respondents 21 and older who lived in counties with higher levels of retail cannabis sales were more likely to report using cannabis in the past 30 days and heavy use of cannabis in the past 30 days.

We also found two effects that are difficult to interpret. Among the portion of the population aged 18 to 21, BRFSS respondents living in counties with higher sales were less likely to report using cannabis in the past 30 days, in some analyses. It may be that legal cannabis sales have made cannabis more difficult to access by persons below the legal age, for instance, by reducing black market supply through competition.

We also found that in the portion of the BRFSS sample who smoked cigarettes, respondents living in counties with higher levels of legal cannabis sales were less likely to report past-month cannabis use. It is particularly difficult to explain why increased sales would lead to lower cannabis use among cigarette smokers.

We look forward to updating these results with additional data to see if these effects persist.

Limitations

The main limitation of our outcome analyses is that there may be other differences between intervention units that change over time at the same time as the intervention and that also influence outcomes. For example, in between-state analyses other events that occur in Washington and not in comparison states coinciding with I-502 enactment, such as the enactment of private liquor sales roughly six months prior, could influence outcomes at the same time that I-502 does, distorting our understanding of the effect of I-502.

Similarly, in within-state analyses, a factor such as substance abuse prevention activities that are funded by revenues from legal cannabis sales could coincide with legal cannabis sales. If these prevention activities tend to occur in the same times and places as legal cannabis sales, and they also influence outcomes, they could distort our understanding of the effect of legal cannabis sales.

Within-state analyses examining effects of the amount of legal cannabis sales do not address the question of whether cannabis use, or any other outcome, has changed as a result of I-502 enactment. Trend data concerning adult substance use indicates that cannabis use among adults has increased in recent years. We have not yet addressed the question of whether these trends are caused by I-502. We look forward to updating our results with findings from additional between-state analyses as we gain access to additional multi-state data sources.

It should also be noted that we conducted a large number of analyses (described more fully in the I-502 Technical Appendix). By the logic of statistical significance testing, with each analysis we accept a 5% chance of identifying an estimate as significant when there really is no effect. Because of the large number of analyses we conducted, we could expect to find the number of significant estimates we did strictly by chance variation alone.

Whether or not our evidence of null effects of I-502 enactment and legal cannabis sales is convincing is a slightly different question. There are several possible reasons for findings of null effects. One possible reason is that there truly are no effects.

Null effects can also be found when there is an effect but our sample size is too small to identify it or there is not enough variation in sales within our state to detect an effect. For example, if legal cannabis sales began at the same time in all counties and grew at the same rate, we would be unable to identify an effect of the amount of legal sales using the within-state analysis strategy. In Washington, there was variation in patterns of sales between counties over time; it is unknown if this variation is sufficient to detect potential effects of sales.

Overall, these analyses should be considered preliminary. The most current outcome data available reflect the first two years of legal cannabis sales, and the supply system is still growing. In upcoming reports we will update these analyses as more current data become available and report findings from new analyses to address other of our study requirements.

Our study is ultimately required to produce a benefit-cost analysis of I-502. Identification of causal effects of the law on outcomes is a necessary step towards that goal. In future reports we will report additional findings from outcome analyses as well as findings from other aspects of our overall benefit-cost evaluation.

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We truly could not have completed this work without the countless inputs and contributions from all of these people.

Appendices

I-502 Evaluation and Benefit-Cost Analysis: Second Required Report

Exhibit A1 Semi-Annual Retail Cannabis Sales Totals, by County

County	2014		2015		2016		2017	
	1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half
Adams	\$0	\$0	\$0	\$0	\$0	\$378,975	\$713,356	\$4,121,539
Asotin	\$0	\$0	\$78,390	\$401,931	\$1,988,574	\$3,775,827	\$8,279,841	\$3,765,110
Benton	\$0	\$1,144,012	\$1,696,360	\$2,034,014	\$2,936,180	\$6,595,001	\$5,475,861	\$28,902,019
Chelan	\$0	\$147,714	\$1,244,365	\$2,293,107	\$2,508,655	\$3,684,383	\$5,195,848	\$0
Clallam	\$0	\$90,704	\$1,309,700	\$2,075,734	\$3,141,466	\$5,195,848	\$27,949,164	\$0
Clark	\$0	\$6,175,592	\$18,556,670	\$23,878,865	\$22,240,827	\$27,949,164	\$28,902,019	\$0
Columbia	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cowlitz	\$0	\$1,108,480	\$3,475,182	\$4,546,725	\$5,449,413	\$7,186,783	\$7,665,828	\$1,290,971
Douglas	\$0	\$697,342	\$816,454	\$755,303	\$941,832	\$1,231,718	\$396,395	\$350,544
Ferry	\$0	\$0	\$0	\$130,537	\$287,263	\$396,395	\$0	\$0
Franklin	\$0	\$0	\$0	\$123,213	\$0	\$0	\$0	\$0
Garfield	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grant	\$0	\$240,323	\$1,085,377	\$1,390,630	\$2,324,847	\$3,635,736	\$4,179,944	\$5,853,110
Grays Harbor	\$0	\$95,965	\$884,464	\$2,436,274	\$3,887,351	\$5,511,267	\$4,390,246	\$2,586,412
Island	\$0	\$115,190	\$1,069,845	\$2,503,568	\$3,226,453	\$4,273,093	\$2,455,975	\$125,884,20
Jefferson	\$0	\$397,967	\$1,132,938	\$1,494,072	\$1,671,963	\$2,455,975	\$2,455,975	0
King	\$0	\$8,893,834	\$39,272,602	\$64,710,476	\$86,700,143	\$122,885,382	\$125,884,20	\$15,375,423
Kitsap	\$0	\$955,998	\$3,980,099	\$7,854,783	\$9,822,177	\$13,869,388	\$3,012,473	\$3,212,532
Kittitas	\$0	\$319,081	\$1,055,339	\$1,656,437	\$2,260,308	\$3,012,473		

County	2014		2015		2016		2017	
	1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half
Klickitat	\$0	\$467,266	\$883,970	\$1,061,061	\$1,140,547	\$1,611,472	\$1,367,743	\$1,367,743
Lewis	\$0	\$0	\$208,480	\$785,043	\$1,261,229	\$2,287,319	\$2,538,551	\$2,538,551
Lincoln	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mason	\$0	\$0	\$365,731	\$1,753,630	\$2,091,755	\$3,139,902	\$3,129,568	\$3,129,568
Okanogan	\$0	\$219,391	\$398,342	\$848,429	\$953,596	\$1,272,983	\$1,359,395	\$1,359,395
Pacific	\$0	\$33,090	\$314,974	\$440,163	\$402,909	\$915,732	\$1,657,566	\$1,657,566
Pend Oreille	\$0	\$0	\$0	\$0	\$0	\$29,876	\$127,503	\$127,503
Pierce	\$0	\$3,935,665	\$12,488,780	\$20,471,415	\$28,766,492	\$47,747,924	\$51,329,640	\$51,329,640
San Juan	\$0	\$40,677	\$210,430	\$321,379	\$336,354	\$449,383	\$447,780	\$447,780
Skagit	\$0	\$868,171	\$3,535,551	\$4,752,515	\$6,143,135	\$8,488,439	\$9,046,885	\$9,046,885
Skamania	\$0	\$0	\$351,594	\$533,908	\$455,757	\$546,663	\$444,624	\$444,624
Snohomish	\$0	\$4,909,716	\$12,542,107	\$21,003,774	\$28,859,784	\$43,238,955	\$45,957,454	\$45,957,454
Spokane	\$0	\$4,653,768	\$17,446,709	\$25,734,152	\$31,927,547	\$43,992,835	\$46,565,263	\$46,565,263
Stevens	\$0	\$133,870	\$862,388	\$1,004,739	\$974,569	\$1,295,697	\$1,341,659	\$1,341,659
Thurston	\$0	\$1,064,428	\$4,823,474	\$7,969,899	\$11,422,594	\$19,087,934	\$21,023,049	\$21,023,049
Wahkiakum	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Walla Walla	\$0	\$0	\$0	\$667,299	\$2,465,360	\$3,140,589	\$3,130,690	\$3,130,690
Whatcom	\$0	\$2,849,676	\$5,155,812	\$7,317,131	\$10,010,255	\$13,822,842	\$14,603,922	\$14,603,922
Whitman	\$0	\$380,502	\$1,637,167	\$2,526,428	\$2,758,200	\$3,805,843	\$4,132,042	\$4,132,042
Yakima	\$0	\$713,015	\$2,095,888	\$3,119,103	\$3,994,846	\$5,967,333	\$7,626,912	\$7,626,912

Source:
Washington State Liquor & Cannabis Board.

Exhibit A2

Semi-Annual Per Capita Retail Cannabis Sales, by County

		2014		2015		2016		2017	
		Average population 2014-2016		1 st half		2 nd half		1 st half	
County		1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half
Adams	19,446	\$0	\$0	\$0	\$0	\$0	\$19	\$37	\$187
Asotin	22,051	\$0	\$0	\$4	\$18	\$90	\$171	\$187	\$187
Benton	188,857	\$0	\$6	\$9	\$11	\$16	\$35	\$44	\$44
Chelan	75,206	\$0	\$2	\$17	\$30	\$33	\$49	\$50	\$50
Clallam	72,910	\$0	\$1	\$18	\$28	\$43	\$71	\$75	\$75
Clark	453,341	\$0	\$14	\$41	\$53	\$49	\$62	\$64	\$64
Columbia	4,072	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cowlitz	104,370	\$0	\$11	\$33	\$44	\$52	\$69	\$73	\$73
Douglas	40,207	\$0	\$17	\$20	\$19	\$23	\$31	\$32	\$32
Ferry	7,695	\$0	\$0	\$0	\$17	\$37	\$52	\$46	\$46
Franklin	87,614	\$0	\$0	\$0	\$1	\$0	\$0	\$0	\$0
Garfield	2,232	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grant	93,961	\$0	\$3	\$12	\$15	\$25	\$39	\$44	\$44
Grays Harbor	73,041	\$0	\$1	\$12	\$33	\$53	\$75	\$80	\$80
Island	81,359	\$0	\$1	\$13	\$31	\$40	\$53	\$54	\$54
Jefferson	30,921	\$0	\$13	\$37	\$48	\$54	\$79	\$84	\$84
King	2,065,018	\$0	\$4	\$19	\$31	\$42	\$60	\$61	\$61
Kitsap	259,380	\$0	\$4	\$15	\$30	\$38	\$53	\$59	\$59
Kittitas	42,944	\$0	\$7	\$25	\$39	\$53	\$70	\$75	\$75
Klickitat	21,071	\$0	\$22	\$42	\$50	\$54	\$76	\$65	\$65
Lewis	76,668	\$0	\$0	\$3	\$10	\$16	\$30	\$33	\$33
Lincoln	10,685	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mason	62,201	\$0	\$0	\$6	\$28	\$34	\$50	\$50	\$50
Okanogan	41,774	\$0	\$5	\$10	\$20	\$23	\$30	\$33	\$33

County	Average population 2014-2016	2014		2015		2016		2017	
		1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half
Pacific	21,174	\$0	\$2	\$15	\$21	\$19	\$43	\$78	\$78
Pend Oreille	13,253	\$0	\$0	\$0	\$0	\$0	\$2	\$10	\$10
Pierce	833,691	\$0	\$5	\$15	\$25	\$35	\$57	\$62	\$62
San Juan	16,216	\$0	\$3	\$13	\$20	\$21	\$28	\$28	\$28
Skagit	121,006	\$0	\$7	\$29	\$39	\$51	\$70	\$75	\$75
Skamania	11,444	\$0	\$0	\$31	\$47	\$40	\$48	\$39	\$39
Snohomish	759,759	\$0	\$6	\$17	\$28	\$38	\$57	\$60	\$60
Spokane	489,083	\$0	\$10	\$36	\$53	\$65	\$90	\$95	\$95
Stevens	44,028	\$0	\$3	\$20	\$23	\$22	\$29	\$30	\$30
Thurston	268,684	\$0	\$4	\$18	\$30	\$43	\$71	\$78	\$78
Wahkiakum	3,995	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Walla Walla	60,568	\$0	\$0	\$0	\$11	\$41	\$52	\$52	\$52
Whatcom	210,360	\$0	\$14	\$25	\$35	\$48	\$66	\$69	\$69
Whitman	47,348	\$0	\$8	\$35	\$53	\$58	\$80	\$87	\$87
Yakima	250,066	\$0	\$3	\$8	\$12	\$16	\$24	\$30	\$30

Source:

Washington State Liquor & Cannabis Board. Average population source from Washington State Office of Financial Management, Forecasting Division (2016). Small Area Demographic Estimates: County 2000-2016.

Exhibit A3
Annual Per Capita Retail Cannabis Sales, by School District



Source:

Sales data source from Washington State Liquor & Cannabis Board; sales data shown for Health Youth Survey years (even-numbered years); Population data source from U.S. Census Bureau, Small Area Income and Poverty Estimates. (2017). School District Data 1995, 1997, 1999-2015. Retrieved from: <https://www.census.gov/did/www/saipe/data/schools/>; these data were only current through 2015 so we used the average of 2014 and 2015 population to compute per capita sales rates.

Exhibit A4

Inventory of the Status of our Work on all Study Components

Study component	Data source	Status
I-502 implementation		
I-502 business locations and sales	LCB	Analysis ongoing
LCB enforcement activity	LCB	Analysis ongoing
Prevention, treatment, and research	Descriptive information on DSHS, DOH, and university expenditure of cannabis funding	To be included in future reports
Washington State Patrol (WSP) laboratory testing of controlled substances and DUI enforcement	WSP	To be obtained
State agency implementation costs	Individual state agencies	Assessment of state agency costs of I-502 implementation is underway
Local implementation costs	Survey data collection of city and county government costs of regulating cannabis businesses completed	Initial survey completed; to be included in future reports; plans for assessment of other local implementation costs to be determined
Local policy data	Seattle and King County Public Health Department	Analysis ongoing
State and local cannabis revenues	OFM & DOR	Analysis ongoing
Substance use and abuse		
Adult substance use	Behavioral Risk Factor Surveillance System (BRFSS)	Analyzed in this report, current through 2015; 2016 data received Aug. 2017
Youth substance use	Healthy Youth Survey (HYS)	Analyzed in this report, current through 2016; 2018 data anticipated Spring 2019

Substance use in a college-age sample	Young Adult Survey	We will explore the prospect of analyzing
Youth and adult substance use	National Survey of Drug Use and Health (NSDUH)	License for access to restricted-use data approved by US Substance Abuse and Mental Health Services Administration; awaiting notification of when we can access the data;
Physical and mental health associated with drug use		
Prenatal cannabis use	Pregnancy Risk Assessment Monitoring System (PRAMS)	To be obtained
Health service utilization involving cannabis use	Drug Abuse Warning Network (DAWN)	To be obtained
	Emergency Department Information Exchange (EDIE)	To be obtained
	Provider One (P1)	To be obtained
	Seattle-King County Syndromic Surveillance System (SSS)	To be obtained
Substance abuse treatment admissions involving cannabis	Comprehensive Hospital Abstract Reporting System (CHARS)	To be obtained
	Treatment and Assessment Report Generation Tool (TARGET)	Analyzed in this report current through 2016; the TARGET data system has been decommissioned and will be replaced by a new system that is not yet available;
	Treatment Episode Data Set (TEDS-A)	Analyzed in this report current through 2014; 2015 data anticipated by fall 2017
Public safety		
Fatal accidents involving cannabis	Washington FARS with linked toxicology data from Washington Traffic Safety Commission	Data received current through 2015. Analysis ongoing
Non-fatal accidents	All crash data from Washington Department of Transportation	To be obtained

Criminal justice		
Filed and convicted charges	Criminal History Database (CHD)	Analyzed in this report current through 2015; data are updated quarterly
Arrests	National Incident Based Reporting System (NIBRS) & WSP Washington State Identification System (WASIS)	Data received; Analysis ongoing
Sentencing, incarceration, and supervision	Washington sentencing and jail and prison data	Data received; Analysis ongoing
Education		
Attendance, discipline, grade retention, graduation	Comprehensive Education Data and Research System (CEDARS)	To be obtained
Workplace safety & productivity		
Workplace safety	Census of Fatal Occupational Injuries (CFOI) Survey of Occupational Injuries and Illnesses (SOII)	To be obtained To be obtained
Economic impact		
Employment and wages in the legal cannabis industry	Unemployment Insurance data from Employment Security Department	Analyzed in separate WSIPP report current through 2016*
Indirect and induced economic impact	Possible economic impact modeling using REMI or IMPLAN	Plan to be determined

Note:

* Hoagland, C, Barnes, B., & Darnell, A. (2017). *Employment and wage earnings in licensed marijuana businesses* (Doc. No. 17-06-4101). Olympia: Washington State Institute for Public Policy.

Erica Schorn

From: Nancy H <nancyswandahansen@gmail.com>
Sent: Saturday, April 14, 2018 9:41 AM
To: Erica Schorn; Elizabeth Callaghan; Timothy Pearce; Clerk, City; Ryan C. Larsen; Peggy Wendel
Subject: Please add to public record & forward to city staff/council/committees

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To: Erica Schorn; Elizabeth Callaghan; Timothy Pearce; Clerk, City; Ryan C. Larsen; Peggy Wendel
Subject: Re: Please add to public record & forward to city staff/council/committees

Here is a better/ more accurate quote of Cliff Grant's statement which I used in my last letter....
(Erica please forward)

Cliff Grant spoke with directors of two of the local senior health care facilities in Stanwood. They both basically said that marijuana (medical or recreational) for patients/residents is not an issue or concern. One said that their residents are mostly of a generation that just isn't interested in it. The other said that medical marijuana is between the person and their doctor and the topic doesn't even come up

doctor and the topic doesn't even come up at the facility. Both facilities are non-smoking so the medical marijuana would have to be oils, edibles, and other non-smoking kind. I asked if the facilities provide a shuttle to the Bud Hut so residents could get medical marijuana - and both indicated that they don't because there's no need or request to do that.



Sent from my iPhone

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From: Peggy Kitting <peggyipooh321@yahoo.com>
Sent: Monday, April 16, 2018 1:09 PM
To: Dianne X. White
Cc: Ryan C. Larsen; Erica Schorn
Subject: NO POT SHOP IN CITY LIMITS

CC: City Administrator, Ryan Larsen
Deputy Clerk, Erica Schorn

Please make this letter a 'Party of the Record.'

Honorable Council Member, Dianne White:

After I spoke on the evening of April 12th City Council meeting, some council members said that drugs (namely marijuana) are not gateway drugs, because it has not been proven.

But I would like to say that even though it has not been proven does not mean it is not true.

Council Member Dianne White, just because you say marijuana is not a gateway drug can have 2 sides. Just as you say 'it is not,' I have the right to say 'that is not true.'

It may be true to you, but it is not true to me. I am somewhat offended at your statement, because you cannot take that away from my experience. That's unfair and uncaring.

- Merriam-Webster full definition: GATEWAY DRUG- a drug (as alcohol or marijuana) whose use is thought to lead to the use of and dependence on a harder drug (as cocaine or heroin).

My experience (and for many) proves 'to me' that from the time I smoked cigarettes at such an early age and nicotine entered into my veins and bloodstream, I kept moving towards other drugs. Marijuana was one of them.

Eventually I started taking the hard drugs and this continued for 17 years. (I am 65), I was in my middle 30's before the light came on. I have been completely free since then.

In the late 60's when I was a teen, (while you was drinking beer in college),

I did not have the privilege of having parents to take care of me.

Today families are even more separated. Many kids are left alone at home with lots of spare time on their hands. The risk for taking drugs along with peer pressure is more heightened at this time.

From my experience, hanging around people who was just like me, I went down a road I should not have traveled. Although it has made me a stronger person today, and as I look back, I have a lot of scars, but those are to remind me about our youth today and the temptations they bear, because of neglect.

I do not agree with a recreational marijuana shop, because in the eyes of our children it makes it look normal. In their minds it becomes safe. My heart for children left home alone without parental guidance leaves them to their own demise and most of them will choose to make the same mistake I did.

I am offended by the insensitivity of some of the council members, including yourself, that want this marijuana shop so badly that they forget the people that will become addicted because of it.

Some people talk about how regulated these shops are and forget that it takes one person to enter the marijuana shop, purchase marijuana and illegally sell it on the streets. It happens ---there is no denying it. Marijuana has THC and that ingredient is dangerous especially to growing minds that are maturing. Whether you believe marijuana is not a gateway drug, the fact still remains evident, they are all dangerous and are being abused!

Just because many states including Washington have legalized Retail Marijuana Shops (I am not talking about medicinal) does NOT make it right. Only time will tell what the results of this decisions will forfeit.

Sincerely,
Peggy Kitting
7229 286th PL NW
Stanwood, WA 98292
408 220-4673

•

Erica Schorn

From: Bruce Kitting <bkitting1@yahoo.com>
Sent: Monday, April 16, 2018 2:03 PM
To: Ryan C. Larsen; Erica Schorn; Devin M Sola
Cc: Leonard Kelley
Subject: My family opposes Retail Marijuana in our special city!

Follow Up Flag: Follow up
Flag Status: Flagged

Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a **party of record** stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

Before the Planning Commission Meeting on March 26th, I submitted 2 letters to the city office by email.

Where are those letters? I requested they be a 'Party of the Record.'

Please search for those emails and let me know why they were not included in the packet

at the Planning Commission Agenda for March 26th, 2018. I cannot find them on the city website in

the records and files concerning the Mayor & City Council going over our heads and moving along with their own agenda to locate a Retail Marijuana Shop in the heart of our little town!

This is not appropriate procedures. When citizens of Stanwood email their city officials about their concerns, they should not be dismissed or misplaced.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Sincerely,
Bruce R. Kitting
7229 286th PL NW
Stanwood, WA 98292

Allow the People to Vote on this very important matter!

Ryan C. Larsen

From: Erica Schorn
Sent: Monday, April 16, 2018 4:22 PM
To: Bruce Kitting; Ryan C. Larsen; Devin M Sola
Cc: Leonard Kelley
Subject: RE: My family opposes Retail Marijuana in our special city!

Hi Bruce,

Your comments were included in the April 12th City Council Packet. The comments we received from you appear on page 98 and 139 of the link to this item is below. Please let me know if there were additional emails. Thanks.

http://www.ci.stanwood.wa.us/sites/default/files/fileattachments/mayor/council/page/15960/11e_ordinance_1456.pdf

Erica Schorn
Deputy Clerk
City of Stanwood
10220 270th Street NW
Stanwood, WA 98292
360.629.2181 xt. 4513
ci.stanwood.wa.us

From: Bruce Kitting [mailto:bkitting1@yahoo.com]
Sent: Monday, April 16, 2018 2:03 PM
To: Ryan C. Larsen <ryan.larsen@ci.stanwood.wa.us>; Erica Schorn <erica.schorn@ci.stanwood.wa.us>; Devin M Sola <Devin.Sola@ci.stanwood.wa.us>
Cc: Leonard Kelley <Leonard.Kelley@ci.stanwood.wa.us>
Subject: My family opposes Retail Marijuana in our special city!

Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a **party of record** stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

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at the Planning Commission Agenda for March 26th, 2018. I cannot find them on the city website in

the records and files concerning the Mayor & City Council going over our heads and moving along with their own agenda to locate a Retail Marijuana Shop in the heart of our little town!

This is not appropriate procedures. When citizens of Stanwood email their city officials about their concerns, they should not be dismissed or misplaced.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Sincerely,
Bruce R. Kitting
7229 286th PL NW
Stanwood, WA 98292

Allow the People to Vote on this very important matter!

Erica Schorn

From: Kathy Grant <kgrantwa@gmail.com>
Sent: Monday, April 16, 2018 2:27 PM
To: Erica Schorn; Devin M Sola
Cc: Kathy Grant
Subject: Opposition to a marijuana retail store in Stanwood

Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

I am opposed to the presence of a marijuana retail store in our small town. This store's presence will normalize a highly addictive drug and is known to damage the brains of young people.

I realize that some people find it very helpful to address medical conditions. However this group is in the minority. I am aware that the state legislature is considering marijuana delivery in 2019, which would address those medical needs.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Thank you for your time.

Sincerely,

Kathleen Grant
8201 283rd St., NW
Stanwood, WA 98292



Virus-free. www.avast.com

Erica Schorn

From: Peggy Kitting <peggypoo321@yahoo.com>
Sent: Monday, April 16, 2018 2:30 PM
To: Conrad Ryer
Cc: Devin M Sola; Erica Schorn
Subject: No Retail Marijuana Shop in Stanwood

Subject: Ordinance 1456
No marijuana on Main Street.

Dear Honorable Conrad Ryer,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

I would like to take this time to let you know that my family is praying for you.

We heard you had cancer and understandably are not feeling well.

We missed you at the last city council meeting, April 12th. We had a robust crowd

there mainly folks against a retail marijuana shop in the heart of our little town.

The first Reading of Ordinance 1456 was not completed and the council members after hearing arguments from an outpouring of folks 'against' their proposal wisely decided to talk further about the location of this shop. This gives us more time to truly examine that this is not a fair plan for Stanwood.

A marijuana shop on main street does not fit into the small town atmosphere that Stanwood is known for and against the cities Comprehensive Plan.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Sincerely,
Peggy Kitting
7229 286th PL NW
Stanwood, WA 98292

Erica Schorn

From: Sandy Solis <ricsan@wavecable.com>
Sent: Monday, April 16, 2018 3:47 PM
To: Erica Schorn; Devin M Sola
Cc: "leonard.kelley@c.stanwood.wa.us; elizabeth.callaghan@ci.stanwood.wa.us; rob.johnson@ci.stanwood.wa.us; timothy.pearce@ci.stanwood.wa.us; conrad.ryer@ci.stanwood.wa.us; larry.sather@ci.stanwood.wa.us; dianne.white"@ci.stanwood.wa.us
Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456). I am a resident of Camano Island so am not a registered voter in Stanwood however I am almost daily doing business of some sort in Stanwood, as are other members of my family, so I believe I have a vested interest in what happens in the city.

I am in strong opposition to the sale of Marijuana anywhere within the city limits of Stanwood. I realize that has now become lawful to distribute and use this substance however I believe it is not for the good of the people, especially for our youth, to have it readily available and easy to obtain. I point you specifically to an article in Newsweek Magazine titled "The Unexpected Side Effects of Legalizing Weed", published in June of 2015. In this article, they share how the city of De Beque, Colorado, chose to allow pot shops to open in their community. Some of the results of this decision, as referenced in article: Law-enforcement issues such as marijuana-intoxicated driving, increased use among teens that resulted in educational problems in middle and high school, a spike in "edibles"-related emergency room visits, consumption by children and pets resulting in illness and death. These are among other issues all related to the widespread use of Marijuana.

While I understand there are arguments on both sides of this issue, I believe there is enough evidence about the economic and social impact of Marijuana sales and usage to warrant a decision against any such business within the city limits of Stanwood.

I urge you all to take a stand against allowing any pot shops to be established within the city limits of Stanwood. Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners. Sincerely, Sandy Solis

Camano Island, WA.

Link to above referenced Newsweek article: <http://www.newsweek.com/unexpected-side-effects-legalizing-weed-339931>

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THE UNEXPECTED SIDE EFFECTS OF LEGALIZING WEED

BY MARJORIE HAUN ON 6/6/15 AT 4:24 PM



A variety of medical marijuana strains are seen at marijuana dispensary Alpine Herbal Wellness in Denver June 20, 2011.

RICK WILKING/REUTERS

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OPINION

De Beque is little more than an outpost nestled along I-70 as it winds its way through the rugged hills of western Colorado. Clearly visible from the highway is the quirky façade of Kush Gardens, the first recreational pot shop to be approved in Mesa County.

After the resounding passage in November 2012 of Amendment 64, the law that made recreational pot legal in Colorado, many counties and cities in the state quickly placed moratoriums on the commercial growing and retail marketing of cannabis.

Mesa County's Board of Commissioners passed such a moratorium shortly after the election in 2012, but in 2014 officials in De Beque took up the matter and opted to allow commercial pot interests to operate in their town.

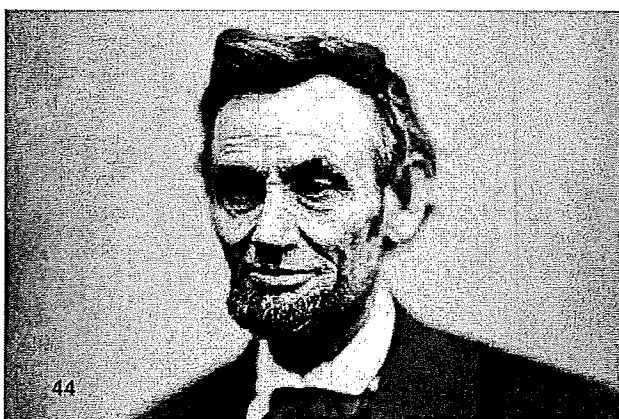
A town built on oil and gas, mining and agriculture, De Beque has suffered a series of economic blows, first because of the recession of 2008, then due to onerous clean air regulations handed down by the Environmental Protection Agency (EPA) that drove up the cost of exploration and extraction of fossil resources and, most recently, as a result of the drop in gas prices that made it unviable for many oil and gas companies to operate in the area. The hemorrhaging of jobs and oil and gas revenues likely made the temptation of cannabis tax revenues irresistible for a town struggling against extinction.

Retail marijuana was not the first choice among De Beque's stop-gap economic measures. Early in 2014, the town lobbied the state to establish what would be western Colorado's only gambling casino. After state legislators quashed plans for a casino along the I-70 corridor, in April 2014, residents of De Beque voted narrowly to welcome retail cannabis into their town.

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But the saga of De Beque is more than that of an economically strapped small town glomming onto a means of survival. Retail recreational cannabis is changing Colorado's social, economic and political landscapes in ways that few could have imagined.

Breathtaking oversimplification

Amendment 64 was approved of by 55 percent of Colorado voters in 2012. Promoted as a revenue-generating "regulate marijuana like alcohol" measure, its passage and ensuing repercussions caught many by surprise. Regulating marijuana like alcohol, it appears, is a breathtaking oversimplification of what is required to turn an illegal intoxicant into a viable commodity.

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The citizen-led ballot initiative behind Amendment 64 went beyond simple decriminalization and created a new civil right by encoding the possession and use of pot into the Colorado State Constitution.

Following the amendment's passage, Colorado had just six months to create a legal and regulatory framework for the growing, sale and distribution of recreational cannabis. At that time, medical marijuana, which was recognized by the state in 2000, remained largely unregulated, lacking rules governing dosage, purity, growing practices, etc.

In the months since the law legalizing recreational pot was implemented, the state of Colorado has awarded more than 600 licenses to medical marijuana growers and nearly 400 to recreational marijuana growers. Separate licenses are required for medical vs. recreational outlets and growing facilities.

Often a single proprietor will have several licenses covering the growing, sale and manufacturing of marijuana "edibles" and infused products for both medical and recreational cannabis. Despite the demand of state-issued licenses, few regulations

governing either medical or recreational pot existed at the time the law was implemented in July 2013.

Amendment 64 provided some guidelines regarding what amounts of pot could be legally possessed, how many plants could be grown under what circumstances, etc., but the Colorado Department of Revenue was tasked with licensing and regulating all recreational and medical cannabis operations. Critical matters beyond fees and licensing criteria were overlooked, including agricultural issues such as pesticide use and the impact of outdoor growing facilities on other crops.

Agriculture is a dominant economic driver in most of Colorado's small towns outside of the Front Range cities of Boulder, Denver and Colorado Springs. With cannabis still illegal under federal law, a dearth of information about what pests attack cannabis and what pesticides can be used safely on the plants has resulted in confusion and, in some cases, dangerous growing practices.

Addiction to cannabis revenue

In March of this year plants at several growing facilities in the Denver area had to be quarantined because of the misuse of "pesticides." The pesticides, it turns out, were improvised concoctions of chemicals, including some unidentifiable mixtures. Cannabis growers have been left to improvise since no commercial pesticides are labeled for legal use on cannabis plants.

Some farmers have expressed alarm over the potential of marijuana growing operations in close proximity to established crops. Plans for a medical marijuana facility in Palisade, a tiny farming town whose main crop is peaches, have peach growers worried about the potential spread of pests, molds and fungi from cannabis to their established orchards. The agricultural implications of the cannabis industry, it seems, were not a consideration at the time it became a legal crop.

The wave of enthusiasm following the passage of Amendment 64 has given way to a drip, drip, drip of unintended consequences. Law-enforcement issues, such as marijuana-intoxicated driving and the illegal movement of vast amounts of cannabis product into other states, are the tip of the iceberg.

Social and law-enforcement issues resulting from the Colorado interstate pot pipeline prompted Nebraska and Oklahoma to file lawsuits against the state, citing the fact that marijuana commerce violates federal law and increases the burdens of law enforcement in other states.

Other symptoms of Colorado's pot culture include increased use among teens, resulting in educational problems in middle schools and high schools, a spike in "edibles"-related emergency room visits, consumption by children and pets resulting in illness and death and regulatory confusion surrounding public consumption and enforcement.

Colorado's addiction to cannabis revenue may prove to be the most harmful implication of all. Towns such as De Beque, where cannabis is replacing coal and cattle as a means of income, imperil themselves by staking the future on a substance that is still illegal in most states and that half of Americans still regard as a social evil.

In 2014 and 2015, nearly \$6 million in pot revenues have been distributed to local governments. But the cost of increased law enforcement, drugged-driving incidents, fatal crashes, loss of productivity and a huge spike in gang-related crime bring into question the cost-benefit of those dollars.

Teen drug-related school expulsions are also on the rise. And the notion that prisons filled with minor drug offenders would be relieved of overcrowding—a selling point of legalizing marijuana—has been blown to smithereens.

Denver's homeless population has exploded since Amendment 64 went into effect. And there are indications that finite tourist dollars are going more to pot and less to Colorado's iconic natural wonders.

Cannabis is an intoxicant, proven to be dangerous to adolescents who use regularly, as well as to adults who are addicted to its calming, high-producing chemical, THC. But building a tax empire on a narcotic substance may be a dangerous proposition for the Centennial State.

Colorado's Cannabis-Industrial Complex cannot sustain a complex economy traditionally built on natural resources, agriculture, innovation and family-friendly

tourism. The eyes of other states eager to legalize pot should be firmly fixed on the unfolding saga of towns such as Denver, Boulder and De Beque, Colo.

Marjorie Haun is a Colorado resident who blogs on Colorado state policies and good government. This article first appeared on The Daily Signal.

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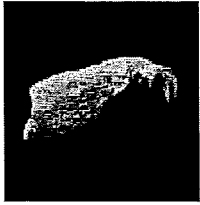
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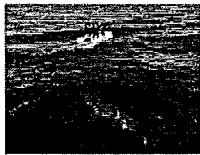
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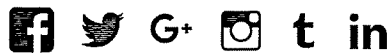
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Erica Schorn

From: Tom Miller <tmiller150@gmail.com>
Sent: Monday, April 16, 2018 6:35 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; Rob C. Johnson; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne X. White; nancyswandahansen@gmail.com
Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the city limits of Stanwood (Ordinance 1456). Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Hon. Mayor Leonard Kelley and Stanwood City Council members:

I'm writing to you as a concerned father, grandfather, former Chief of Police, and former City Council member and City Council President for the City of Edmonds, regarding the proposed zoning code amendments for siting of recreational marijuana shops within the City of Stanwood.

Although I now live in Texas, I still own property on Camano Island, and frequently return to the Stanwood-Camano area to visit my daughter and her four small children, all under the age of 10, who live within the City of Stanwood. I am aware the city is considering a change in the current zoning plan that would allow marijuana shops to locate within the city, and I offer several points for your consideration to deny this amendment:

1. As you know, the Growth Management Act (GMA) requires cities and counties to adopt a Comprehensive Growth Plan. Essential to every plan is land use element, and levels of service, taking into consideration the future growth requirements of that jurisdiction. Stanwood's plan speaks to a "small-town character" and "family-friendly" atmosphere. Inviting recreational marijuana shops into that vision is inconsistent with the plan for several reasons;

a. Cannabis has been shown to be both damaging and addictive in two recent studies. One study, documented in the Journal of Neuroscience, concluded that the use of marijuana disrupts the emotional learning centers of the brain (Journal of Neuroscience, 2014).

b. In the second study, an evaluation of occasional marijuana users versus heavy marijuana users occurred to determine the effects of the drug on brain structure. The study concluded "significant clusters [from an MRI] showing a lower gray matter volume in regular cannabis users compared with occasional [users]" (Neuropsychopharmacology, 2014).

2. A recent 2016 study published by the Brookings Institute, written by Mark Kleiman from the University of California at Los Angeles, was an initial review of the new marijuana laws in Washington and Colorado. In his executive summary, Kleiman indicated one of the societal losses of this legislation “will involve increased problematic drug use, including use by minors”, (“Legal Commercial Cannabis Sales in Colorado and Washington: What Can We Learn?”).
3. A joint study conducted by the Police Foundation and Colorado Association of Chiefs of Police indicated “hospitalizations related to marijuana have steadily increased from 2000 to 2013, resulting in a 218% increase. Many patients go to the emergency room reporting that they feel like they are dying because they feel their heart pounding in their chest”, (“Colorado’s Legalization of Marijuana and the Impact on Public Safety: A Practical Guide for Law Enforcement”).
4. Colorado has seen the greatest increase in use of marijuana by youth, the 2014 National Survey on Drug Use and Health stated, “Colorado youth past month marijuana use for 2013/2014 was **74 percent higher than the national average** compared to 39 percent higher in 2011/2012” (“The Legalization of Marijuana in Colorado: The Impact”, 2014). Clearly, even while youth are legally prevented from purchasing cannabis, they have much easier access to it through parents, older relatives, and friends, etc.
5. Marijuana retail shops are an “attractive nuisance”, and pose a serious risk to their owners, employees, and the public in general. Recent news stories out of Seattle, as well as numerous news agencies throughout the country, have reported on a trend of robberies and burglaries of cannabis shops, medical and recreational (CNBC, 2014; KIRO 7 News, 2018; LA Times, 2016; Phoenix New Times, 2017; San Diego Union Tribune, 2017).
6. The Washington State Patrol reported DUI arrests increased 50% since the legalization of marijuana, and in a May 10th, 2016 press release, the American Automobile Association reported **fatal road crashes involving marijuana doubled after Washington legalized the drug** (AAA Newsroom, 2016).

Through my experiences in law enforcement and public service, I found legislation should reflect the norms of the community. I have hope that Stanwood is still that idyllic community where children are protected, families can flourish; and drugs – legal or otherwise – are not normalized, or encouraged. The citizens of Stanwood should not have to worry about the criminal aspects and negative health effects that often accompany recreational marijuana shops.

Mayor Kelley, I urge you and the City Council to deny this proposed zoning amendment to allow retail marijuana stores within Stanwood. Data cited here underscore the fact that marijuana stores attract crime, bring an unsavory element that is inconsistent with a family-friendly atmosphere, and the cannabis product poses serious health risks to the youth of the community.

Sincerely,

Thomas A. Miller

3600 Windhaven Parkway, 32301

Lewisville, TX 75056

Sources:

1. <https://www.psychologytoday.com/us/blog/ending-addiction-good/201404/studies-show-long-term-effects-cannabis-the-brain>
2. <http://www.nature.com/articles/npp201467>
3. <https://newsroom.aaa.com/2016/05/fatal-road-crashes-involving-marijuana-double-state-legalizes-drug/>
4. <http://newstalk870.am/coincidence-pot-dui-arrests-up-33-since-legalization-of-marijuana-in-washington-state/>
5. https://www.nccpsafety.org/assets/files/library/Legalized_Marijuana_Practical_Guide_for_Law_Enforcement.pdf
6. <https://www.kiro7.com/news/local/after-a-string-of-robberies-pot-shops-call-for-states-help/727885863>
7. <https://www.cnn.com/2014/02/05/robber-gangs-terrorize-colorado-pot-shops.html>
8. <http://www.phoenixnewtimes.com/news/robberies-at-phoenix-medical-marijuana-dispensaries-show-need-for-banking-reform-9233655>
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12. <http://www.rmhidta.org/html/final%20nsduh%20results-%20jan%202016%20release.pdf>

Erica Schorn

From: Erika Sigmon <erikas.fssi@frontier.com>
Sent: Monday, April 16, 2018 6:55 PM
To: Erica Schorn; Devin M Sola
Cc: leonard.kelley@c.stanwood.wa.us; Elizabeth Callaghan; Rob C. Johnson; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne X. White
Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

As a parent, a Kiwanis member and a Cub Scout and Boy Scout leader I do not wish to see Marijuana sales within our city limits. Kiwanis is all about keeping kids in our community safe. And Scouts emphasizes to our youth to keep their bodies clean ... this is not just with soap, it means staying away from smoking and drugs. It would be a great disappointment to see the city bow to "trends" instead of keeping our small hometown values in the forefront of planning for our city. Despite it's legalization, it is still a drug that impairs the user and not something we should want sold in our city legally or otherwise.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Sincerely,

Erika Sigmon
27918 84th Ave NW, Stanwood, WA 98292

Erica Schorn

From: Bryan Hansen <bryhansen@gmail.com>
Sent: Tuesday, April 17, 2018 1:30 AM
To: Erica Schorn; Clerk, City
Subject: Recreational Marijuana in Stanwood
Attachments: BHansen Teen Use Study Summary 20180417.pdf

Categories: Green category

Hello,

Please forward this email and attachment to the Mayor, City Council, Planning Commission and Community Development Department and include as Party of Record.

City Officials,

Yesterday I spoke with a friend of mine who is a school resource officer at a school in Snohomish County. He explained a couple of facets that show, again, why marijuana in our town is a bad idea.

One of the statements I often hear is that kids are going to get it anyway. "It's here to stay, so don't fight it." But since legalization, in his school, the incidents of marijuana consumption are dramatically worse among teens since legalization. And what's worse, is that it is different from alcohol in how it can be enforced. With alcohol, there are at least two offenses: Minor in Possession (MIP) and Minor in Consumption (MIC). With a MIC, the teen can receive a citation and have their license revoked. In other words, coming to school intoxicated, or having consumed alcohol carries a risk. This is not equally true for marijuana.

While Marijuana carries a legal penalty for *possession* by a minor, it carries no such penalty for *consumption*. There is no legal deterrent for use. As my friend stated, as an officer, when he smells alcohol on a teen, he has legal grounds to deal with the offense. With marijuana, when he smells that a kid has been using, there is *nothing* he can do to address the minor in consumption because the state does not have a Minor in Consumption law for marijuana.

I was a teen once, and I saw the lengths that my peers would go to in order to beat the system. They would practice the sobriety tests when sober so they could pass them when they were drinking. They would throw cases of beer in the river when the police would show up at the party, and when asked by the officers who's it was, they would simply say "I don't know". They knew they weren't *technically* in possession, so they were fine. Moreover, they would leave their ID somewhere not on their person so that they didn't have to give their identity. They would put eye drops in their eyes to remove the bloodshot and cover their inebriation during the day.

We are naive to think that teens will not exploit the loopholes in the system. And with marijuana there are many. Not only is there no deterrent from a MIC citation for pot consumption, possession is also hard to enforce when we consider that some edible forms of marijuana simply look like candy and can't easily be identified as illegal to possess.

What especially saddens me about this, is that the council and mayor seem to be ignoring the wide spread research citing the detriments to brain development and other issues with teen use. Just because it isn't legal for teens, does not mean that permitting it in the city will have no effect on teen use. Again--we are naive to think

that permitting more access to marijuana in the city will have no effect on teen use.

Is the City Council not concerned about this? It seems this way. Proposed Ordinance 1456 states the following:

"WHEREAS, the City Council has determined that it is in the best interests of the City and in the interest of the public health, safety and welfare of the City and its citizens to amend Title 17 relating to marijuana retail sales to authorize the retail sale thereof, as further set forth in this Ordinance;"

Please explain in an upcoming meeting what went into this determination. What research was used? The Journal of the American Medical Association said in January of THIS year that "Sound public policy should be based on data that are meticulously collected and thoughtfully analyzed". ([Link here.](#))

What meticulous collection and thoughtful analysis has the city council done? Please make it available to the public.

And don't simply strike this paragraph from the ordinance to make the inconsistency disappear. Such a paragraph, along with citations of this meticulous research and thoughtful analysis should be part and parcel of any ordinance of this magnitude for our community.

Thank you for reading,

Bryan Hansen

Marijuana Legalization and Teen Use: A Brief Survey of Thought for The City Council of Stanwood

Prepared by Bryan Hansen

Stanwood Resident

The abstract of this study outlines concerns regarding marijuana legalization and teen use (Footnote 7):

“Marijuana that is legally available for adults has multiple implications for adolescent substance use. One potential effect that legalization may have is an increase in adolescent use due to increased availability, greater social acceptance, and possibly lower prices. Legalization may also facilitate the introduction of new formulations of marijuana (edible, vaporized) and with potentially higher potencies. It is unknown what adolescent consumption patterns will be if marijuana is widely available and marketed in different forms, or what effects different patterns of adolescent use will have on cognition, the development of marijuana use disorders, school performance, and the development of psychotic illnesses. Also unclear is whether adolescent users will be experiencing higher levels of THC compared with previous generations of users due to higher potencies. While previous studies of the effects of adolescent marijuana use provide some guidance for current policy and public health recommendations, many new studies will be needed that answer questions in the context of use within a legal adult environment. Claims that marijuana has medicinal benefits create additional challenges for adolescent prevention efforts as they contrast with messages of its harmfulness. Prevention and treatment approaches will need to address perceptions of the safety of marijuana, claims of its medicinal use, and consider familywide effects as older siblings and parents may increasingly openly consume and advocate for marijuana use. Guidance for primary care physicians will be needed regarding screening and counseling. Widespread legalization and acceptance of marijuana implies that as law enforcement approaches for marijuana control decline, public health, medical, and scientific efforts to understand and reduce negative consequences of adolescent marijuana use need to be substantially increased to levels commensurate with those efforts for tobacco and alcohol.”

Recent studies show that marijuana legalization increases intent to use among teens who do not use, and increases use among those who already do (Rusby, et. al. 2018, Footnote 1). These increases in use have resulted in over 220% more hospital visits (2017, Footnote 2) in Colorado. This may in part be due

to the increased potency of THC in marijuana coupled with the perception that marijuana is harmless. “For example, there are studies that strongly suggest that pregnant women who use marijuana put their fetuses at risk for cognitive problems – yet pregnant women under 18 are more likely to use marijuana than their non-pregnant peers. Such data shows we need to do a much better job of alerting adolescents that there is a danger.” (2017, Footnote 6)

Moreover, researchers repeatedly say more research needs to be done because so much is still unknown. The below are from this year, 2018.

- “The long-term impacts on adolescents of marijuana policies for medical purposes or adult use remain poorly understood. Marijuana policy changes that liberalize access may increase rates of youth marijuana use. There is an important need for high quality research and open sharing of best practices regarding marijuana policies” (2018, Footnote 3)
- “Further monitoring of predictors of marijuana use trends is needed as states legalize recreational marijuana use” (2018, Footnote 4)
- “But because so few states have legalized marijuana for recreational use — and most very recently — experts say much more research needs to be done to know what its impact on teens will be. ‘Sound public policy should be based on data that are meticulously collected and thoughtfully analyzed,’ the JAMA editorial argued.” (2018, Footnote 5)

It is prudent for the members of the Stanwood City Council to weigh what so many experts are saying as it pertains to this issue before permitting recreational marijuana in Stanwood. It’s simply too soon to tell what the effects will be on teen perception, teen use, and teen abuse. And our teens are too important to use as collateral as we gamble for additional revenue for the city.

(1) Julie C. Rusby, Erika Westling, Ryann Crowley, John M. Light. **Legalization of Recreational Marijuana and Community Sales Policy in Oregon: Impact on Adolescent Willingness and**

Intent to Use, Parent Use, and Adolescent Use.. *Psychology of Addictive Behaviors*, 2017;
DOI: [10.1037/adb0000327](https://doi.org/10.1037/adb0000327)

- (2) Journal of Adolescent Health, December 2017. [http://www.jahonline.org/article/S1054-139X\(18\)30004-1/fulltext](http://www.jahonline.org/article/S1054-139X(18)30004-1/fulltext)
- (3) Chadi, N., Weitzman, E.R. & Levy, S. Curr Addict Rep (2018).
<https://doi.org/10.1007/s40429-018-0191-1>
- (4) Drug and Alcohol Dependence 2018,
[http://www.drugandalcoholdependence.com/article/S0376-8716\(18\)30108-X/fulltext](http://www.drugandalcoholdependence.com/article/S0376-8716(18)30108-X/fulltext)
- (5) Impact of Marijuana Legalization in California on Teens Uncertain. January 2018.
<https://edsource.org/2018/impact-of-marijuana-legalization-in-california-on-teens-uncertain/592164>
- (6) Marijuana Legalization Health Effects on Teens and Young Adults (2017)
<https://news.rutgers.edu/qa/marijuana-legalization-health-effects-teens-and-young-adults/20170821#.WtWhDIwZhE>
- (7) National Institute of Health, 2014.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4308295/pdf/nihms622137.pdf>

Erica Schorn

From: Kellyn Miller <kellyn.ann@gmail.com>
Sent: Tuesday, April 17, 2018 7:57 AM
To: Devin M Sola; Erica Schorn
Cc: Nancy Hansen; Conrad Ryer; Dianne X. White; Elizabeth Callaghan; Larry Sather; Leonard Kelley; Rob C. Johnson; Timothy Pearce
Subject: Ordinance 1456

April 17, 2018

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to marijuana retail within the city limits of Stanwood (Ordinance 1456).

I have lived in Stanwood for 7 years, a community I chose to raise my family in specifically for its small town feel, and safe, kid-friendly environment. As a mother of four young children, and an employee of the Stanwood Camano School District, I am asking you to oppose allowing recreational marijuana stores into the city limits of Stanwood for the following reasons:

In an article from the San Luis Obispo Tribune, the author wrote, "Youths are being targeted by those looking to profit from this lucrative product. Just as the tobacco industry did, marijuana is packaged to appeal to young customers. Dispensaries are lined with marijuana-infused gummy bears and cookies". These products not only normalize marijuana and entice youth, but they pose an enormous risk to children who may encounter such items in homes, at schools, or littered in the community, without realizing the dangers.

The author, who produced and directed an award-winning documentary on the negative effects of marijuana, revealed that states that legalized marijuana experience "Increased use among youths...A doubling of the teen addiction rate...Increased fatal vehicle and other accidents...Increased crime rates [and] No tax benefits" (San Luis Obispo Tribune, 2016).

In Section 1 of Stanwood's 2017-2018 Budget Themes and Initiatives, one of the top goals is to "Reduce health based risks for vulnerable residents" (City of Stanwood, 2017). Based on the overwhelming amount of data available concerning negative effects of cannabis products, allowing a recreational marijuana shop into the city limits would be in direct opposition to Stanwood's Public Safety goals.

Please protect the youth of our community and put their best interest ahead of any perceived financial gain.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners

Respectfully,

Kellyn Miller

Sources:

1. <https://www.google.com/amp/amp.sanluisobispo.com/opinion/letters-to-the-editor/article62362247.html>

2.http://www.ci.stanwood.wa.us/sites/default/files/fileattachments/finance/page/102/budget_themes_and_initiatives.pdf



LETTERS TO THE EDITOR

Marijuana's potency has many negative effects

BY JODY BELSHER

February 24, 2016 08:28 PM

Marijuana today is normalized. Our youths believe it's a safe, natural, medicinal plant with no negative effects, fueling an increase in mental, physical and emotional issues as well as addiction. We educate on the negative effects of alcohol and prescription drugs, but there are no warnings on marijuana.

The perception that all marijuana is a harmless drug confuses youths. Parents believe it's the same substance it once was. Acceptance in the media, school, social settings and the political arena leaves our youths misinformed.

At the core of the problem is increased potency. The psychoactive chemical THC (delta-9-tetrahydrocannabinol) was between 1 and 3 percent potency in the 1960s and 1970s. Today's marijuana contains THC levels bred to 15 to 50 percent, and in some forms up to 98 percent.

Studies confirm that THC has negative effects on those whose brains are developing (adolescents through age 30). In addition to more than 400 chemicals, the plant often tests positive for pesticides, molds and bacteria (even the organic varieties).

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Negative outcomes include the onset or exacerbation of mental, emotional and physical illnesses. Marijuana use can trigger depression, paranoia, psychosis, amotivational syndrome and decreased IQ, and it is linked to the onset of schizophrenia. Early-onset dementia, lung disease and effects of second-hand smoke are also associated.

Repeated marijuana use negatively affects the brain's ability to produce the "feel good" neurochemical dopamine. Receptors become damaged, causing major depression.

THC disrupts the developing brain's "pruning," which discards unnecessary neurological pathways. A recent study shows an association between schizophrenia and pruning. Marijuana users who have a family history of mental illness are vulnerable.

However, there is new research that shows a mutation in gene AKT1 may affect marijuana users even if they have no family history.

Studies show 9 percent of regular users and 17 percent who start young, will become addicted to marijuana. Up to 50 percent will suffer addiction if they use daily, negatively affecting relationships, finances, school and jobs.

Drugged driving fatalities have dramatically increased in recent years. Impairment is ongoing because THC can stay in the body's fatty tissue cells for up to 60 days. Job-related accidents and crimes committed while using are on the rise — often because of cannabis-induced psychosis, as well as deaths related to marijuana use.

The confusion over what constitutes medical marijuana misleads youths to believe that smoking a joint is good for you. In contrast to claims that marijuana alleviates anxiety, it can actually exacerbate or prolong the symptoms.

The two main components of the plant are THC, the psychoactive compound, and the non-psychoactive CBD (cannabidiol), which counters the THC. Today's average marijuana cigarette contains very little CBD. As THC levels have risen, the CBD levels have gone down.

A promising non-smoke medicine, CBDs are in laboratory trials to someday be a pharmaceutically-dosed, FDA-tested, medically-supervised prescription drug. If you are an informed adult and marijuana helps you, then perhaps it's an option for you; however, those who have true medical marijuana needs should be helped by a qualified doctor, not by a salesperson in a dispensary.

Youths are being targeted by those looking to profit from this lucrative product. Just as the tobacco industry did, marijuana is packaged to appeal to young customers. Dispensaries are lined with marijuana-infused gummy bears and cookies. Addicting youths sustains the viability of the marijuana industry.

Legalization does not solve these issues. States that have legalized have not provided adequate safeguards, such as drugged driving and impairment tests, as well as proper dosing and dispensing regulations. Contrary to claims by advocates, these states are seeing numerous negative impacts:

- Increased use among youths.

- A doubling of the teen addiction rate.
- Increased fatal vehicle and other accidents.
- Increased crime rates.
- No curtailment of the black market.
- No reduction in prison populations.
- No tax benefits.

Treating mental disorders, accidents, injuries, deaths and illnesses is costly. The costs will far surpass any tax benefits. Alcohol costs the United States \$249 billion annually and generates tax revenues of \$16 billion; tobacco costs more than \$300 billion and generates tax gains of \$33 billion.

Our culture needs to catch up to the science. Our children deserve to be educated about the potential negative effects of marijuana before they make choices that can affect them for the rest of their lives.

Jody Belsher of San Luis Obispo is producer/director of the documentary "The Other Side of Cannabis: Negative Effects of Marijuana on Our Youth." She spent more than a year researching the deleterious effects of marijuana on youths, interviewing researchers, addiction specialists and individuals for her award-winning documentary.

FOR MORE INFORMATION

www.oscdoc.com

www.learnaboutsam.com



2017-2018

Budget Themes & Initiatives

2017-2018 Budget Themes and Initiatives

The city has five budget themes to guide financial and staff resource investments for the next four years – Public Safety; Economic Development; Park and Recreation assets; Municipal Facilities and Financial Sustainability.

Budget themes are the concepts used to prioritize the Council's investment in personnel and infrastructure to solve the key issues.

1. **Public Safety** – Continue evaluation of contracts for police and fire services. Invest in emergency preparedness. Using technology to increase public safety by leveraging limited tax dollars. Areas of focus include:
 - Proactively address School Safety
 - Reduce health based risks for vulnerable residents
 - Leverage community partnerships with businesses, non-profits and volunteers
 - Prevent gang activity, drug use and homelessness in Stanwood
 - Improve disaster Prevention and Preparedness
2. **Economic Development** – Invest in public infrastructure to spur private development. Ensure that building and zoning codes align with desired use to attract and retain businesses. Implement incentives to attract desirable private development to the city. Assist property owners seeking to develop and redevelop in the floodplain. Evaluate the city's fee structure to ensure fees for services align with Council policies. Work with community partners to support a marketing campaign to attract new residents, businesses and visitors to Stanwood.
3. **Park and Recreation Assets** – Continue public and private investment in park and recreation facilities to improve the quality of life for Stanwood residents. Improve the City's recreation facilities to support economic development. Develop parks, trails and open spaces that connect Stanwood's neighborhoods to the business districts and surrounding communities. Increase public access to the water. Preserve natural resources and protect farmland surrounding the city.
4. **Municipal Facilities** – Maintain taxpayer owned assets. Seek opportunities to remodel and/or reuse existing facilities efficiently to serve customers. Evaluate alternatives to flood proof or relocate essential public facilities in the floodplain. Assess whether to surplus or redevelop city owned properties.
5. **Financial Sustainability** –Rebuild fund balances. Match one-time revenues with one-time expenses and ongoing revenues with ongoing expenses. Look for opportunities to reduce expenditures. Ensure rates for services and impact fees cover an appropriate portion of service costs, fund reserves and capital costs. Review current service levels for all programs to ensure they adequately reflect the council's budget themes and initiatives.

2017-2018 Key Initiatives

Key initiatives are the action themes that implement the budget themes on an annual basis. The 2017-2018 Budget includes the following key initiatives.

Police & Fire (Public Safety)

- Provide city residents, businesses and employees with disaster preparedness and prevention training
- Work with community partners to deter vandalism in city parks and open spaces
- Sustain block watch programs and national night out event
- Evaluate community based paramedic programs

Community Development/Building (Economic Development)

- Evaluate on-line permit tracking to allow applicants to track and monitor permit applications and approvals.
- Create materials that explain the development process, mitigation requirements, techniques and resources for floodplain development.
- Join the FEMA CRS program to lower the cost to own and develop in the floodplain
- Economic development
 - Work with volunteers, business owners and non-profits to promote and support special events, tourism promotion, civic engagement, and economic development
 - Support business owner efforts to organize a “Main Street” program
 - Look for opportunities to use the city’s municipal parking lots to advance economic development in east and west Stanwood.
 - Evaluate incentives for new development and redevelopment that fills in the gaps between east and west Stanwood.
 - Amend zoning code regulations to encourage additional residential development. Support the school districts bond measure to build a new high school

Public Works (Park & Recreation Assets / Municipal Facilities)

- Expand the city’s volunteer program. Identify potential volunteer captains to improve the city’s streets, parks and public spaces.
- Parks and Trails
 - Implement the non-motorized trail system plan to connect neighborhoods to the business district and to surrounding communities.
 - Implement the Ovenell Farm and Hamilton Landing master plan. Invest in improvements that allow public access to the property as quickly as possible.

- Work with the railroad to access the railroad right of way from East Stanwood to the Ovenell property for a non-motorized trail
- Secure funding partners to develop the fourth baseball field, concession stand and complete the walking trail at Heritage Park.
- Encourage year around use of city recreation facilities such as adult softball leagues and tournament play.
- Look for property and funding to develop a downtown park in East Stanwood
- Continue renovations at Church Creek Park – replace the restrooms, purchase and install new play equipment, reestablish walking trails.
- Work with property owners to secure farmland development rights or negotiate fee simple purchase and sale agreements of key parcels surrounding Stanwood
- Evaluate property for a community park in north east Stanwood
- Streets and Sidewalk
 - Finish design and secure funding for Viking Way and 90th Street grid roads to give the public access to the interior of large parcels between 88th and 92nd Ave NW.
 - Construct the SR532 berm/bike pedestrian path
 - Design and construct the 68th Street safe routes to schools sidewalk
 - Use funding from the transportation sales tax to increase the functional life of city streets
 - Invest in street and sidewalk repairs that improve safety and attract non-motorized traffic between Stanwood Station, business districts and residential neighborhoods
- Water, Sewer and Drainage
 - Work with the Water Utility Coordinating Committee and other water purveyors to develop alternative sources of water.
 - Design and construct Irvine Slough stormwater conveyance system
 - Seek funding to separate stormwater from flood water in downtown Stanwood.

Administrative/Finance (Financial Sustainability)

- Rebuild fund balances to adopted minimum standards
- Move essential public facilities out of the floodplain
- Inventory and develop a schedule to annually fund and replace worn tax-payer owned assets including the city's fleet, facilities, furniture and fixtures.
- Ensure rates for services and impact fees cover an appropriate portion of service, fund reserves and capital costs
- Evaluate a voter approved park bond and maintenance and operations levy
- Promote and support special events for families including touch-a-truck, summer concert series, movies-in-the-park, national night out, and light-up-your-holidays
- Support the Farmer's Market
- Engage young residents and families in shaping Stanwood's future.

Ryan C. Larsen

From: Susan Ronken <svronken@gmail.com>
Sent: Wednesday, April 18, 2018 8:38 PM
To: Erica Schorn
Cc: Ryan C. Larsen
Subject: Marijuana Ordinance

Hi Erica,

Sorry I missed the last planning commission meeting and the hearing. I wanted to note for the record that as a planning commissioner, I support changing the ordinance to allow the sale of recreational & medical marijuana within the city limits.

Thank you,
Susan Ronken
(425) 308-9664

Erica Schorn

From: Sarah Cookston <sfcookston@hotmail.com>
Sent: Wednesday, April 18, 2018 10:30 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; Rob C. Johnson; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne X. White; Judith Williams
Subject: Ordinance 1456

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

The secondary affects of marijuana could unnecessarily place Stanwood residents and others in danger of bodily harm, increase police enforcement risks and costs and generally create undesirable liability exposure for the city.

Sarah Cookston
sfcookston@hotmail.com
28420 Nordic Way
Stanwood, Washington 98292

Erica Schorn

From: RBrandis <sjandjrjbrandis@aol.com>
Sent: Thursday, April 19, 2018 7:20 AM
To: Erica Schorn
Subject: Blocking Emails

I have heard that the City of Stanwood is blocking emails opposing emails addressing the Pot Shop that Stanwood Mayor and City council is backing. What's wrong? Don't the Citizens of Stanwood matter and you greedy government officials don't give a damned about the quality of life that we have in the small community of Stanwood? Put Pot Shops where they belong, in the cess pools of larger cities where panhandlers lounge on the ramps of I-5, sleep in the transit zone stops and shoot up with heroin in city parks.

Pretty chicken shit of you to block emails. Really makes me feel like the City of Stanwood government officials care, what a crock of shit.

Scott and Rebecca Brandis

Erica Schorn

From: Peggy Kitting <peggypooh321@yahoo.com>
Sent: Thursday, April 19, 2018 8:33 AM
To: Erica Schorn; Devin M Sola
Cc: Ryan C. Larsen; Leonard Kelley
Subject: NO POT IN STANWOOD

To: City of Stanwood

Please make this a party of the record.

Do Not Drive while high on Marijuana

Marijuana is unsafe if you are behind the wheel. Marijuana is the most common illegal drug involved in auto fatalities. It is found in the blood of around 14 percent of drivers who die in accidents, often in combination with alcohol or other drugs. Marijuana affects a number of skills required for safe driving—alertness, concentration, coordination, and reaction time—so it's not safe to drive high or to ride with someone who's been smoking. Marijuana makes it hard to judge distances and react to signals and sounds on the road. And combining marijuana with drinking even a small amount of alcohol greatly increases driving danger, more than either drug alone. [Marijuana - Facts for Teens | Snohomish Regional Drug Task Force](#)

**Marijuana - Facts for Teens | Snohomish Regional
Drug Task Force**

Addiction:

Thank you,
Peggy Kitting
7229 286th PL NW
Stanwood, WA 98292



Published on *Snohomish Regional Drug Task Force* (<http://www.srdtf.org>)

[Home](#) > Marijuana - Facts for Teens

Marijuana - Facts for Teens ^[1]

Addiction:

Marijuana is addictive. Of course, not everyone who smokes marijuana will become addicted—that depends on a whole bunch of factors— including your family history (genes), the age you start using, whether you also use other drugs, your family and peer relationships, success in school, and so on. Repeated marijuana use can lead to addiction—which means that people have trouble controlling their drug use and often cannot stop even though they want to. Research shows that approximately 9 percent, or about 1 in 11, of those who use marijuana will become addicted. This rate increases to 17 percent, or about 1 in 6, if you start in your teens, and goes up to 20–50 percent among daily users.

Driving:

Marijuana is unsafe if you are behind the wheel. Marijuana is the most common illegal drug involved in auto fatalities. It is found in the blood of around 14 percent of drivers who die in accidents, often in combination with alcohol or other drugs. Marijuana affects a number of skills required for safe driving—alertness, concentration, coordination, and reaction time—so it's not safe to drive high or to ride with someone who's been smoking. Marijuana makes it hard to judge distances and react to signals and sounds on the road. And combining marijuana with drinking even a small amount of alcohol greatly increases driving danger, more than either drug alone.

School:

Marijuana is linked to school failure. Marijuana's negative effects on attention, memory, and learning can last for days and sometimes weeks—especially if you use it often. Someone who smokes marijuana daily may have a 'dimmed-down' brain most or all of the time. Compared with their peers who don't use, students who smoke marijuana tend to get lower grades and are more likely to drop out of high school. Research even shows that it can lower your IQ if you smoke it regularly in your teen years. Also, longtime marijuana users themselves report

being less satisfied with their lives, having memory and relationship problems, poorer mental and physical health, lower salaries, and less career success.

Psychosis/Panic:

High doses of marijuana can cause psychosis or panic when you're high. Some people experience an acute psychotic reaction (disturbed perceptions and thoughts, paranoia) or panic attacks while under the influence of marijuana. This usually goes away as the drug's effects wear off. Scientists do not yet know if marijuana use causes lasting mental illness, although it can worsen psychotic symptoms in people who already have the mental illness schizophrenia, and it can increase the risk of long-lasting psychosis in some people.

 [marijuana_teens_brochure_2013.pdf](#) [2]

Tags: • [teens](#) [3], [marijuana](#) [4], [facts](#) [5]



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[3] <http://www.srdtf.org/tags/teens>

[4] <http://www.srdtf.org/tags/marijuana>

[5] <http://www.srdtf.org/tags/facts>

Erica Schorn

From: Randall Thompson <ratdds@yahoo.com>
Sent: Thursday, April 19, 2018 9:06 AM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; Rob C. Johnson; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne X. White; Judith Williams
Subject: Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

As a former teacher I am well aware of the problems with other forms of "legalized substances". As difficult a decision as this is I strongly urge you to consider the health and safety of our youth when casting your vote.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Sincerely,

Jamie, Thompson,

8617 280th St. NW, Stanwood

Erica Schorn

From: Jennifer <jennifersams@comcast.net>
Sent: Thursday, April 19, 2018 9:27 AM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; dianne.white@ci.stanwood.wa.us; judith.williams@ci.stanwood.wa.us
Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

I am so disappointed that a marijuana shop is being considered for our city of Stanwood. Our city is quaint and a marijuana shop would take away from that. It would also be so close to our many students who are already challenged enough in life. This will add more temptation and make it easier to get ahold of drugs. If a marijuana shop is really being considered, please do due diligence and research the negative impacts that it could have on our great community.

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Thank you for your consideration,

Jennifer, Larson,
19730 Soundview Dr. NW

Stanwood, WA 98292

Erica Schorn

From: Randall Thompson <ratdds@yahoo.com>
Sent: Thursday, April 19, 2018 9:32 AM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; dianne.white@ci.stanwood.wa.us; judith.williams@ci.stanwood.wa.us
Subject: Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

I know this will be a difficult decision for the city government but I urge you to consider the unique history and make up of our town. Those small town values far out weigh the impact of allowing marijuana sales in the city. In fact I believe the potential negative impact is not worth it for our city.

On a personal note as a retired dentist I have seen dozens of patients whose oral health has been negatively effected by drug use, including illegal and legalized marijuana use. I realize they made a personal choice but urge you to consider the health and safety of our citizens in casting your vote.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Sincerely,

Randall Thompson DDS
8617 280th St. NW, Stanwood

Erica Schorn

From: Sheena Girard <smgirard@live.com>
Sent: Thursday, April 19, 2018 10:03 AM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; dianne.white@ci.stanwood.wa.us; judith.williams@ci.stanwood.wa.us
Subject: No Marijuana in Stanwood

Dear Ms. Schorn and Ms. Sola, Mayor Kelley, and Council Members,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

Stanwood has an idyllic small town feel, something that was especially appealing to me when I moved my young family here in 2010. I immediately felt welcomed by the close knit community and felt this would be a safe place to raise my children. Therefore, I am very concerned about the city's proposal to allow the sale of marijuana within our city. I do not agree that this proposal is in line with the ideals of our city, and believe it proposes significant risks to our community and citizens. This proposal seems to go against the city's own Budget Themes and Initiatives, as outlined under Public Safety (Reduce health based risks for vulnerable residents, Prevent gang activity, drug use and homelessness in Stanwood)¹ This proposal seems rash and ill-considered.

As a mother, I am particularly concerned for the welfare of our youth. Marijuana is "addictive and harmful to the human brain"² and "One in every six 16-year-olds who try marijuana will become addicted to it".³ The city has a duty to prevent and protect our youngest and most vulnerable citizens from these risks, which can be severe and life-altering. It poses negative risks to mental development as well as academic success, also mentioned here "Marijuana use also has an impact on academic motivation and achievement. Research shows that adolescents who smoke marijuana once a week over a two-year period are almost six times more likely than nonsmokers to drop out of school and over three times less likely to enter college. And scientists have also found that youth marijuana use is associated with lower scores on IQ tests."⁴ There has also been studies showing long-term and possibly permanent cognitive impairment due to marijuana use in adolescents.⁵

Marijuana can also be considered a 'gateway drug'. "It is also consistent with animal experiments showing THC's ability to "prime" the brain for enhanced responses to other drugs. For example, rats previously administered THC show heightened behavioral response not only when further exposed to THC but also when exposed to other drugs such as morphine—a phenomenon called cross-sensitization."⁶ As outlined further in this article, readily available substances will lead to increased use among the population because of convenience. Having a marijuana shop in the heart of our city dramatically increases risk to children simply by it being present.

The risk is not isolated to users alone. Marijuana poses a threat to all citizens within our city. The negative effects can be seen through accidental exposure to non suspecting individuals as well as those involved in

marijuana related traffic incidents. "Another possible risk of consuming THC comes in the form of impaired motor skills. Marijuana may impair driving or similar tasks for approximately three hours after consumption and it is the second-most common psychoactive substance found in drivers, after alcohol, reports the National Highway Traffic Safety Administration."⁷ In March of this year, this article stated that "poison-control centers in Colorado reported a 108 percent increase in calls related to marijuana exposure for people of all ages between 2012 and 2015. There was a 206 percent increase during the same time period in calls related to marijuana exposure among children 8 and younger" and further goes on to explain that in Washington state "call volumes increased an average of 58 percent at poison-control centers between 2012 and 2015."⁸ These two articles demonstrate an increased risk to all citizens within Stanwood due to a marijuana shop, and again would be a direct contradiction to the city's own Public Safety theme. Children and adolescents alone would fall under "vulnerable residents" as they cannot protect themselves. It is the city's responsibility to reduce health risks to all and therefore support the families, parents, and caretakers of those living within Stanwood by not increasing risks to any of its citizens.

When weighing this decision, all of these concerns need to be heavily discussed by the council and risk prevention addressed thoroughly prior to a decision being made. It seems the city is moving forward without due process or with a full understanding of all aspects this decision incorporates. It is my understanding that revenue is the only benefit with any type of merit that has been presented by the city so far. I find it appalling that the city would put a price on the health and safety of our citizens, especially our youth who would be directly affected by such a profound change to our community environment.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Sincerely,

Sheena Girard

Resident of Stanwood, WA

References

1

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2017-2018

Budget Themes & Initiatives

2017-2018 Budget Themes and Initiatives

The city has five budget themes to guide financial and staff resource investments for the next four years – Public Safety; Economic Development; Park and Recreation assets; Municipal Facilities and Financial Sustainability.

Budget themes are the concepts used to prioritize the Council's investment in personnel and infrastructure to solve the key issues.

1. **Public Safety** – Continue evaluation of contracts for police and fire services. Invest in emergency preparedness. Using technology to increase public safety by leveraging limited tax dollars. Areas of focus include:
 - Proactively address School Safety
 - Reduce health based risks for vulnerable residents
 - Leverage community partnerships with businesses, non-profits and volunteers
 - Prevent gang activity, drug use and homelessness in Stanwood
 - Improve disaster Prevention and Preparedness
2. **Economic Development** – Invest in public infrastructure to spur private development. Ensure that building and zoning codes align with desired use to attract and retain businesses. Implement incentives to attract desirable private development to the city. Assist property owners seeking to develop and redevelop in the floodplain. Evaluate the city's fee structure to ensure fees for services align with Council policies. Work with community partners to support a marketing campaign to attract new residents, businesses and visitors to Stanwood.
3. **Park and Recreation Assets** – Continue public and private investment in park and recreation facilities to improve the quality of life for Stanwood residents. Improve the City's recreation facilities to support economic development. Develop parks, trails and open spaces that connect Stanwood's neighborhoods to the business districts and surrounding communities. Increase public access to the water. Preserve natural resources and protect farmland surrounding the city.
4. **Municipal Facilities** – Maintain taxpayer owned assets. Seek opportunities to remodel and/or reuse existing facilities efficiently to serve customers. Evaluate alternatives to flood proof or relocate essential public facilities in the floodplain. Assess whether to surplus or redevelop city owned properties.
5. **Financial Sustainability** –Rebuild fund balances. Match one-time revenues with one-time expenses and ongoing revenues with ongoing expenses. Look for opportunities to reduce expenditures. Ensure rates for services and impact fees cover an appropriate portion of service costs, fund reserves and capital costs. Review current service levels for all programs to ensure they adequately reflect the council's budget themes and initiatives.

2017-2018 Key Initiatives

Key initiatives are the action themes that implement the budget themes on an annual basis. The 2017-2018 Budget includes the following key initiatives.

Police & Fire (Public Safety)

- Provide city residents, businesses and employees with disaster preparedness and prevention training
- Work with community partners to deter vandalism in city parks and open spaces
- Sustain block watch programs and national night out event
- Evaluate community based paramedic programs

Community Development/Building (Economic Development)

- Evaluate on-line permit tracking to allow applicants to track and monitor permit applications and approvals.
- Create materials that explain the development process, mitigation requirements, techniques and resources for floodplain development.
- Join the FEMA CRS program to lower the cost to own and develop in the floodplain
- Economic development
 - Work with volunteers, business owners and non-profits to promote and support special events, tourism promotion, civic engagement, and economic development
 - Support business owner efforts to organize a “Main Street” program
 - Look for opportunities to use the city’s municipal parking lots to advance economic development in east and west Stanwood.
 - Evaluate incentives for new development and redevelopment that fills in the gaps between east and west Stanwood.
 - Amend zoning code regulations to encourage additional residential development. Support the school districts bond measure to build a new high school

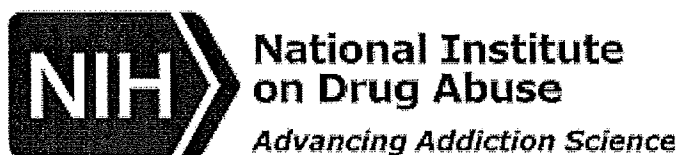
Public Works (Park & Recreation Assets / Municipal Facilities)

- Expand the city’s volunteer program. Identify potential volunteer captains to improve the city’s streets, parks and public spaces.
- Parks and Trails
 - Implement the non-motorized trail system plan to connect neighborhoods to the business district and to surrounding communities.
 - Implement the Ovenell Farm and Hamilton Landing master plan. Invest in improvements that allow public access to the property as quickly as possible.

- Work with the railroad to access the railroad right of way from East Stanwood to the Ovenell property for a non-motorized trail
- Secure funding partners to develop the fourth baseball field, concession stand and complete the walking trail at Heritage Park.
- Encourage year around use of city recreation facilities such as adult softball leagues and tournament play.
- Look for property and funding to develop a downtown park in East Stanwood
- Continue renovations at Church Creek Park – replace the restrooms, purchase and install new play equipment, reestablish walking trails.
- Work with property owners to secure farmland development rights or negotiate fee simple purchase and sale agreements of key parcels surrounding Stanwood
- Evaluate property for a community park in north east Stanwood
- Streets and Sidewalk
 - Finish design and secure funding for Viking Way and 90th Street grid roads to give the public access to the interior of large parcels between 88th and 92nd Ave NW.
 - Construct the SR532 berm/bike pedestrian path
 - Design and construct the 68th Street safe routes to schools sidewalk
 - Use funding from the transportation sales tax to increase the functional life of city streets
 - Invest in street and sidewalk repairs that improve safety and attract non-motorized traffic between Stanwood Station, business districts and residential neighborhoods
- Water, Sewer and Drainage
 - Work with the Water Utility Coordinating Committee and other water purveyors to develop alternative sources of water.
 - Design and construct Irvine Slough stormwater conveyance system
 - Seek funding to separate stormwater from flood water in downtown Stanwood.

Administrative/Finance (Financial Sustainability)

- Rebuild fund balances to adopted minimum standards
- Move essential public facilities out of the floodplain
- Inventory and develop a schedule to annually fund and replace worn tax-payer owned assets including the city's fleet, facilities, furniture and fixtures.
- Ensure rates for services and impact fees cover an appropriate portion of service, fund reserves and capital costs
- Evaluate a voter approved park bond and maintenance and operations levy
- Promote and support special events for families including touch-a-truck, summer concert series, movies-in-the-park, national night out, and light-up-your-holidays
- Support the Farmer's Market
- Engage young residents and families in shaping Stanwood's future.



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Marijuana

Is marijuana addictive?

Marijuana use can lead to the development of problem use, known as a marijuana use disorder, which takes the form of addiction in severe cases. Recent data suggest that 30 percent of those who use marijuana may have some degree of marijuana use disorder.¹⁸ People who begin using marijuana before the age of 18 are four to seven times more likely to develop a marijuana use disorder than adults.¹⁹

Marijuana use disorders are often associated with *dependence*—in which a person feels withdrawal symptoms when not taking the drug. People who use marijuana frequently often report irritability, mood and sleep difficulties, decreased appetite, cravings, restlessness, and/or various forms of physical discomfort that peak within the first week after quitting and last up to 2 weeks.^{20,21} Marijuana dependence occurs when the brain adapts to large amounts of the drug by reducing production of and sensitivity to its own endocannabinoid neurotransmitters.^{22,23}

Marijuana use disorder becomes addiction when the person cannot stop using the drug even though it interferes with many aspects of his or her life. Estimates of the number of people addicted to marijuana are controversial, in part because epidemiological studies of substance use often use dependence as a proxy for addiction even though it is possible to be dependent without being addicted. Those studies suggest that 9 percent of people who use marijuana will become dependent on it,^{24,25} rising to about 17 percent in those who start using in their teens.^{26,27}

In 2015, about 4.0 million people in the United States met the diagnostic criteria for a marijuana use disorder;³ 138,000 voluntarily sought treatment for their marijuana use.²⁸

Rising Potency

Marijuana potency, as detected in confiscated samples, has steadily increased over the past few decades.² In the early 1990s, the average THC content in confiscated marijuana samples was roughly 3.8 percent. In 2014, it was 12.2 percent. The average marijuana extract contains more than 50 percent THC, with some samples exceeding 80 percent. These trends raise concerns that the consequences of marijuana use could be worse than in the past, particularly among those who are new to marijuana use or in young people, whose brains are still developing (see "[What are marijuana's long-term effects on the brain?](#)").

Researchers do not yet know the full extent of the consequences when the body and brain (especially the developing brain) are exposed to high concentrations of THC or whether the recent increases in emergency department visits by people testing positive for marijuana are related to rising potency. The extent to which people adjust for increased potency by using less or by smoking it differently is also unknown. Recent studies suggest that experienced people may adjust the amount they smoke and how much they inhale based on the believed strength of the marijuana they are using, but they are not able to fully compensate for variations in potency.^{30,31}

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Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings From the National Comorbidity Survey

James C. Anthony, Lynn A. Warner, and Ronald C. Kessler

Studying prevalence of *Diagnostic and Statistical Manual* (3rd ed., rev., American Psychiatric Association, 1987) drug dependence among Americans 15–54 years old, we found about 1 in 4 (24%) had a history of tobacco dependence; about 1 in 7 (14%) had a history of alcohol dependence; and about 1 in 13 (7.5%) had a history of dependence on an inhalant or controlled drug. About one third of tobacco smokers had developed tobacco dependence and about 15% of drinkers had become alcohol dependent. Among users of the other drugs, about 15% had become dependent. Many more Americans age 15–54 have been affected by dependence on psychoactive substances than by other psychiatric disturbances now accorded a higher priority in mental health service delivery systems, prevention, and sponsored research programs.

The aim of this article is to report basic descriptive findings from new research on the epidemiology of drug dependence syndromes, conducted as part of the National Comorbidity Survey (NCS). In this study, our research team secured a nationally representative sample and applied standardized diagnostic assessments in a way that allows direct comparisons across prevalence estimates and cor-

relates of tobacco dependence, alcohol dependence, and dependence on other psychoactive drugs (Kessler et al., 1994).

For this overview of the survey's findings, a primary goal has been to answer two basic epidemiologic questions about drug dependence involving tobacco, alcohol, controlled drugs such as cocaine, and inhalants: First, in the population under study, what proportion of persons now qualifies as a currently active or former case of drug dependence? Second, where are the affected cases more likely to be found within the sociodemographic structure of the study population?

In addition, population estimates presented in this article shed light on the epidemiology of dependence on tobacco, alcohol, and the following individual drugs and drug groups: cannabis; heroin; cocaine; psychostimulants other than cocaine; analgesic drugs; a drug group consisting of anxiolytic, sedative, and hypnotic drugs; psychedelic drugs; and inhalant drugs. The following population estimates are presented for each of these listed drugs, including tobacco and alcohol: (a) lifetime prevalence of drug dependence, evaluated in relation to criteria published in the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition, Revised (DSM-III-R; American Psychiatric Association, 1987); (b) lifetime prevalence of extramedical drug use, defined to encompass illicit drug use as well as patients taking prescribed medicines to get

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The National Comorbidity Survey (NCS) is a collaborative epidemiologic investigation of the prevalence, causes, and consequences of psychiatric morbidity and comorbidity in the United States. The NCS is supported by U.S. Public Health Service Grants MH 46376 and MH 49098 with supplemental support from the National Institute on Drug Abuse and W. T. Grant Foundation Grant 90135190.

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high, taking more than was prescribed, or taking medicines for other reasons not intended by the doctor; and (c) the proportion of extramedical users who had become drug dependent.

Using estimates such as these, we seek to describe the broad population experience with forms of psychoactive drug use that generally occur without scrutiny or control by prescribers, pharmacists, or other health practitioners. Although conceding many reasons people might deny or underreport their illicit drug use or drug problems, we draw attention to how often illicit drug use and symptoms of drug use disorders are acknowledged in survey research of this type. For example, on the basis of confidential interviews conducted for the Epidemiologic Catchment Area (ECA) survey more than 10 years ago, we found that one in three adult Americans (30.5%) reported a history of recent or past illicit drug use. On the basis of self-report alone, 20% of these illicit drug users had a history of dependence on controlled substances or a related drug disorder. Not counting tobacco dependence, about one in six adult Americans (17%) met diagnostic criteria for either an alcohol or drug disorder, or both (Anthony & Helzer, 1991). These are substantial estimates that convey the public health significance of drug use and drug dependence in the United States, and they are far too large to be due to the type of exaggeration and overreporting sometimes found in surveys of drug use in early adolescence (Johnston, O'Malley, & Bachman, 1992). If a correction could be made for underreporting, these substantial estimates would be even larger.

In the 14 years since the start of the ECA surveys, the population's drug experience has changed in important ways, with passage through a now-subsiding epidemic of crack smoking and other cocaine use (Harrison, 1992; Kandel, 1991). The NCS chronicles results of these changes and draws strength from some methodological refinements that were not part of the ECA research plan: (a) a nationally representative sample of 15–54-year-olds; (b) a more complete assessment of extramedical drug use, applying measurement strategies developed for the National Household Survey on Drug Abuse (NHSDA; U.S. Department of Health and Human Services [USDHHS], 1993); (c) deliberate alignment of diagnostic criteria and the measurement strategies used to assess dependence on alcohol, tobacco, and other drugs,

so as to allow comparisons across drug groups; and (d) more thorough adjustment for nonresponse biases introduced by designated respondents who declined to be assessed, perhaps for reasons connected to alcohol or drug dependence.

The descriptive estimates presented in this overview set the stage for ongoing research in which we are testing hypotheses about suspected determinants and consequences of drug dependence, including links between drug dependence and other psychiatric conditions such as anxiety and mood disorders (Kessler, *in press*). These findings may interest pharmacologists and other scientists who are concerned about the population's drug experience outside the boundaries of laboratory and clinical research and practice. Those who study the reinforcing functions of drug use and dependence liability of individual drugs may gain useful insights by considering comparative aspects of the epidemiology of tobacco, alcohol, and other drug dependence, including epidemiologic evidence on the transition from a single occasion of drug use toward the development of drug dependence, a topic of considerable interest within the clinical and research community (e.g., see Anthony, 1991; Glantz & Pickens, 1992; Henningfield, 1992). Investigators also will find these population estimates useful as they seek to substantiate the potential public health significance of their pharmacologic studies or to analyze public policies. Finally, these estimates may have value for primary care practitioners and family doctors, as well as psychologists, psychiatrists, or other specialists who prescribe psychoactive drugs or who need to anticipate how frequently the health status of their patients might be complicated by a history of dependence on tobacco, alcohol, or other drugs.

Method and Materials

The NCS was based on a stratified, multistage area probability sample of persons 15 to 54 years old in the noninstitutionalized civilian population in the 48 coterminous United States, including a representative sample of students living in campus group housing. Fieldwork was carried out by the professional field staff of the Survey Research Center at the University of Michigan between September 14, 1990 and February 6, 1992. To allow midcourse adjustments and adaptation to unanticipated problems, the fieldwork was organized in

relation to timed release of six replicate subsamples, each designed to be representative of the study population. Overall response rate was 82.4%, with a total of 8,098 participants. A more detailed discussion of the NCS sampling design and its implementation has been given by Kessler et al. (1994).

After sampling, 1 of the 158 specially trained survey interviewers met with each designated respondent to administer the Composite International Diagnostic Interview (CIDI), as adapted for the NCS to yield detailed information about a broad range of psychiatric disorders, including drug dependence (Cottler et al., 1991; Robins et al., 1988; Wittchen, in press). These interviewers participated in a 7-day study-specific training program in the use of the CIDI before beginning fieldwork. They were trained to follow a protocol intended to engage the designated respondents' interest in the survey and to reinforce survey participation; to secure a private location for the interview, which most often was within the place of residence; to develop trust and rapport with the respondent and to obtain informed consent before starting the interview; to administer the survey questions, as worded, in a fixed sequence; and to record each subject's responses in a precoded response booklet. The interviewers were not given special training in psychopathology or psychopharmacology, and they were not made aware of any key hypotheses under study or of our research team's interest in the reinforcing functions served by drug use. The highly structured and standardized interview schedule also was used to gather information on suspected correlates and consequences of psychiatric disorders, including educational attainment, occupation, and other characteristics of designated respondents or their households.

Because previous surveys have provided some evidence that survey nonrespondents have more psychiatric disorders than respondents, a supplemental nonresponse survey was conducted in tandem with the main NCS survey. This was done by selecting a random subsample of designated respondents who initially were not interviewed either because of refusal or (in rare cases) inability to contact after many attempts. These persons were asked to complete a short-form version of the diagnostic interview.

Assessment of Alcohol and Other Drug Use

Respondents were asked separate questions on their use of alcoholic beverages, tobacco, and the other individual drugs and drug groups listed below. The survey questions on the frequency and recency of taking controlled substances and inhalants were nearly identical to standardized assessments developed for the NHSDA, now sponsored by the Office of Applied Studies within the Substance Abuse and Mental Health Services Administration. These questions clarified our focus on illicit use of Schedule I drugs such as marijuana, heroin, and LSD, as well as extramedical use of cocaine and other drugs that can be obtained through legitimate medical channels. They were phrased to encompass use of these drugs and medicines "on your own, either without your own prescription from a doctor, or in greater amounts or more often than prescribed, or for any reason other than a doctor said you should take them" (USDHHS, 1993). In addition, respondents were asked whether they had started to feel dependent on a drug while taking it in accord with a doctor's prescription. Ensuing survey questions covered topics such as age of onset, frequency, and recency of extramedical drug use for each of the following individual drugs and drug groups, which were adapted from NHSDA conventions: heroin; other opioids and analgesics that can be obtained through medical channels (e.g., morphine, propoxyphene, codeine); cannabis (marijuana, hashish, or both); psychedelic drugs (e.g., LSD, peyote, mescaline); inhalant drugs (e.g., gasoline or lighter fluids, spray paints, amyl nitrite, nitrous oxide); cocaine (including crack cocaine and freebase); psychostimulants other than cocaine (e.g., dextroamphetamine, methamphetamine); and anxiolytic, sedative, and hypnotic drugs (e.g., secobarbital and diazepam, as well as more recently introduced compounds such as flurazepam, alprazolam, and triazolam).

Consistent with the NHSDA and ECA surveys, the NCS assessment strategy included a detailed verbal description of each drug group and lists of qualifying drugs that were read to each participant, but it did not include the NHSDA colored pill card with pictures of different pharmaceutical products. Furthermore, the NCS interviewer read the questions and recorded each participant's answers on a precoded response form. This approach was consis-

tent with prior ECA surveys on drug dependence but was in contrast with the NHSDA approach of allowing the respondent to self-administer survey questions on drug use. When interviewers administer the questions, it is possible to reduce the impact of low levels of literacy and reading achievement among participants and to use interview skip outs and branching patterns that can shorten the interview and distribute its coverage to other important topics such as suspected risk factors and use of mental health and other medical services. Although we acknowledge that some population groups may report more drug use when they self-administer NHSDA questionnaires (Schober, Caces, Pergamit, & Branden, 1992), we have made a direct comparison of NCS and 1991 NHSDA estimates, generally finding that the estimates were very close to one another, and that the NHSDA estimate always was located within the 95% confidence interval for the corresponding NCS estimate. We return to this topic in the Discussion section.

NCS questions on the use of alcoholic beverages followed a similar NHSDA format and elicited information about age of onset, frequency, recency, and quantity of drinking. Respondents also were asked whether they had consumed at least 12 drinks in any single year of their lives.

Diagnostic Assessment of Alcohol and Other Drug Dependence

The CIDI diagnostic assessment of alcohol and other drug dependence for the NCS was based on DSM-III-R criteria, translated into standardized survey questions for administration by a trained lay interviewer. As in the ECA program method used for Diagnostic Interview Schedule diagnoses (Robins, Helzer, Croughan, & Radcliff, 1985), each participant's answers to the survey questions have been recorded and converted to a machine-readable format, and a computer program has been used to determine whether the diagnostic criteria have been met. As summarized recently by Wittchen (in press), World Health Organization field trials and other methodological studies have provided evidence that the CIDI assessments for alcohol and other drug dependence have acceptable levels of interrater reliability and test-retest reliability, and generally are congruent with independently made standardized clinical diagnoses.

DSM-III-R criteria require evidence concerning nine manifestations of alcohol or other drug dependence grouped under the heading of Criterion A, modeled loosely after the original Edwards-Gross concept for an alcohol dependence syndrome (Edwards & Gross, 1976). The list of nine manifestations covers a range of signs or symptoms, such as those that occur in the context of a drug withdrawal syndrome, as well as behavioral manifestations of drug dependence such as unsuccessful attempts to stop or cut down on drug use, and sustained use despite recognition that it is related to social, psychological, or physical problems. To qualify for a DSM-III-R drug dependence diagnosis, at least three of these nine Criterion A manifestations must be met. In addition, Criterion B requires that the disturbance has persisted for at least one month or that presenting features of drug dependence have appeared repeatedly over a longer period of time. The CIDI includes two or more survey items designed to tap the domains represented by each of the nine Criterion A manifestations, as well as questions concerning Criterion B. The CIDI lifetime diagnosis for alcohol or other drug dependence is not made unless there is positive evidence that the respondent meets both Criterion A and Criterion B.

This assessment of alcohol or other drug dependence was administered whenever participants reported occasions of extramedical use of controlled substances or inhalants in their lifetimes, or when they reported consuming 12 or more drinks in any one year. For the assessment, identical standardized questions were asked for alcohol, controlled substances, and inhalants. By holding constant both the diagnostic criteria and the manner in which the criteria were assessed, we sought to reduce methodologic variation that otherwise might distort comparisons between alcohol and the other drugs. It was not possible to control for these differences in the ECA surveys (Anthony, 1991; Anthony & Helzer, 1991).

Two other methodologic contrasts between the ECA surveys and the NCS also should be mentioned in relation to controlled substances. First, in contrast with the NCS, the ECA surveys did not check for drug dependence (*Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed., DSM-III; American Psychiatric Association, 1980) when a participant reported use of a medicine in accord with a doctor's prescription, even if that use had

led to feelings of dependence. Second, the NCS included inhalants when assessing drug dependence (DSM-III-R), whereas the ECA surveys did not. As in the ECA surveys, dependence was assessed whenever participants reported at least several occasions of extramedical drug use, under the assumption that even as few as six occasions might be sufficient for development of drug dependence, but that drug dependence would be extremely rare or improbable among persons who had used the drug no more than several times.

Assessment of Tobacco Use and Dependence

When the NCS fieldwork started, there were insufficient funds to allow NCS assessment of tobacco use and tobacco dependence during an already lengthy interview. Midway through fieldwork, supplemental funding and interview time became available for inclusion of a CIDI section on DSM-III-R tobacco dependence designed to be parallel to the CIDI assessment for DSM-III-R dependence on alcohol and other drugs, but also including a few standardized questions on behaviors specific to tobacco smoking. Because of the NCS replicate sampling plan, it was possible to administer the tobacco assessment to a representative subsample of NCS participants, consisting of 4,414 persons, or 55% of the total NCS sample.

This assessment of tobacco dependence included questions about daily tobacco smoking but not about more infrequent or irregular smoking. Special analyses of the 1991 NHSDA data have been completed to fill this gap of information. The 1991 NHSDA was conducted midway through the NCS fieldwork, with a nationwide probability sample of persons 12 years of age and older and with survey assessments of drug use already described in this article. The NHSDA survey questions ascertain whether tobacco cigarettes were smoked, even on a single occasion, so that the resulting estimates for tobacco use correspond to the NCS estimates on alcohol use on at least one occasion and extramedical use of other drugs on at least one occasion. To conform with the NCS, the NHSDA analyses were restricted to 15–54-year-olds.¹

Quality Control Measures During Fieldwork

The interviewers were monitored by 18 regional supervisors responsible for editing completed inter-

views before they were forwarded to the national field office. In addition, central field office staff reviewed interviews as soon as they were received from supervisors. Whenever errors were found or important information was missing, the interview assignments were sent back to the field for resolution, and the respondents were recontacted to clarify their answers.

Analysis Procedures

We present survey-based population estimates for the lifetime prevalence of extramedical drug use and the lifetime prevalence of drug dependence in relation to alcohol, tobacco, and the other individual drugs or drug groups previously listed. Each prevalence estimate for drug use is a proportion in which the numerator consists of the estimated number of persons who have had at least one occasion of extramedical drug use in their lifetimes, whereas the denominator is the total study population. Each population prevalence estimate for drug dependence has the same denominator, but the numerator is the estimated number of persons who qualify for the CIDI lifetime diagnosis for drug dependence according to DSM-III-R criteria. In addition, we report for each individual drug or drug group estimated proportions of drug users in the study population who had developed drug dependence. In concept, these proportions may be regarded as estimates of the lifetime prevalence of drug dependence among users in the study population. Algebra can be used to show that each proportion is equal to the lifetime prevalence of drug dependence in the study population, divided by the lifetime prevalence of drug use in the study population. Because we had to rely on NHSDA estimates for tobacco use, it was necessary to apply the algebraic method when we estimated the proportion of tobacco smokers who had developed tobacco dependence, and standard errors have not been estimated for these tobacco estimates.

We also present estimates for the strength of association between drug dependence and plausible determinants of drug dependence, including fixed characteristics such as birth year (age) and

¹ These NHSDA analyses were conducted by Howard Chilcoat at the Etiology Branch of the National Institute on Drug Abuse, Addiction Research Center.

sex, as well as potentially modifiable characteristics such as employment status; Table 1 gives a frequency distribution for each variable considered in this analysis on the basis of unweighted NCS sample data. To index the strength of association between drug dependence and each variable listed in Table 1, we have produced an estimate for the odds ratio. When a particular characteristic has no association with being a currently or formerly active case of drug dependence, the odds ratio estimate will be 1.0, or indistinguishable from 1.0 within the limits of survey precision. An odds ratio above 1.0 signals a positive association, whereas an odds ratio between 0.0 and 1.0 signals an inverse association (Fleiss, 1981). The odds ratios for this analysis have been estimated using logistic regression models and the Statistical Analysis System's PROC LOGISTIC (SAS Institute, 1988).

Aside from the unweighted sample data given in Table 1, all results reported in this article are based on conventional procedures for analysis of complex sample survey data. We have used weights to compensate for variation in sample selection probabilities as well as poststratification adjustment factors that compensate for survey nonresponse as well as other potential sources of survey error. Corresponding weights and poststratification adjustment factors also have been taken into account in the 1991 NHSDA estimates for tobacco use reported hereinafter.

Because of the complex sample design and weighting, standard errors of proportions were estimated using the Taylor series linearization method (Woodruff & Causey, 1976). The PSRATIO program in the OSIRIS IV statistical analysis and data management package was used to make these calculations (University of Michigan, 1981). Standard errors of odds ratios were estimated using the method of Balanced Repeated Replication in 44 design-based balanced subsamples (Kish & Frankel, 1970). These analytic procedures have been described in more detail by Kessler et al. (1994).

Results

How Many 15–54-Year-Old Americans Have Developed Drug Dependence?

Table 2 shows lifetime prevalence estimates and a standard error for each estimate on the basis of

CIDI interviews administered to the 15–54-year-old NCS study population between late 1990 and early 1992. According to Table 2 (see column 2), an estimated 24.1% of this study population had developed tobacco dependence ($\pm 1.0\%$), whereas 14.1% had developed alcohol dependence ($\pm 0.7\%$), and 7.5% ($\pm 0.4\%$) had developed dependence on at least one of the controlled substances or inhalant drugs listed in Table 2. Thus, in rank order, a history of tobacco dependence appeared most frequently in this study population, affecting about 1 in 4 persons. Alcohol dependence was next most prevalent, having affected about 1 in 7 persons. A history of dependence on other drugs followed, in aggregate having affected about 1 in 13 persons.

Not counting tobacco and alcohol, cannabis accounted for more dependence than any other drug or drug group: In the NCS study population, 4.2% qualified for the lifetime diagnosis of cannabis dependence (Table 2, row 4, column 2). Dependence on cocaine, including crack cocaine, was next in rank: An estimated 2.7% of the 15–54-year-old study population had developed cocaine dependence. Prevalence estimates for only two other drug categories were above 1.0%: Dependence on psychostimulants other than cocaine (e.g., amphetamines) was 1.7%, and dependence upon anxiolytic, sedative, or hypnotic drugs was 1.2% (Table 2, row 7, column 2).

Within the Study Population, Where Was Drug Dependence Found?

Drug dependence was not distributed randomly within the study population; some groups were affected more than others. This can be seen in Table 3 in which logistic regression was used to produce odds ratio estimates that show the strength of association between drug dependence and various selected prevalence correlates such as age and sex.

Sociodemographic Variation: Sex, Age, and Race–Ethnicity

Men were somewhat more likely than women to have been affected by dependence on alcohol and by dependence on controlled substances or inhalants, but not by tobacco dependence. When we compared the odds of dependence for men versus

Table 1
*Description of National Comorbidity Survey Sample in Relation
to Selected Characteristics*

Characteristic	Men	Women	Total
Sex			
Male			3,847
Female			4,251
Age			
15-24	868	900	1,768
25-34	1,211	1,415	2,626
35-44	1,128	1,114	2,242
45+	640	822	1,462
Race			
White	2,931	3,153	6,084
Black	427	584	1,011
Hispanic	362	371	733
Other	127	143	270
Employment			
Working	3,029	3,010	6,039
Student	525	552	1,077
Homemaker	6	483	489
Other	287	206	493
Education (in years)			
0-11	739	735	1,474
12	1,228	1,451	2,679
13-15	947	1,185	2,132
16+	933	880	1,813
Income (in thousands of dollars)			
00-19	963	1,381	2,344
20-34	993	1,038	2,031
35-69	1,364	1,358	2,722
70+	527	474	1,001
Household composition			
Live alone	688	510	1,198
Live with spouse	2,025	2,319	4,344
Live with other	814	586	1,400
Live with parent	320	836	1,156
Marital status			
Married or cohabiting	2,051	2,359	4,410
Separated, widowed, or divorced	503	750	1,253
Never married	1,293	1,142	2,435
Religion			
Protestant	2,006	2,469	4,475
Catholic	1,063	1,187	2,250
No preference	301	292	593
Other	477	303	780
Region			
Northeast	722	831	1,553
Midwest	993	1,084	2,077
South	1,352	1,529	2,881
West	780	807	1,587
Urbanicity			
Metropolitan	1,702	1,886	3,588
Other urban	1,277	1,452	2,729
Nonurban	868	913	1,781

Note. Unweighted sample data from the National Comorbidity Survey in the coterminous United States, 1990-1992.

Table 2
Estimated Prevalence of Extramedical Use and Dependence in Total Study Population and Lifetime Dependence Among Users

Drug categories	Proportion with a history of dependence		Proportion with a history of extramedical use		Dependence among extramedical users	
	P	SE	P	SE	P	SE
Tobacco ^a	24.1	1.0	75.6	0.6	31.9	—
Alcohol	14.1	0.7	91.5	0.5	15.4	0.7
Other drugs	7.5	0.4	51.0	1.0	14.7	0.7
Cannabis	4.2	0.3	46.3	1.1	9.1	0.7
Cocaine	2.7	0.2	16.2	0.6	16.7	1.5
Stimulant	1.7	0.3	15.3	0.7	11.2	1.6
Anxiolytics, etc. ^b	1.2	0.2	12.7	0.5	9.2	1.1
Analgesics	0.7	0.1	9.7	0.5	7.5	1.0
Psychedelics	0.5	0.1	10.6	0.6	4.9	0.7
Heroin	0.4	0.1	1.5	0.2	23.1	5.6
Inhalants	0.3	0.1	6.8	0.4	3.7	1.4

Note. Weighted estimates from the National Comorbidity Survey data gathered in 1990–1992 for persons 15–54 years old ($n = 8,098$). Dash indicates data not estimated. P = Estimated prevalence proportion.

^a $n = 4,414$. ^bAnxiolytics, sedatives, and hypnotic drugs, grouped.

the odds of dependence for women, the odds ratio was 2.81 for alcohol dependence (95% confidence interval [CI] = 2.29, 3.44) and 1.62 for controlled substances or inhalants (95% CI = 1.24, 2.13). In contrast, the observed odds ratio was 1.18 for tobacco dependence, no more than slightly greater than the odds ratio value (1.0) that is expected under the null hypothesis of no association. Moreover, the 95% CI for the association between tobacco dependence and sex had a span from 0.99 to 1.40, trapping the null value of 1.0. Thus, the evidence is balanced toward a male excess in the prevalence of dependence on alcohol, controlled substances, or inhalants within this study population, but not toward a male excess in prevalence of tobacco dependence.

With respect to age, a history of tobacco dependence was least common among 15–24-year-olds, whereas a history of dependence on alcohol, controlled substances or inhalants was least common among 45–54-year-olds. As shown in Table 3, the odds of tobacco dependence among 15–24-year-olds were about one-half the odds of tobacco dependence among 45–54-year-olds (odds ratio [OR] = 0.48; 95% CI = 0.35, 0.64). However, compared with 45–54-year-olds, tobacco dependence was no more common among 25–34-year-olds (OR = 0.96) or 35–44-year-olds (OR = 1.0).

In contrast, a history of alcohol dependence was least common among 45–54-year-olds. By comparison with these older adults, the 15–24-year-olds were an estimated 1.41 times more likely to qualify for a lifetime alcohol dependence diagnosis (OR = 1.41; 95% CI = 1.08, 1.84); the corresponding odds ratio was 1.65 for the 25–34-year-olds (95% CI = 1.27, 2.16) and for the 35–44-year-olds (95% CI = 1.35, 2.02).

A history of dependence on controlled substances or inhalants was most likely to be found among young adults, and was least likely to be found among 45–54-year-olds. By comparison with 45–54-year-olds, the estimated odds of dependence on these drugs were 2.64 times greater among 15–24-year-olds, 3.50 times greater among 25–34-year-olds, and 3.08 times greater among 35–44-year-olds.

Compared with White Americans, the African-American segment of the study population was less likely to have a history of tobacco dependence (OR = 0.59), alcohol dependence (OR = 0.35), or dependence on other drugs (OR = 0.54); Hispanic Americans also were less likely than White Americans to have a history of tobacco dependence, but this was not the case for alcohol dependence ($p > .05$) or dependence on other drugs ($p > .05$). These inverse associations between drug depen-

Table 3
Demographic Correlates of Tobacco, Alcohol, and Other Drug Dependence

Characteristic	Tobacco		Alcohol		Other Drugs	
	OR	95% CI	OR	95% CI	OR	95% CI
Sex						
Male	1.18	0.99, 1.40	2.81*	2.29, 3.44	1.62*	1.24, 2.13
Female	1.00	—	1.00	—	1.00	—
Age						
15–24	0.48*	0.35, 0.64	1.41*	1.08, 1.84	2.64*	1.28, 5.45
25–34	0.96	0.70, 1.33	1.65*	1.27, 2.16	3.50*	1.92, 6.38
35–44	1.00	0.80, 1.25	1.65*	1.35, 2.02	3.08*	1.64, 5.79
45+	1.00	—	1.00	—	1.00	—
Race						
White	1.00	—	1.00	—	1.00	—
Black	0.45*	0.33, 0.60	0.35*	0.25, 0.50	0.54*	0.37, 0.79
Hispanic	0.59*	0.38, 0.92	1.00	0.72, 1.39	0.86	0.56, 1.34
Other	0.61	0.36, 1.05	0.59	0.24, 1.42	0.53	0.20, 1.42
Employment						
Working	1.00	—	1.00	—	1.00	—
Student	0.45*	0.30, 0.67	0.72*	0.51, 0.99	0.69	0.46, 1.02
Homemaker	1.53*	1.08, 2.18	0.72*	0.56, 0.92	1.59*	1.00, 2.51
Other	1.81*	1.31, 2.48	2.39*	1.72, 3.33	3.31*	2.10, 5.21
Education (in years)						
0–11	1.68*	1.14, 2.46	1.53*	1.23, 1.91	1.50*	1.04, 2.16
12	1.85*	1.34, 2.54	1.45*	1.14, 1.84	1.47*	1.08, 1.98
13–15	1.47*	1.04, 2.08	1.36*	1.05, 1.76	1.32	0.89, 1.94
16+	1.00	—	1.00	—	1.00	—
Income (in thousands of dollars)						
00–19	1.36	0.99, 1.86	1.59*	1.17, 2.18	2.11*	1.35, 3.31
20–34	1.44*	1.05, 1.98	1.27	0.91, 1.78	1.43	0.85, 2.41
35–69	1.24	0.91, 1.69	1.23	0.87, 1.72	1.21	0.72, 2.05
70+	1.00	—	1.00	—	1.00	—
Household composition						
Live alone	1.00	—	1.00	—	1.00	—
Live with spouse	1.05	0.80, 1.38	0.49*	0.38, 0.64	0.59*	0.41, 0.85
Live with other	0.87	0.59, 1.28	0.52*	0.36, 0.74	0.67	0.44, 1.02
Live with parent	0.39*	0.28, 0.56	0.43*	0.32, 0.59	0.44*	0.28, 0.69
Marital status						
Married or cohabiting	2.14*	1.79, 2.57	0.98	0.80, 1.20	1.08	0.75, 1.54
Separated, widowed, divorced	2.12*	1.59, 2.84	1.31	0.98, 1.75	1.37	0.86, 2.17
Never married	1.00	—	1.00	—	1.00	—
Religion						
Protestant	0.77	0.57, 1.04	0.60*	0.45, 0.80	0.51*	0.36, 0.71
Catholic	0.70*	0.50, 0.99	0.56*	0.42, 0.75	0.46*	0.33, 0.65
No preference	1.00	—	1.00	—	1.00	—
Other	0.75	0.46, 1.25	0.77	0.54, 1.10	0.82	0.48, 1.39
Region						
Northeast	1.05	0.79, 1.42	1.36*	1.01, 1.82	1.25	0.88, 1.78
Midwest	1.04	0.76, 1.42	1.34*	1.03, 1.75	0.86	0.63, 1.16
South	1.00	—	1.00	—	1.00	—
West	0.93	0.69, 1.25	1.51*	1.07, 2.14	1.79*	1.31, 2.46
Urbanicity						
Metropolitan	0.79	0.58, 1.07	1.00	0.74, 1.36	1.92*	1.33, 2.77
Other urban	0.85	0.59, 1.22	1.08	0.82, 1.41	1.72*	1.18, 2.51
Nonurban	1.00	—	1.00	—	1.00	—

Note. Dashes indicate data not estimated. OR = odds ratio; CI = confidence interval.

* $p < .05$.

dence and being African American or Hispanic American also were found in multiple logistic regression analyses that held constant employment and two primary indicators of socioeconomic status: educational achievement and income (data not shown in a table).

Employment and Socioeconomic Status

To study variation in occurrence of drug dependence by employment status at the time of assessment, individuals who primarily were working for pay have been compared with students, homemakers, and others (e.g., those who had been recently laid off or terminated and not yet reemployed; other persons no longer in the active labor force). In comparison with employed workers, students generally were a lower lifetime prevalence group for dependence on tobacco (OR = 0.45) and alcohol (OR = 0.72), but not for other drugs such as marijuana, cocaine, or inhalants (OR = 0.69; $p > .05$). A history of alcohol dependence was observed less frequently among homemakers versus employed workers (OR = 0.72), but homemakers were somewhat more likely to have been affected by dependence on tobacco (OR = 1.53) and by dependence on other drugs (OR = 1.59). Prevalence of dependence on alcohol, tobacco, and other drugs was especially common among persons recently laid off but not yet reemployed and other individuals not working in the paid labor force at the time of the assessment. Compared with employed workers, these unemployed persons were an estimated 1.81 times more likely to have a history of tobacco dependence, 2.39 times more likely to have a history of alcohol dependence, and 3.31 times more likely to have a history of dependence on controlled substances or inhalants (Table 3). These moderately strong associations between unemployment and dependence on alcohol, tobacco, or other drugs also were found in multiple logistic regression analyses that held constant age, sex, education, income, and a selection of other potentially confounding variables (data not presented in a table).

Low educational achievement also had a moderately strong association with a history of dependence on tobacco, alcohol, or other drugs, with or without statistical adjustment using the multiple logistic regression model. For persons with 0–11 years of schooling compared with persons who

went to school for more than 15 years, the history of tobacco dependence was associated with lower educational achievement (OR = 1.68), as was a history of alcohol dependence (OR = 1.53) and also a history of dependence on other drugs (OR = 1.50). A similar profile of modest but statistically significant associations was observed when comparing persons with 12 years of schooling to those with more than 15 years (Table 3).

It is interesting to note that lower educational achievement was associated with dependence on tobacco and alcohol even among persons who had completed more than 12 years of schooling. This can be seen in the odds ratios that contrast persons with 13–15 years of education with those who attended school for 16 years or more (for 13–15 years vs. 16+ years, OR = 1.47 for tobacco dependence; OR = 1.36 for alcohol dependence).

In general, a lower annual income was associated with having been affected by drug dependence (Table 3). For example, persons earning less than \$20,000 per year were 2.11 times more likely to have a history of dependence on controlled substances or inhalants compared with persons whose annual income was \$70,000 or more (95% CI = 1.35, 3.31). For tobacco dependence, the strongest association was observed in the contrast between persons with incomes of \$20,000 to \$34,000 per year versus those with annual income of \$70,000 or more (OR = 1.43; 95% CI = 1.05, 1.98).

Household Composition

Most of the study population ($n = 4,344$) consisted of married persons living with a spouse (with or without other family members), but a considerable number of respondents ($n = 1,198$) were living alone in their households (see Table 1). Compared with those living alone, individuals living with their spouses were just as likely to have lifetime tobacco dependence (OR = 0.87), but were less likely to qualify as recent or past cases of alcohol dependence (OR = 0.49) or dependence on controlled drugs or inhalants (OR = 0.59), as presented in Table 3. Inverse associations also were observed for persons living with their parents in relation to tobacco, alcohol, and other drugs. In part, these inverse associations should be understood in relation to sex: Within the study population, a large majority of persons living with parents were women, as shown in Table 1.

Marital Status and Religious Preference

In this study population, there was a tendency for a history of tobacco dependence to be more common among persons who were currently married or living with partners as if married (see "married" in Table 3) and among formerly married individuals (separated, divorced, or widowed), and less common among persons who were never married; this was not the case for dependence on alcohol or other drugs (Table 3). On the other hand, there were fairly consistent associations involving religious preference, with a history of dependence found more frequently among persons who professed no religious preference, and by comparison, least frequently among Catholics (OR = 0.70 for tobacco; OR = 0.56 for alcohol; OR = 0.46 for other drugs). In addition, Protestants had lower prevalence of dependence on alcohol (OR = 0.60) and controlled substances or inhalants (OR = 0.51) in a contrast to persons with no religious preference, but the odds ratio estimate for tobacco dependence among Protestants was closer to the null value of 1.0 and the association was not statistically significant by conventional standards (OR = 0.77; $p > .05$).

Location of Residence

For dependence on controlled substances or inhalants, there were nonrandom distributions in relation to both region of the country and urban-nonurban location of residence. Compared with residents of states in the South, individuals living in the West were found to be an estimated 1.79 times more likely to have developed dependence on these drugs. Residents of metropolitan areas were most likely to have a history of dependence on controlled substances or inhalants (OR = 1.92), followed by residents of other urban areas (OR = 1.72), and residents of nonurban areas were least likely to have been drug dependent.

Alcohol dependence also was associated with region of the country, but not with metropolitan or other urban environments. In a comparison with residents of the South, the odds of alcohol dependence were about 50% greater among persons living in the West (OR = 1.51) and about 35% greater among persons living in the Northeast (OR = 1.36) or in the Midwest (OR = 1.34).

In contrast with dependence on alcohol or other

drugs, tobacco dependence was distributed essentially at random in relation to region of the country and urbanicity. All of the tobacco odds ratios corresponding to region and urban and nonurban residence were close to the null value of 1.0 and the associated confidence intervals had spans from below 1.0 to above 1.0 (Table 3).

Drug Use and the Transition to Drug Dependence

Lifetime prevalence proportions for drug dependence in the study population are determined in part by how many persons have tried each type of drug at least once and survived to be interviewed, and in part by how many of these surviving drug users had proceeded to become drug dependent. For example, considerably fewer members of the study population had tried tobacco than alcohol (75.6% lifetime prevalence for tobacco use vs. 91.5% for alcohol use, as shown in Table 2, column 4). However, dependence was more likely to occur among tobacco smokers than among alcohol drinkers: Of the tobacco smokers, 31.9% had developed tobacco dependence, whereas only 15.4% of the alcohol drinkers had developed alcohol dependence (Table 2, column 6). In consequence, within the total study population, the lifetime prevalence of tobacco dependence (24.1%) was greater than the lifetime prevalence of alcohol dependence (14.1%), even though more persons had consumed alcohol (91.5%) than had smoked tobacco (75.6%).

When controlled substances and inhalants were considered as a single group, the data showed that slightly more than one half of the study population had taken one or more of these drugs for extramedical reasons (51.0%) and 14.7% of the users had developed dependence on at least one of the listed drugs (Table 2, row 3, columns 4 and 6). Nonetheless, one might expect considerable variation in the prevalence of extramedical drug use and in the transition from drug use to drug dependence, across individual drugs and drug groups.

After alcohol and tobacco, cannabis was the next most frequently used drug listed in Table 2, but it ranked low in relation to our index of dependence among users (Table 2, column 6). Within the study population, an estimated 46.3% had used cannabis at least once, but only 9.1% of the users had developed cannabis dependence: For every user with a history of cannabis depen-

dence, there were 10 users who had not become dependent. By comparison, an estimated 16.2% of the study population had tried cocaine at least once, and 16.7% of them had qualified as cocaine dependent: For each cocaine user with a history of cocaine dependence, there were 5 users who had not become dependent (Table 2, columns 4 and 6).

An estimated 15.3% had used psychostimulants other than cocaine (e.g., amphetamines) for extramedical reasons, and 11.2% of these users had progressed to develop dependence on these drugs. Corresponding estimates for the anxiolytic, sedative, or hypnotic drugs were 12.7% and 9.2%, respectively. An estimated 9.7% of the study population had used analgesic drugs for extramedical reasons; 7.5% of these analgesic users had become dependent (Table 3, columns 4 and 6).

An estimated 10.6% of the 15–54-year-old study population reported using psychedelic drugs at least once, 6.8% reported use of inhalants, and 1.5% reported using heroin. An estimated 4.9% of the psychedelics users qualified for the dependence diagnosis. Among inhalant users, an estimated 3.7% qualified as dependent. By comparison, among heroin users in this sample, 23.1% had become dependent (Table 2).

Age and Drug Dependence by Drug Group

To some extent, age-associated variation in drug dependence that was observed in our logistic regression analyses should be understood in relation to differences in prevalence of drug use, in addition to other factors. For example, a history of tobacco use was less common among 15–24-year-olds as compared with older age groups (see Table 4 and Figure 1); this by itself might be sufficient to account for lower lifetime prevalence of tobacco dependence in the comparison of young versus older persons. However, the NCS data also highlighted the importance of age-related differences in the transition from tobacco use to tobacco dependence. In analyses that considered smokers only, we found that 15–24-year-old smokers were less likely than older smokers to have developed tobacco dependence (Table 4 and Figure 1).

For two groups of medically prescribed drugs, namely, the analgesics and the anxiolytic, sedative, and hypnotic drugs, the survey-based estimates for lifetime prevalence of dependence were higher for older age groups versus the youngest age group,

despite generally lower prevalence of extramedical use among older adults. This was true for lifetime prevalence of dependence among extramedical users of these drugs as well as for lifetime prevalence of dependence among all persons (Table 4 and Figure 1).

A substantially different pattern was observed for marijuana, cocaine, psychostimulants other than cocaine, and the psychedelic drug group, which showed comparatively lower lifetime prevalence of dependence in the oldest age group, along with generally lower lifetime prevalence of extramedical drug use (Table 4 and Figure 1).

Alcohol offered a unique profile, with 45–54-year-olds having a relatively high lifetime prevalence of alcohol use (93.1%) but a relatively low prevalence of alcohol dependence (10.1%) as compared with the other age groups. Alcohol also is noteworthy because the lifetime prevalence of dependence among drinkers was about 10% for persons 45–54 years of age, considerably less than estimates of about 16% that were observed for all three younger age groups (Table 4 and Figure 1).

Drug Dependence by Drug Group and by Sex

In relation to lifetime prevalence of drug dependence and lifetime prevalence of extramedical use, the rank ordering of individual drugs and drug groups was generally identical for men and women (Table 5 and Figures 2 and 3). The exception can be seen in relation to a sex difference in the ranking of psychedelic drugs, which had been taken by 14.1% of men as compared with 7.2% of women.

In respect to 6 out of 10 individual drugs or drug groups, the lifetime prevalence estimates for dependence among users were roughly similar for men and women. For example, slightly more than 30% of the tobacco smokers had developed tobacco dependence, and slightly more than 22% of the heroin users had developed heroin dependence—regardless of sex. Minimal male-female differences in the prevalence of dependence among users were observed for cocaine, analgesics, hallucinogens, and inhalants (Table 5 and Figure 4).

In contrast, for alcohol and cannabis, male users were somewhat more likely than female users to have developed dependence (Table 5 and Figure 4). Furthermore, with respect to the drug group that included anxiolytics, sedatives, and hypnotics,

Table 4
Estimated Prevalence Proportion (P) of Extramedical Use and Dependence in Total Study Population and Lifetime Dependence Among Users by Age

Drug and age (years)	Proportion with a history of extramedical use		Proportion with a history of dependence		Dependence among users	
	P	SE	P	SE	P	SE
Tobacco ^a						
15-24	64.4	1.1	15.2	1.7	23.6	—
25-34	76.4	0.8	26.5	2.1	34.7	—
35-44	80.1	1.3	27.2	1.5	34.0	—
45+	82.7	1.4	27.2	2.3	32.9	—
Total	75.6	0.6	24.1	1.0	31.9	—
Alcohol						
15-24	82.5	1.1	13.6	1.1	16.5	1.3
25-34	95.0	0.7	15.6	1.1	16.4	1.1
35-44	94.9	0.8	15.6	1.0	16.4	1.0
45+	93.1	0.8	10.1	1.0	10.7	1.1
Total	91.5	0.5	14.1	0.7	15.4	0.7
Cannabis						
15-24	36.5	2.1	5.6	0.9	15.3	2.3
25-34	61.6	1.8	5.0	0.5	8.1	0.7
35-44	52.1	1.6	4.4	0.7	8.5	1.3
45+	25.5	1.9	0.8	0.4	3.1	1.5
Total	46.3	1.1	4.2	0.3	9.1	0.7
Cocaine						
15-24	10.6	1.0	2.6	0.6	24.5	4.8
25-34	26.9	1.6	4.2	0.4	15.5	1.9
35-44	17.2	1.4	2.6	0.4	15.3	2.4
45+	4.4	0.7	0.5	0.3	11.8	6.0
Total	16.2	0.6	2.7	0.2	16.7	1.5
Stimulants						
15-24	11.5	1.1	1.6	0.4	13.5	2.9
25-34	20.3	1.1	2.8	0.7	13.9	3.2
35-44	18.7	1.1	1.4	0.3	7.7	1.7
45+	7.2	0.8	0.5	0.2	6.5	2.0
Total	15.3	0.7	1.7	0.3	11.2	1.6
Anxiolytics, etc. ^b						
15-24	8.6	0.9	0.2	0.1	2.1	1.1
25-34	16.0	1.2	1.1	0.3	6.8	2.0
35-44	16.0	0.9	1.9	0.4	11.7	2.4
45+	8.0	1.0	1.6	0.6	20.3	6.9
Total	12.7	0.5	1.2	0.2	9.2	1.1
Analgesics						
15-24	10.9	1.0	0.2	0.1	1.6	0.7
25-34	12.0	0.8	0.8	0.1	6.8	1.0
35-44	9.1	0.8	1.0	0.2	11.5	2.9
45+	5.3	0.9	0.9	0.5	16.3	7.6
Total	9.7	0.5	0.7	0.1	7.5	1.0
Psychedelics						
15-24	8.3	0.7	0.7	0.2	8.8	2.5
25-34	14.9	1.1	0.7	0.2	4.5	1.3
35-44	12.8	1.0	0.5	0.1	3.8	1.1
45+	3.5	0.6	0.02	0.02	0.6	0.6
Total	10.6	0.6	0.5	0.1	4.9	0.7

Table 4 (continued)

Drug and age (years)	Proportion with a history of extramedical use		Proportion with a history of dependence		Dependence among users	
	P	SE	P	SE	P	SE
Heroin						
15-24	0.7	0.3	0.1	0.1	20.1	10.1
25-34	1.7	0.3	0.3	0.1	15.0	6.0
35-44	2.7	0.5	0.8	0.4	31.8	10.7
45+	0.7	0.3	0.1	0.05	10.7	7.7
Total	1.5	0.2	0.4	0.1	23.1	5.6
Inhalants						
15-24	8.1	1.0	0.6	0.3	7.9	3.8
25-34	9.9	0.8	0.1	0.1	1.5	0.7
35-44	5.7	0.7	0.1	0.1	2.6	1.4
45+	1.8	0.5	0.04	0.04	2.2	2.3
Total	6.8	0.4	0.3	0.1	3.7	1.4
Any drug group ^c						
15-24	42.8	1.8	7.4	1.1	17.3	2.3
25-34	64.7	1.7	9.5	0.9	14.7	1.2
35-44	56.4	1.6	8.5	0.9	14.9	1.5
45+	31.5	1.8	2.9	0.8	9.2	2.5
Total	51.0	1.0	7.5	0.4	14.7	0.7

Note. Weighted estimates from the National Comorbidity Survey data gathered in 1990-1992 for persons 15-54-years-old ($n = 8,098$). Dashes indicate data not estimated.

^aTobacco use estimates from the 1991 National Household Survey on Drug Use, as described in the *Assessment of Alcohol and Other Drug Use* section. $n = 4,414$. Dependence among users estimated by the algebraic method described in the *Analysis Procedures* section; standard errors not estimated.

^bAnxiolytics, sedatives, and hypnotic drugs, grouped.

^c"Any drug group" refers to the aggregate category comprising the controlled substances and inhalant drugs, but not alcohol or tobacco.

female users were somewhat more likely than male users to have developed dependence. For example, an estimated 14% of men ($\pm 0.8\%$) and 11.5% of women ($\pm 0.8\%$) reported extramedical use of at least one anxiolytic, sedative, or hypnotic drug. Among these extramedical users, an estimated 6.6% of the men ($\pm 1.0\%$) and 12.3% of the women ($\pm 2.2\%$) had developed dependence on this class of drugs (Table 5).

Discussion

Comparison of Prevalence Estimates

On the basis of general consensus, a DSM-III-R task panel on drug dependence decided to modify the Edwards-Gross alcohol dependence concept and to adopt this modification as a unified construct that would apply to all psychoactive drugs (Kosten & Kosten, 1991; Kosten, Rounsaville, Babour, Spitzer, & Williams, 1987). As a result of this development, for the first time in an

epidemiologic field survey we have been able to hold constant the diagnostic criteria for drug dependence as they are applied to users of tobacco, alcohol, controlled substances, and inhalants and to reduce marked between-drug differences in diagnostic assessments for drug dependence. In doing so, we found that a substantial proportion of the 15-54-year-old population in the United States—about 1 in 13 persons or 7.5%—has been affected by dependence on controlled substances or inhalants. By comparison, almost twice as many had developed alcohol dependence, about 14%, and about three times as many, 24.1%, had developed tobacco dependence at some time in life up to the time of the survey. The extent to which the nation's health is compromised by this history of drug dependence is likely to be a topic of investigation for many years.

To place the potential health and social burdens of drug dependence in context with the burden of other psychiatric morbidity, it may be useful to

compare lifetime prevalence estimates for dependence on individual drugs with the lifetime prevalence of selected DSM-III-R anxiety and mood disorders ascertained by the CIDI method, which our research group has reported in a separate publication (Kessler et al., 1994). To illustrate, for this article we have estimated that cannabis dependence has affected 4.2% of the study population. This places the prevalence of cannabis dependence in rank between panic disorder (3.5% prevalence) and generalized anxiety disorder (5.1% prevalence) or agoraphobia without panic disorder (5.3% prevalence).

Comparatively, a history of cocaine dependence was found in 2.7% of the study population. Cocaine dependence was almost as prevalent as antisocial personality disorder (3.5% prevalence), and was about 70% more common than bipolar disorder (1.6% prevalence). Alcohol dependence (14.1%) was somewhat more common than simple phobia (11.3%) and social phobia (13.3%), whereas tobacco dependence at 24.1% was more prevalent than major depressive disorder at 17.1% (Kessler et al., 1994).

Checked against ECA estimates for lifetime prevalence of drug dependence, the NCS values generally were similar. To illustrate, ECA versus NCS estimates for cannabis disorders both were close to 4% (4.4% vs. 4.2%, respectively); for psychostimulants other than cocaine, both estimates were 1.7%; for the sedative drug group, both estimates were 1.2% (Anthony & Helzer, 1991).

One noteworthy exception involved cocaine, in that less than 1% of the ECA study population qualified for a cocaine disorder, whereas 2.7% of the NCS study population did so. In part, this difference can be attributed to a change in diagnostic criteria: DSM-III criteria used for the ECA covered cocaine abuse, but did not provide for the diagnosis of cocaine dependence (Anthony & Trinkoff, 1989). In addition, the most recent epidemic of cocaine dependence in the United States also can account for some of the observed increase.

To test whether the NCS estimates for lifetime prevalence of alcohol use and illicit drug use were consistent with those from the NHSDA conducted in 1991, we reanalyzed the NHSDA data to conform with the age and sex groups created for the NCS analyses within the age range from 15 to 54 years. This seemed to be especially necessary in light of observations about the importance of

privacy and self-administration strategies in survey research about illicit drug use (e.g., see Schober et al., 1992). Nonetheless, in many instances, the NCS observed estimates were slightly higher than corresponding NHSDA estimates, particularly among older adults; in others, they were no more than slightly lower, particularly among 15–24-year-olds. However, for each comparison, the NHSDA estimate was well within the range defined by 95% CI for the corresponding NCS estimate (data not shown in a table).

There are no prior national survey estimates for tobacco dependence, but a recent population survey of young adults in the Detroit, Michigan area found that 74% of 21–30-year-olds had smoked tobacco at least once; among these smokers, 27% had developed DSM-III-R tobacco dependence (Breslau, Fenn, & Peterson, 1993). By comparison, estimates from the nationally representative NCS for roughly the same age group were not too different: Of the 25–34-year-olds, 76.4% had smoked and 34.7% had developed DSM-III-R tobacco dependence.

Comparison With Prevalence Estimates for Other Nations

To be sure, there are some countries in which the lifetime prevalence of alcohol dependence or tobacco dependence appear to equal or exceed the values observed in the NCS, most notably South Korea (e.g., see Lee et al., 1990a, 1990b). However, we are aware of no epidemiologic evidence on countries in which prevalence of dependence on controlled substances exceeds the values we found for 15–54-year-old noninstitutionalized residents of the coterminous United States (e.g., see Bland, Orn, & Newman, 1988; Canino et al., 1987; Compton et al., 1991; Hwu, Yeh, & Chang, 1989; Lee et al., 1990a; Wells, Bushnell, Hornblow, Joyce, & Oakley-Browne, 1989; Wittchen, Essau, von Zerssen, Krieg, & Zaudig, 1992).

Comparative Epidemiology of Tobacco, Alcohol, and Other Drug Dependence

Epidemiologic analyses of population data often begin with a consideration of birth year or age, sex, and race. This approach draws on a long tradition of including these variables on birth records and

Table 5

Estimated Prevalence Proportion (P) of Extramedical Use and Dependence in Total Study Population and Lifetime Dependence Among Users by Sex

Drug	Men						Women					
	Proportion with a history of extramedical use		Proportion with a history of dependence		Dependence among male users		Proportion with a history of extramedical use		Proportion with a history of dependence		Dependence among female users	
	P	SE	P	SE	P	SE	P	SE	P	SE	P	SE
Tobacco ^a	78.3	0.8	25.6	1.4	32.7	—	73.1	0.7	22.6	1.3	30.9	—
Alcohol	93.5	0.5	20.1	1.0	21.4	1.0	89.6	0.7	8.2	0.7	9.2	0.8
Cannabis	51.7	1.3	6.2	0.6	12.0	1.1	41.0	1.5	2.3	0.3	5.5	0.7
Cocaine	19.5	0.9	3.5	0.4	18.0	1.9	12.9	0.7	1.9	0.3	14.9	2.0
Stimulants	18.4	0.8	1.8	0.4	9.7	1.9	12.2	0.8	1.6	0.3	13.3	2.0
Anxiolytics, etc. ^b	14.0	0.8	1.0	0.1	6.6	1.0	11.5	0.8	1.4	0.3	12.3	2.2
Analgesics	11.6	0.7	0.8	0.2	6.7	1.6	7.9	0.5	0.7	0.1	8.6	1.4
Psychedelics	14.1	0.8	0.7	0.2	5.0	1.1	7.2	0.6	0.3	0.1	4.7	1.2
Heroin	2.2	0.2	0.5	0.2	22.3	6.5	0.9	0.2	0.2	0.1	25.2	12.9
Inhalants	9.4	0.7	0.4	0.2	4.1	1.7	4.3	0.4	0.1	0.1	2.7	2.0
Drug group ^c	55.8	1.3	9.2	0.7	16.4	1.2	46.4	1.5	5.9	0.5	12.6	1.0

Note. Weighted estimates from the National Comorbidity Survey data gathered in 1990–1992 for persons 15–54-years-old ($n = 8,098$). Dashes indicate data not estimated.

^aTobacco use estimates from the 1991 National Household Survey on Drug Use, as described in the *Assessment of Alcohol and Other Drug Use* section. $n = 4,414$. Dependence among users estimated by the algebraic method described in the *Analysis Procedures* section; standard errors not estimated.

^bAnxiolytics, sedatives, and hypnotic drugs, grouped.

^c“Drug group” refers to the aggregate category comprising the controlled substances and inhalant drugs, but not alcohol or tobacco.

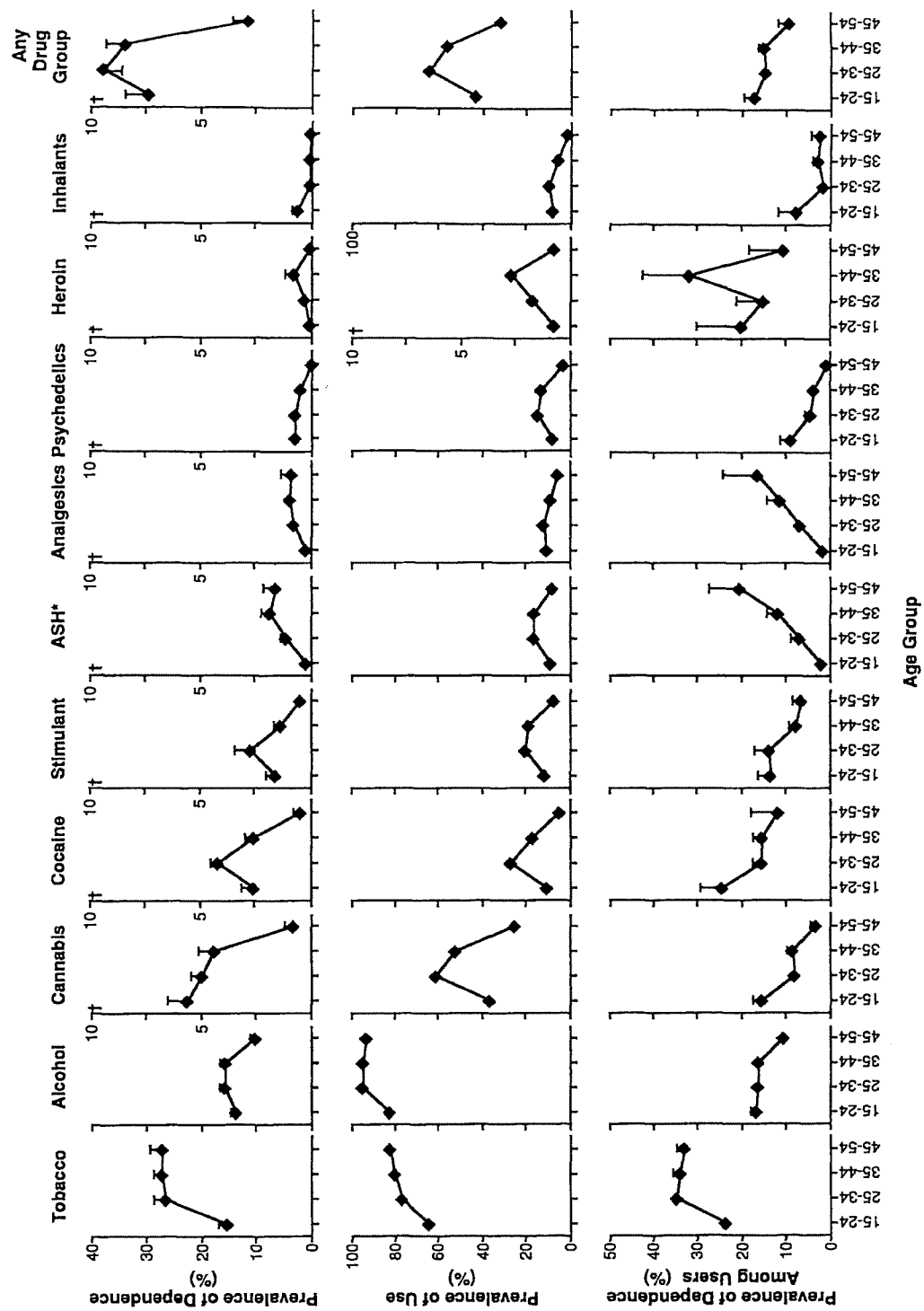
death certificates, which in many places have been the main sources of epidemiologic data. In addition, it generally is necessary to take these three inborn variables into account before assessing evidence about potentially modifiable risk factors or conditions that can be leveraged for prevention and control of disease. Moreover, birth year, sex, and race are fixed characteristics that cannot be modified by changes in conditions such as disease experience or toxic exposures.

In contrast, when we turn to the epidemiologic study of potentially modifiable conditions such as educational attainment, employment status, and access to material wealth, we face the possibility that these characteristics might influence the occurrence of disease and also might be influenced by disease. It is in this context that the limitations of cross-sectional survey data and the advantages of prospective or longitudinal data become most apparent. Reasoning along these lines, we caution against the causal interpretation of cross-sectional survey results, and we note that lifetime prevalence ratios or odds ratios from lifetime prevalence analyses typically cannot be interpreted as risk

ratios or relative risk estimates (Kramer, Von Korff, & Kessler, 1980).

Even though they should not be given causal interpretation, the cross-sectional associations and odds ratios of the type estimated for this study can point out segments of the population where currently active or former cases of drug dependence are more or less likely to be found. In addition to highlighting the location of these cases within the population, cross-sectional odds ratios serve to index the strength of each observed association, whether causal or noncausal. Together with our basic prevalence estimates, the observed patterns of association (or lack thereof) represent the beginning steps for a comparative epidemiology of tobacco dependence, alcohol dependence, and dependence on controlled substances.

Scanning across odds ratio estimates from our analyses, one can find many commonalities and some noteworthy differences in the associations with dependence on tobacco, alcohol, and other drugs. Many of the observed associations are consistent with prior research, recently summarized by us and by others (e.g., Anthony, 1991;



Anthony & Helzer, 1991; Anthony & Helzer, in press; Hawkins, Catalano, & Miller, 1992; Kandel, 1991). For example, sex (being a man) had a moderate degree of association with alcohol dependence and other drug dependence but not with tobacco dependence. This finding converges with other evidence showing an increasing health burden of tobacco smoking among women, and perhaps a declining burden among men (e.g., Adams, Gfroerer, & Rouse, 1989; Johnston et al., 1992).

Another comparative difference was observed in the associations with age, especially in the contrast of 45–54-year-olds with 15–24-year-olds. The 45–54-year-olds were more likely to have a history of current or past tobacco dependence; they were less likely to have a history of dependence on alcohol or on other drugs. However, age-specific prevalence estimates for individual controlled substances prompt a slightly different conclusion about two classes of drugs that are available by prescription. Namely, compared with 15–24-year-olds, the oldest adult extramedical drug users under study were more likely to have become dependent on analgesic drugs and on anxiolytic, sedative, or hypnotic drugs, which are used widely for legitimate medical reasons. This aspect of the 45–54-year-old population's drug experience differs from its experience with alcohol, Schedule I drugs such as heroin, and inhalant drugs.

These relationships between age and drug dependence, generally consistent with prior survey findings in the United States, may be understandable as a reflection of variation in drug availability or level of drug involvement across different birth

cohorts, periods, or segments of the life span (Kandel, 1991). Alternately, there are two general epidemiologic observations that may clarify underlying issues of interpretation.

The first general observation involves the force of drug-related mortality, which can have an important but nearly hidden impact on age-specific estimates from cross-sectional assessments. At the time of assessment, each age group under study consists of survivors from one or more original birth cohorts (e.g., live births in a given year, or in a given span of years). At some point, mortality associated with drug dependence starts to contribute to the loss of drug-dependent persons from each birth cohort. Although the force of drug-related mortality can be in operation for all ages of drug users, accumulated attrition due to dependence-related deaths becomes an increasingly important factor in successive years of adulthood.

In this respect, alcohol provides a good illustration. As shown in Figure 1, the lower lifetime prevalence of dependence observed among the oldest drinkers might be due partly to a premature mortality that is secondary to alcohol dependence.

There also was a sharp drop in prevalence of heroin dependence across the two oldest age groups surveyed: 2.7% for 35–44-year-olds versus 0.7% for 45–54-year-olds. Among 2,242 participants age 35–44 years in the NCS sample, there were 64 heroin users, but among 1,462 participants age 45–54 years, there were only 13 heroin users. Based on the experience of these heroin users, we were able to estimate that almost one third of the 35–44-year-old heroin users in the study popula-

Figure 1 (opposite). Drug-specific estimates for the lifetime prevalence of drug dependence (first row of graphs), lifetime prevalence of extramedical drug use (second row of graphs), and lifetime prevalence of drug dependence among extramedical drug users (third row of graphs), based on estimates presented in Table 4. Weighted estimates based on standardized assessment of 8,098 Americans 15–54-years-old, who were selected by probability sampling and interviewed for the National Comorbidity Survey, 1990–1992. The scale for individual graphs has been tailored for each set of estimates, with variation across rows and within rows. Error bars have been used to show the precision (standard error) of each estimate whenever possible. No error bar has been drawn when the standard error was quite small (i.e., half the height of the diamond symbol used to depict the point estimate) or in the case of tobacco dependence among users (see *Analysis Procedures* section). ASH = anxiolytic, sedative, and hypnotic drugs, grouped (e.g., secobarbital and diazepam, as well as more recently introduced compounds such as flurazepam, alprazolam, and triazolam); "Any drug group" = aggregate category comprising the controlled substances and inhalant drugs, but not alcohol or tobacco; † = change in scale.

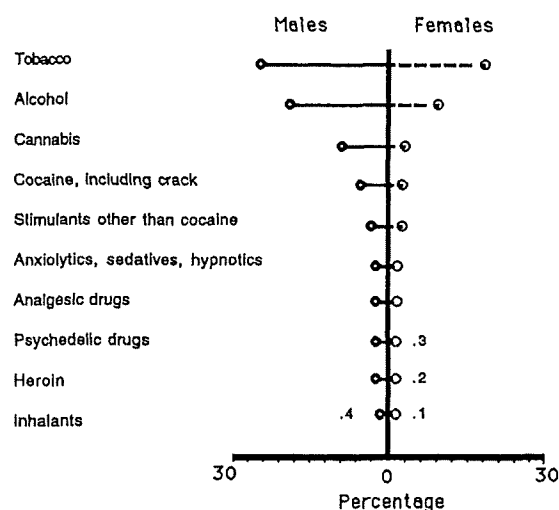


Figure 2. Estimated lifetime prevalence of drug dependence, by sex, based on estimates presented in Table 5.

tion had a history of heroin dependence, but we had too few users to produce a corresponding estimate for the 45–54-year-old heroin users. In the context of this discussion, it is informative that within this group of 13 people who were 45–54-years-old and who had used heroin at some point in their lives, there was only one user with a history of heroin dependence. We speculate that premature mortality associated with heroin dependence might account for these sharp differences in the observed heroin experience of these two older adult age groups within our study population.

The second general epidemiologic observation that merits consideration when studying age and drug dependence relates current age to the transitions from adolescence through age 34, which recent evidence pegs as the main period of risk for initiating drug use and drug dependence (e.g., see Anthony, 1991; Kandel, Murphy, & Karus, 1985). At the time of assessment in 1990–1992, the 15–24-year-olds had just started to pass through this main risk period. The importance of this fact might be seen most clearly in relation to the analgesics and the anxiolytic-sedative-hypnotic drug group. For these drugs, the proportion of extra-medical users age 15–24 years who had developed a history of dependence was low, relative to the other age groups (Figure 1). This may reflect that these birth cohorts have just entered the high-risk period, and with passing time, their experience

may prove to be more like the experience of their elders.

In relation to these NCS findings, two other associations deserve special comment:

African Americans and drug use. There is a widespread popular belief that African Americans are especially vulnerable to drug dependence, perhaps because of their overrepresentation in certain clinical samples. However, consistent with evidence from other recent epidemiologic surveys, the NCS estimates indicate that tobacco dependence, alcohol dependence, and dependence on other drugs are more common among White non-Hispanic Americans than among African Americans (e.g., see Anthony & Helzer, 1991; Kandel, 1991; Lillie-Blanton, Anthony, & Schuster, 1993).

Residence in a nonurban area. Alcohol and tobacco are widely available throughout the United States, but the illicit availability of controlled substances seems to vary considerably. Perhaps reflecting these different patterns of availability, residents of nonurban areas were a lower prevalence group for dependence on controlled substances but not for dependence on tobacco or alcohol (see Table 3). Analogously, the ECA survey in the Durham–Piedmont population of North Carolina found somewhat lower prevalence of drug disorders among inhabitants of rural areas compared with those living in urban areas (Anthony & Helzer, 1991).

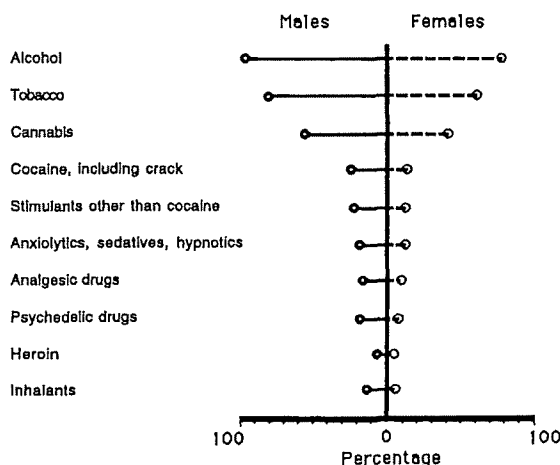


Figure 3. Estimated lifetime prevalence of extramedical drug use, by sex, based on estimates presented in Table 5.

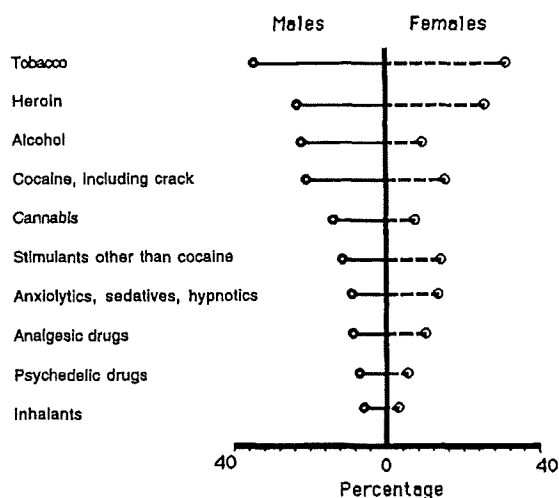


Figure 4. Estimated lifetime prevalence of drug dependence among extramedical drug users, by sex, based on estimates presented in Table 5.

Transition From Drug Use to Drug Dependence

When ECA results were published, some readers were surprised to find that many of the individuals who had used heroin or other controlled substances on more than five occasions had not developed drug dependence or other drug disorder, even though prior research on Vietnam veterans had indicated as much. For example, among heroin users in the ECA sample, only 44% had become a case of heroin dependence or heroin abuse as defined by DSM-III criteria. The corresponding estimates were close to 20% for extramedical users of cannabis, psychostimulants other than cocaine, and anxiolytics or sedative-hypnotic drugs (Anthony & Trinkoff, 1989). Similarly, Helzer (1985) and Robins (1993) have reported that most Vietnam veterans who used heroin and other opioid drugs in Vietnam did not become dependent taking these drugs while overseas.

Although not directly comparable to these ECA estimates based on the experience of individuals who had used drugs on more than five occasions, the NCS estimates also suggest that a large majority of persons who have initiated extramedical drug use have not proceeded to develop drug dependence. Even for drugs known for their dependence liability (e.g., tobacco, cocaine, heroin), the proportion of drug users who were found to have become dependent was in a range from 20–40%. Considering these prevalence estimates on the transition

from drug use to drug dependence, it is noteworthy that NCS interviewers were able to develop trust and rapport sufficient to elicit reports of illegal drug-taking behavior from many participants. We speculate that many participants who acknowledge past illicit behavior also may be willing to report personal problems and other symptoms of drug dependence that they have experienced. At the same time, we acknowledge a strong possibility that some drug-dependent participants did not report on these problems with completeness or total accuracy, which would tend to attenuate the proportion of dependent persons among extramedical drug users.

On conceptual grounds, it can be argued that the transition from drug use to drug dependence in the population is determined partly by the reinforcing functions served by drug-taking and associated behaviors, with a linkage back to profiles of drug activity discovered through laboratory research (e.g., see Schuster, 1989; Thompson, 1981). In addition, this transition seems to be determined in part by other factors, some linked to the reinforcing functions of drug use, and some not so readily studied inside the laboratory (e.g., see Brady, 1989; Glantz & Pickens, 1992; Schuster, 1989). In theory, the array of these interrelated factors includes relative drug availability and opportunities for use of different drugs as well as their cost; patterns and frequencies of drug use that differ across drugs; different profiles of vulnerabilities of individuals whose extramedical use starts with one drug versus another, as well as both formal and informal social controls and sanctions against drug use or in its favor, which might be exercised either within intimate social fields such as the family or workplace or by larger units of social organization. Considered all together, the array of theoretically plausible determinants of the transition from drug use to drug dependence runs a span from the microscopic (e.g., the dopamine receptor) through the macroscopic (e.g., social norms for or against drug use; international drug-control policies).

A better understanding of these sources of variation, as well as attention to methodological features of cross-sectional survey research, would help us account for the rank ordering of individual drugs and drug groups in relation to the prevalence of extramedical drug use and in relation to the proportion of extramedical users who were found to have developed dependence. It is of consider-

able interest that the rank ordering by prevalence of extramedical drug use was quite similar for both men and women, differing only by the higher prevalence of psychedelic drug use among men.

The rank ordering in relation to transitions from drug use to drug dependence was not the same as that seen for prevalence of extramedical drug use. In addition, the ranking of drugs in relation to the use-to-dependence transition showed some variation across male and female drug users and across age groups. For both men and women, and for all but the oldest age group of drug users, tobacco and heroin were top ranked; psychedelic drugs and inhalants were at the bottom. There were male-female differences in lifetime prevalence of dependence among extramedical drug users only for alcohol and cannabis. An estimated 21.4% of the male alcohol drinkers had developed dependence, compared with an estimated 9.2% of female drinkers. Corresponding male and female estimates for cannabis were 12% and 5.5%, respectively. It is noteworthy that alcohol and cannabis had higher rank among men, whereas the anxiolytics-sedatives-hypnotic drug group was higher ranked for women (Table 5).

Notwithstanding these general observations, some attention should be given to the fact that 15-24-year-old drug users had a comparatively high lifetime prevalence of drug dependence in connection with cocaine and alcohol and with Schedule I drugs such as marijuana. To illustrate, for cocaine, almost 25% of the 15-24-year-old users had developed dependence. By comparison, only 15% of the 25-44-year-old cocaine users had developed dependence. To the extent that the 15-24-year-olds have many remaining years at risk, their already high value may become even higher, but for a possibly compensating influence. Namely, it has been observed that early onset illicit drug users (e.g., those who initiate illicit drug use before age 17) seem to be at increased risk for developing drug problems compared with drug users with a later start (e.g., after age 17), even when statistical adjustments are made for differences in duration of drug use (e.g., see Anthony & Petronis, 1993; Robins & Przybeck, 1985). It follows that the cumulative occurrence of drug dependence at first might be especially high among 15-24-year-old drug users, but then might decline as the lower risk experience of later onset drug users is added to this birth cohort's total drug experience. This is an

empirical question that deserves continued study, including future analyses of the NCS data on the experience of individual birth cohorts born since 1935.

Future Directions for Research and Other Implications

Future directions for research on these topics can be guided by careful consideration of the present study's deficiencies. Foremost among these limitations is a cross-sectional study design that has placed heavy reliance on retrospective self-report methods, constraining scientific inference about risk and risk factors in relation to drug dependence. Given unbounded resources, we would have liked to make a prospective investigation of each drug's users, starting well before drug use had begun, with periodic observations sustained through periods of risk for drug dependence and other drug-related hazards, including the risk of drug-induced death. Instead, for cost containment, as in the ECA program, the annual NHSDA, and other large-scale epidemiologic surveys, we have sampled the population's experience cross-sectionally and have measured retrospectively. This approach leaves out the experiences of people who have died, as well as those who failed to recall and report their drug involvement with accuracy. Thus, it is useful to remember that on one side lifetime prevalence estimates based on self-reports are hemmed in by the seriousness of death, on the other side by long-forgotten or casual drug involvement that doesn't seem worth mentioning at the time of assessment. To the extent that some conditions may be associated with considerable risk of death (e.g., heroin dependence in the United States), this commonly used study design actually can yield an undercount of morbidity: Many seriously affected persons have died. To the extent that other conditions may be regarded as inconsequential and pointless to mention (e.g., taking a puff on someone else's marijuana cigarette without inhaling), the same approach can yield an overcount of morbidity: Many mildly affected persons are neglected.

As noted previously in this section, cross-sectional survey designs also can lead to misinterpreted time relationships. For example, in this study, it appears that low educational achievement might signal an increased risk of alcohol depen-

dence. In fact, the cross-sectional evidence of this study does not clarify whether alcohol dependence is a risk factor for low educational achievement, whether low education is a risk factor for alcohol dependence, whether the relationship is reciprocal, or whether unmeasured antecedents might explain the observed associations between education and alcohol dependence. In this instance, we are fortunate to have recently published evidence from a prospective study, which found excess risk of alcohol disorders among adults who had not received high school or college diplomas compared with college graduates (Crum, Bucholz, Helzer, & Anthony, 1992; Crum, Helzer, & Anthony, 1993). Of course, whether cross-sectional or prospective, the evidence from a single observational study does not always lead to clear inferences about cause and effect; our study is no exception. As in experimental research, systematic replication is essential, and ultimately causal inferences must be based on judgments about the available evidence.

Limitations of more secondary importance include a restriction of the sampling frame to noninstitutionalized residents who could be sampled from identified dwelling units. Anthony and Trinkoff (1989) and Anthony and Helzer (1991) have discussed and demonstrated how overall prevalence rates for drug dependence and related conditions change very little when institutional residents (and by extension, the homeless) are included within the survey sampling frame. However, it should be acknowledged that this overall generalization might not hold for population subgroups with especially high rates of drug-related incarceration (e.g., young men of African-American heritage).

Current interest in hair analysis and other bioassays for illicit drug use raises a legitimate question about interview assessments of drug dependence (e.g., see Kidwell, 1992). Defined in terms of DSM-III-R diagnostic criteria and case definitions, drug dependence is a psychiatric disturbance for which recent drug use is but one indicator. Except in unusual circumstances, these diagnostic criteria for drug dependence can be assessed only by means of interviews or examinations, either with designated respondents themselves or with informants for these respondents. Given the size of the NCS sample and restricted resources, it was not possible to interview informants.

Against this background of study limitations, it is

important to focus on the two epidemiologic questions for which this type of cross-sectional field study is indispensable: (a) In the population, what proportion of persons has been affected by drug dependence? and (b) Comparing subgroups, where in the population are cases of drug dependence more likely to be found? Although the answers to these questions do not constitute definitive evidence with regard to cause and effect relationships or mechanisms of action, these answers have an important public health value. As mentioned in our introduction, these answers can be of use to members of the scientific community and can serve to guide program and policy decisions.

In this respect, the most important implications of this study's results may concern its quantitative findings about the prevalence and location of drug dependence within the population, and the transition from drug use to drug dependence, now assessed with epidemiologic estimates on the basis of an NCS sample designed to generalize to a large segment of the American population. The NCS draws attention to the relative frequency of dependence on tobacco, alcohol, controlled substances and inhalants, disclosing that many more Americans age 15-54 have been affected by drug dependence than by other psychiatric disturbances now accorded a higher priority in mental health service delivery systems, prevention, and government-sponsored research programs. NCS findings on prevalence correlates add to a growing body of evidence that African Americans do not seem to be more vulnerable to drug dependence by virtue of their race, and these findings also point toward some population segments such as homemakers, in which excess drug dependence has been suspected but never demonstrated clearly. Finally, the NCS results highlight an increasingly well-documented observation that many drug users, perhaps a vast majority, do not seem to make a transition to drug dependence. For them, instead, drug use lacks the major complications associated with clinically defined syndromes of drug dependence. In a time of increasing concern about government expenditures for health and health care reform, the distinction between drug use and drug dependence deserves greater consideration, with commensurate allocation of resources in the direction of drug dependence syndromes that affect public health and society all too commonly.

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THE BUZZ

Welcome to *The Buzz*—The National Center on Addiction and Substance Abuse's online conversation about addiction and substance use.

KEVIN A. SABET, PHD, SHARES IMPORTANT LESSONS FROM CANNABIS LEGALIZATION

POSTED: 6/13/17 Comments(11)



Dr. Sabet, Director of the Drug Policy Institute at the University of Florida and Co-Founder, President and CEO of Smart Approaches to Marijuana, spoke during our Addiction Speaker Series about the impact of marijuana legalization in our country. Research shows that the vast majority (91 percent) of calls to poison control centers for unintentional exposure to marijuana edibles among young children come from states like Colorado, Washington, and Oregon, which have legalized and marketed marijuana. National data also indicate that Colorado ranks highest in rates of adolescent marijuana use – higher than the national average. States like Colorado, Washington, and Oregon also rank lowest in measures of adolescent perceptions of risk from smoking marijuana.

We had the pleasure of interviewing Dr. Sabet about his work.

You explained that cannabis use rates have increased among adolescents. Why is this trend particularly dangerous for this age group?

Science has proven – and all major scientific and medical organizations agree – that marijuana is both **addictive and harmful** to the human brain, especially when used as an adolescent. **One in every six 16-year-olds** who try marijuana will become addicted to it. And if an adolescent has a genetic predisposition for schizophrenia or another psychotic disorder, using marijuana as their brain continues to develop **can increase the risk** of that disorder.

Marijuana use also has an impact on academic motivation and achievement. **Research shows** that adolescents who smoke marijuana once a week over a two-year period are almost six times more likely than nonsmokers to drop out of school and over three times less likely to enter college. And scientists have **also found** that youth marijuana use is associated with lower scores on IQ tests.

Do you think the cannabis industry targets adolescents?

Like Big Tobacco of yesteryear, Big Marijuana knows that it needs lifelong addicted customers to prosper. Addictive industries generate the majority of their profits from those who are addicted, not casual users. This means that facilitating heavy, repeated, and addictive use is the central goal. As every good tobacco executive knows (but won't tell you) this, in turn, means targeting young people.

An internal memo to the company president of a major tobacco company **once wrote**, “the base of our business is the high school student.” Sadly but predictably, the marijuana industry is following in their footsteps and targeting adolescents because they have financial incentive to do so.

Why do you think that juvenile arrests relating to cannabis have increased in Colorado following legalization there?

Using marijuana in public and youth use of marijuana **have both increased** since Colorado legalized marijuana – and both remain illegal for youth. Colorado **now leads the country** in past-month marijuana use by youth. This would explain increases in juvenile arrests for marijuana.

Also troubling is the fact that significantly more African-American and Hispanic youth are being arrested for marijuana since the state legalized pot, whereas arrest rates for white children **have slightly declined**.

What do you think is the problem behind for-profit companies producing and selling cannabis?

The problem is that addictive, for-profit industries have proven incredibly harmful to public health and safety in our country. Not only has a new industry sprung up that is marketing highly potent marijuana candies and cookies to kids, but a relentless special interest marijuana lobby has come with it. This lobby is pouring money into fighting common sense marijuana regulations. In Denver, their money pushed through an initiative to bring back smoking in restaurants, and in California, they bankrolled a law that would allow pot advertising on television.

Can you explain the false dichotomy of cannabis legalization vs. incarceration?

For too long, our conversation about marijuana has centered on a tired, old idea that says we either have to lock people up for smoking pot or “legalize it.” The former can ruin lives over one joint. The latter would make marijuana the next tobacco industry. Neither is in the interest of public health and safety. We don’t have to legalize (and commercialize) marijuana – but we don’t need a “War on Drugs” approach either. That’s where **Smart Approaches to Marijuana (SAM)** comes in.

SAM promotes science-driven, evidence-based reforms that discourage use while avoiding criminal penalties. There are a wide array of smart-on-crime alternatives that remove criminal penalties for smoking marijuana including drug courts, pre-trial diversion programs, and probation reform. Communities are healthier and safer when these reforms are coupled with prevention and treatment programs.

Can you explain your opinion on medical cannabis?

There are far too many Americans who suffer from life-threatening, debilitating chronic illness. Patients deserve to know that we are doing everything possible to help alleviate their pain in a safe, regulated way. Clearly, there are components of cannabis that provide therapeutic effects. However, the smoked marijuana **does not meet the standard** of safe and effective modern medicine. Smoking the plant is not an efficient delivery system, as it is impossible to measure exact dosage and contains hundreds of additional components that could have adverse or unknown effects. Smoking the raw form of marijuana is akin to smoking opium to get the effects of morphine, or willow bark for pain relief already available as aspirin.

There is an urgent need to support expanded research for medical marijuana, and I support those efforts, so long as they are studied and approved the way we do all other medications. The bottom line is that SAM encourages component treatments that are FDA-approved, prescribed by a physician, and dispensed by a pharmacy.



KEVIN A. SABET, PHD

Dr. Sabet is Director of the Drug Policy Institute at the University of Florida and Co-Founder, President and CEO of Smart Approaches to Marijuana

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[Home](#) » [Publications](#) » [Marijuana](#) » **What are marijuana's long-term effects on the brain?**

Marijuana

What are marijuana's long-term effects on the brain?

Substantial evidence from animal research and a growing number of studies in humans indicate that marijuana exposure during development can cause long-term or possibly permanent adverse changes in the brain. Rats exposed to THC before birth, soon after birth, or during adolescence show notable problems with specific learning and memory tasks later in life.³²⁻³⁴ Cognitive impairments in adult rats exposed to THC during adolescence are associated with structural and functional changes in the hippocampus.³⁵⁻³⁷ Studies in rats also show that adolescent exposure to THC is associated with an altered reward system, increasing the likelihood that an animal will self-administer other drugs (e.g., heroin) when given an opportunity (see "[Is marijuana a gateway drug?](#)").

Imaging studies of marijuana's impact on brain structure in humans have shown conflicting results. Some studies suggest regular marijuana use in adolescence is associated with altered connectivity and reduced volume of specific brain regions involved in a broad range of executive functions such as memory, learning, and impulse control compared to people who do not use.^{38,39} Other studies have not found significant structural differences between the brains of people who do and do not use the drug.⁴⁰

Several studies, including two large longitudinal studies, suggest that marijuana use can cause functional impairment in cognitive abilities but that the degree and/or duration of the impairment depends on the age when a person began using and how much and how long he or she used.⁴¹

Among nearly 4,000 young adults in the Coronary Artery Risk Development in Young Adults study tracked over a 25-year period until mid-adulthood, cumulative lifetime exposure to marijuana was associated with lower scores on a test of verbal memory but did not affect

other cognitive abilities such as processing speed or executive function. The effect was sizeable and significant even after eliminating those involved with current use and after adjusting for confounding factors such as demographic factors, other drug and alcohol use, and other psychiatric conditions such as depression.⁴²

A large longitudinal study in New Zealand found that persistent marijuana use disorder with frequent use starting in adolescence was associated with a loss of an average of 6 or up to 8 IQ points measured in mid-adulthood.⁴³ Significantly, in that study, those who used marijuana heavily as teenagers and quit using as adults did not recover the lost IQ points. People who only began using marijuana heavily in adulthood did not lose IQ points. These results suggest that marijuana has its strongest long-term impact on young people whose brains are still busy building new connections and maturing in other ways. The endocannabinoid system is known to play an important role in the proper formation of synapses (the connections between neurons) during early brain development, and a similar role has been proposed for the refinement of neural connections during adolescence. If the long-term effects of marijuana use on cognitive functioning or IQ are upheld by future research, this may be one avenue by which marijuana use during adolescence produces its long-term effects.⁴⁴

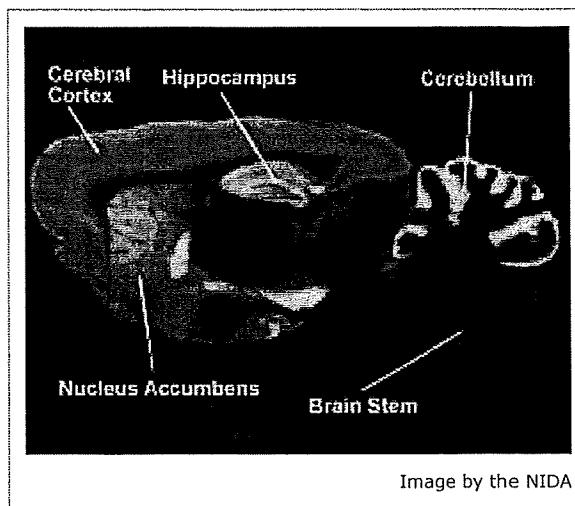
However, recent results from two prospective longitudinal twin studies did not support a causal relationship between marijuana use and IQ loss. Those who used marijuana did show a significant decline in verbal ability (equivalent to 4 IQ points) and in general knowledge between the preteen years (ages 9 to 12, before use) and late adolescence/early adulthood (ages 17 to 20). However, at the start of the study, those who would use in the future already had lower scores on these measures than those who would not use in the future, and no predictable difference was found between twins when one used marijuana and one did not. This suggests that observed IQ declines, at least across adolescence, may be caused by shared familial factors (e.g., genetics, family environment), not by marijuana use itself.⁴⁵ It should be noted, though, that these studies were shorter in duration than the New Zealand study and did not explore the impact of the dose of marijuana (i.e., heavy use) or the development of a cannabis use disorder; this may have masked a dose- or diagnosis-dependent effect.

The ability to draw definitive conclusions about marijuana's long-term impact on the human brain from past studies is often limited by the fact that study participants use multiple substances, and there is often limited data about the participants' health or mental functioning prior to the study. Over the next decade, the National Institutes of Health is funding the Adolescent Brain Cognitive Development (ABCD) study—a major longitudinal study that will track a large sample of young Americans from late childhood (before first use

of drugs) to early adulthood. The study will use neuroimaging and other advanced tools to clarify precisely how and to what extent marijuana and other substances, alone and in combination, affect adolescent brain development.

Marijuana, Memory, and the Hippocampus

Distribution of cannabinoid receptors in the rat brain. Brain image reveals high levels (shown in orange and yellow) of cannabinoid receptors in many areas, including the cortex, hippocampus, cerebellum, and nucleus accumbens (ventral striatum).



Memory impairment from marijuana use occurs because THC alters how the hippocampus, a brain area responsible for memory formation, processes information.

Most of the evidence supporting this assertion comes from animal studies. For example, rats exposed to THC *in utero*, soon after birth, or during adolescence, show notable problems with specific learning/memory tasks later in life. Moreover, cognitive impairment in adult rats is associated with structural and functional changes in the hippocampus from THC exposure during adolescence.

As people age, they lose neurons in the hippocampus, which decreases their ability to learn new information. Chronic THC exposure may hasten age-related loss of hippocampal neurons. In one study, rats exposed to THC every day for 8 months (approximately 30 percent of their lifespan) showed a level of nerve cell loss at 11 to 12 months of age that equaled that of unexposed animals twice their age.

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Marijuana

Is marijuana a gateway drug?

Some research suggests that marijuana use is likely to precede use of other licit and illicit substances⁴⁶ and the development of addiction to other substances. For instance, a study using longitudinal data from the National Epidemiological Study of Alcohol Use and Related Disorders found that adults who reported marijuana use during the first wave of the survey were more likely than adults who did not use marijuana to develop an alcohol use disorder within 3 years; people who used marijuana and already had an alcohol use disorder at the outset were at greater risk of their alcohol use disorder worsening.⁴⁷ Marijuana use is also linked to other substance use disorders including nicotine addiction.

Early exposure to cannabinoids in adolescent rodents decreases the reactivity of brain dopamine reward centers later in adulthood.⁴⁸ To the extent that these findings generalize to humans, this could help explain the increased vulnerability for addiction to other substances of misuse later in life that most epidemiological studies have reported for people who begin marijuana use early in life.⁴⁹ It is also consistent with animal experiments showing THC's ability to "prime" the brain for enhanced responses to other drugs.⁵⁰ For example, rats previously administered THC show heightened behavioral response not only when further exposed to THC but also when exposed to other drugs such as morphine—a phenomenon called *cross-sensitization*.⁵¹

These findings are consistent with the idea of marijuana as a "gateway drug." However, the majority of people who use marijuana do not go on to use other, "harder" substances. Also, cross-sensitization is not unique to marijuana. Alcohol and nicotine also prime the brain for a heightened response to other drugs⁵² and are, like marijuana, also typically used before a person progresses to other, more harmful substances.

It is important to note that other factors besides biological mechanisms, such as a person's social environment, are also critical in a person's risk for drug use. An alternative to the gateway-drug hypothesis is that people who are more vulnerable to drug-taking are simply more likely to start with readily available substances such as marijuana, tobacco, or alcohol, and their subsequent social interactions with others who use drugs increases their chances of trying other drugs. Further research is needed to explore this question.

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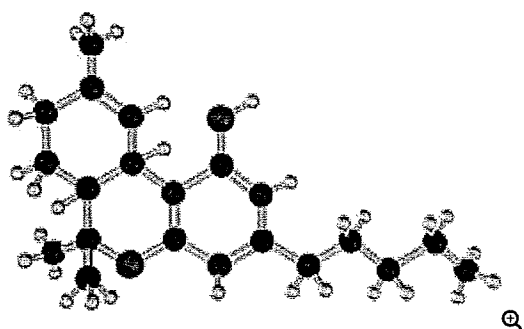
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What is THC?

By Alina Bradford, Live Science Contributor | May 18, 2017 07:35pm ET



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Molecule of tetrahydrocannabinol, or THC, the main mind-altering ingredient found in the Cannabis plant.

Credit: style-photography.de | Shutterstock

THC, or tetrahydrocannabinol, is the chemical responsible for most of marijuana's psychological effects. It acts much like the cannabinoid chemicals made naturally by the body, according to the National Institute on Drug Abuse (NIDA).

Cannabinoid receptors are concentrated in certain areas of the brain associated with thinking, memory, pleasure, coordination and time perception. THC attaches to these receptors and activates them and affects a person's memory, pleasure, movements, thinking concentration coordination and

Effects on the body

THC stimulates cells in the brain to release dopamine, creating euphoria, according to NIDA. It also interferes with how information is processed in the hippocampus, which is part of the brain responsible for forming new memories.

THC can induce hallucinations, change thinking and cause delusions. On average, the effects last about two hours, and kick in 10 to 30 minutes after ingestion. Psychomotor impairment may continue after the perceived high has stopped, however.

"In some cases, reported side effects of THC include elation, anxiety, tachycardia, short-term memory recall issues, sedation, relaxation, pain-relief and many more," said A.J. Fabrizio, a marijuana chemistry expert at Terra Tech Corp, a California agricultural company focused on local farming and medical cannabis. However, he said, a study in the British Journal of Pharmacology found that other types of cannabinoids, as well as terpenes (compounds that produce flavor and fragrance in plants), can modulate and reduce negative effects.

Risks

The effects of marijuana make it a popular drug. In fact, it is considered one of the most commonly used illicit drugs in the world. But these effects also concern mental health advocates. THC can trigger a relapse in schizophrenic symptoms, according to NIDA.

Another possible risk of consuming THC comes in the form of impaired motor skills. Marijuana may impair driving or similar tasks for approximately three hours after consumption and it is the second-most common psychoactive substance found in drivers, after alcohol, reports the National Highway Traffic Safety Administration. People taking medical marijuana are instructed not to drive until it has been established that they can tolerate it and conduct motor tasks successfully.

The use of marijuana may cause problems for younger people, and long-term problems. "Some of the side effects of THC include a decrease in IQ, memory and cognition,

especially in younger people," said Dr. Damon Raskin, medical director at Cliffside Malibu Treatment Center. "However, the jury is still out on long-term effects, as not enough research has been done on it yet. There is some speculation that it could impair fertility in men and women and also compromise a person's airways, but the studies are still not clear."

A study by the University of Montreal published in the journal *Development and Psychopathology* in 2016 found that early use of marijuana can affect teens. Smokers that start around age 14 do worse on some cognitive tests than non-smokers. The study on almost 300 students found that pot smokers also have a higher school dropout rate. Those that waited to start around age 17 did not seem to have the same impairments.



from birth, soon after birth or during adolescence and memory tasks later in life.

with certain medications.

According to the National Cancer Institute, marijuana has been used for medicinal purposes for more than 3,000 years. As of early 2017, more than half of the United States has legalized the use of medicinal marijuana. Several states have also legalized the drug for recreational use, as well.

THC can be extracted from marijuana, or synthesized, as is the case for the FDA-approved drug dronabinol. Dronabinol is used to treat or prevent the nausea and vomiting associated with cancer medicines and to increase the appetites of people with AIDS, according to the U.S. National Library of Medicine. It is a light yellow resinous oil.

Other studies are showing more evidence that, when used properly, THC has many additional medical benefits. For example, THC may be able to improve memory when taken in small doses, according to a 2016 study on mice.

People tout marijuana as a better drug than prescription pills because it is "all-natural." That may not be true. "Just because something is considered 'natural' doesn't mean it's healthy," Raskin said. "For example, poison oak can be harmful. Just because it grows in the ground doesn't mean it's good for you or healthy."

Overdose

Edibles, foods containing THC, have become a large problem in states that have legalized pot because of overdosing.

"Edibles can lead to overdose sometimes because people often ingest a full serving of a cookie instead of a diagnosed smaller amount," Raskin said. "I mean, who eats a half a

cookie? It is easier to swallow a cookie and it's very attractive to younger people or those who don't want to inhale it in a smoke form."

Raskin also explained that edibles are extremely high in potency, and when ingested in the gastrointestinal tract, the drug can last longer and with greater intensity. "The effect from inhaling THC will last 45 minutes to a few hours, but edibles can last for six to eight hours and are more likely to lead to a trip to the ER with an overdose," he said.

Concentrations of THC in cannabis

When THC is exposed to air, it degrades into cannabinol, a cannabinoid that has its own psychological effects. THC concentration also depends on the cultivation of the marijuana plant, known scientifically as *Cannabis sativa L.*

A type of cannabis that has a minimal amount of THC, as low as 0.5 percent, is hemp, according to the North American Industrial Hemp Council. Hemp is used for industrial and medical purposes.

Some strains of cannabis can have as little as 0.3 percent THC by weight. In other strains, THC makes up 20 percent of the weight in a sample. The National Highway Traffic Safety Administration reports that the average THC concentration in marijuana is 1 to 5 percent; in hashish, it is 5 to 15 percent, and in hashish oil, it averages 20 percent. THC in recreational doses of marijuana is highly variable and the lower the THC content in the marijuana, the more the user must consume to produce the desired effects.

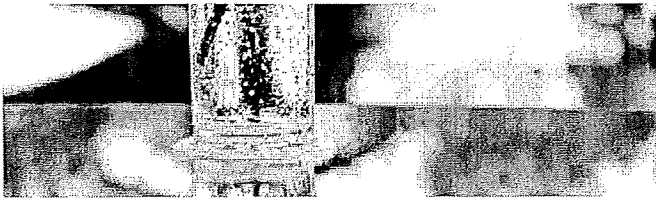
Additional reporting by contributing writers Jessie Szalay and Lauren Cox.

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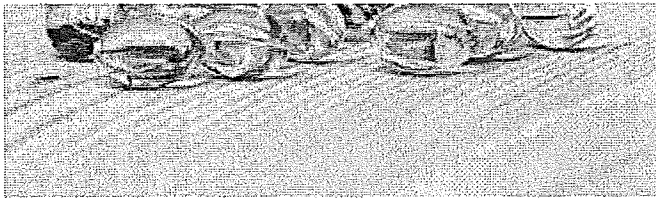
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- FDA: Potential Merits of Cannabinoids for Medical Uses
- National Highway Traffic Safety Administration: Epidemiologic Research
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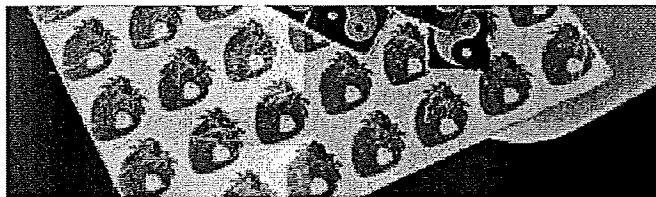
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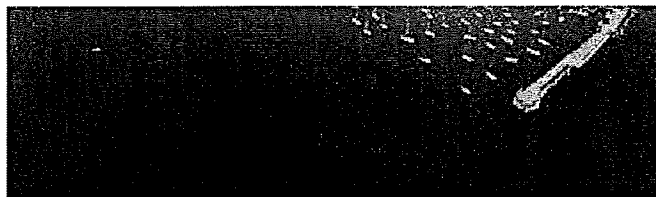
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Author Bio



Alina Bradford, Live Science Contributor

Alina Bradford is a contributing writer for Live Science. Over the past 16 years, Alina has covered everything from Ebola to androids while writing health, science and tech articles for major publications. She has multiple health, safety and lifesaving certifications from Oklahoma State University. Alina's goal in life is to try as many experiences as possible. To date, she has been a volunteer firefighter, a dispatcher, substitute teacher, artist, janitor, children's book author, pizza maker, event coordinator and much more.

1 Comment

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**Radik Bonk**

Listening to Dr. Damon Raskin sounds like an audio tape of all the government propaganda spread by the FBI during the 60s. Sure, if you want to find test results that show all these so-called risks, you'll find them, if you look hard enough and ignore all the real findings that support the regular use of marijuana. I think you ought to check the credentials of your so-called experts before you quote them. I don't know what Dr. Raskin's claim to fame is, but we who survived the 60s show very little to no longterm effects of marijuana use, nor did we ever encounter any of those so-called risks. Study us! Rats and mice cannot say what they are feeling, or experiencing—we can, and I'm sure that most of us are more than willing to do so. Raskin either worked for the FBI, or took all the propaganda as truth, then decided to prove it. That's what I think of "Dr." Raskin's research, if he ever did any real research.

Like · Reply · 22w

**Rudolph Draecoe Midlemuté**

The beautiful thing about science is that you can prove things right or wrong. If you think the results of a study are biased or are not conclusive, you can always review the study itself and repeat it to confirm or directly make a new model. Damn, maybe the conclusion is right but you just happen to don't like the results of something, the more reason for you to research on the matter by yourself, right? So I invite you to do it!

Another great thing about science is that the scientist is not important, is their findings. And things like speculation of fallacies (like assuming that someone "e... See More

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**Marcus Lee**

Rudolph Draecoe Midlemuté agree... Even with what was pointed out, cannabis is a much safer substitute for recreational use compared to alcohol. As a scientist myself, I'm 100% behind harm reduction. Time to legalize the cannabis plant for adult use. The prohibition of this plant has done absolutely nothing to regulate it.

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Poison control predicts influx of marijuana calls

By Colin A. Young STATE HOUSE NEWS SERVICE

Posted Mar 20, 2018 at 5:45 PM

Updated Mar 22, 2018 at 2:31 PM

BOSTON — Poison-control officials in Massachusetts are gearing up for an expected spike in calls about accidental exposure to marijuana once legal sales of the drug begin on July 1.

That expectation is based on the experiences of states that legalized marijuana previously and have years of data on calls to poison-control centers. One study from Colorado found that the rate of marijuana-related visits to a local children's hospital nearly doubled in the period from two years before legalization to two years after legal sales started.

"We anticipate an increased call volume because of legalization because we will be dealing with retail stores, and there might be the possibility of young kids getting their hands on edibles and of parents not following safe-storage practices," Waqaas Bhutta, the program coordinator for the Regional Center for Poison Control and Prevention serving Massachusetts and Rhode Island, said.

Bhutta said poison-control centers in Colorado reported a 108 percent increase in calls related to marijuana exposure for people of all ages between 2012 and 2015. There was a 206 percent increase during the same time period in calls related to marijuana exposure among children 8 and younger, he said.

In Washington State, Bhutta said, call volumes increased an average of 58 percent at poison-control centers between 2012 and 2015.

A 2016 study published in the JAMA Pediatrics and conducted by a doctor at the University of Colorado Anschutz Medical Campus found that the average rate of marijuana-related visits to the children's hospital increased from 1.2 incidents per 100,000 children two years prior to marijuana legalization to 2.3 incidents per 100,000 children two years after legalization.

Pediatric marijuana cases at regional poison-control centers in Colorado increased more than five-fold from nine in 2009 to 47 in 2015, the study found. During that time, Colorado saw an average 34 percent increase in regional poison control cases per year compared to a 19 percent increase in the rest of the United States.

Bhutta said marijuana exposure calls to Colorado poison-control centers appear to be on the decline since 2015.

The issue of marijuana as an “emerging threat” that poison-control centers will need to keep an eye on emerged Tuesday at a briefing on the role of poison control hosted by Boston Children’s Hospital and the Regional Center for Poison Control and Prevention.

“Some people think of poison as the bottle under the sink with the three Xs on it, but we have a much bigger world of poison now,” state Rep. Denise Provost, D-Somerville, who sponsored Tuesday’s event, said.

Colorado, which began legal marijuana sales in 2014, has updated its regulations around packaging and marketing after the first couple of years of legal marijuana revealed issues. Since 2015 that state has required marijuana products to be sold in childproof packaging and in 2016 banned edible marijuana products in the shape of humans, animals or fruits, which had made them attractive to children.

In Massachusetts, the Cannabis Control Commission adopted regulations that require all marijuana and marijuana products be sold in “tamper or child-resistant packaging” and that the packaging “not be attractive minors.” The CCC prohibited neon-like colors, cartoons and symbols or celebrities commonly used to market products to minors from all marijuana packaging.

Erica Schorn

From: McCoy Home <5mccoys@wavecable.com>
Sent: Thursday, April 19, 2018 10:53 AM
To: Erica Schorn
Subject: Marijuana

Hello,

I've never written to the city in my almost 20 years of living in Stanwood but felt I needed to on this issue. Why you would choose to put a marijuana store in the heart of downtown Stanwood is beyond understanding. One of the best things about Stanwood is that it's off the beaten path, not many people will drive the extra 4 miles of 532 to access our town unless they specifically need to. This allows Stanwood to stay a smaller community with mostly the people who live here. That's a blessing to young families and raising children. If you must put in a marijuana shop, why not put it near the freeway by the gas stations? People can get on and off the freeway to access it and the people living in Stanwood could get it on their way "out of town". I find it rude and disrespectful to the business owners who are on main street that are trying to establish an inviting downtown area. Do you want to create a posh La Conner like area - or a Marysville ("Scary"sville) type area? Consider making Stanwood beautiful and inviting with parks, good restaurants, beautiful libraries, sidewalks, not ugly and sketchy with marijuana stores. One last thing, you're here to serve the people of your city, why not let the city vote on it?

Elizabeth McCoy
5mccoys@wavecable.com
28607 69th DR NW
[Stanwood, Washington 98292](#)

Erica Schorn

From: Leon Sams <leonsams@gmail.com>
Sent: Thursday, April 19, 2018 11:30 AM
To: Erica Schorn
Subject: No storefront in Stanwood for Marijuana!

The community does not want retail pot legalized where we live, shop and treasure our beautiful area!

Tax money is driving this ill-advised suggestion. The towns that have legalized pot for sale have created many more problems. High schools report a substantial increase in drug related referrals for students. According to the National Institutes of Health, one out of every six adolescents who use marijuana will become addicted. Traffic accidents involving marijuana have increased dramatically.

Is the almighty tax dollar more important than the negative impacts it will create with our youth and families?

The secondary affects of marijuana retail sales will unnecessarily place Stanwood residents and others in danger of bodily harm, increase police enforcement risks and costs and generally create undesirable liability exposure for the city.

This is a STUPID idea. I am embarrassed that this idea is being considered by most of the council voting to affirm a marijuana store in Stanwood!

Thank you,
Leon and Marylee Sams



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Erica Schorn

From: Cookie Mill Manager <cookiemillstanwood@gmail.com>
Sent: Thursday, April 19, 2018 11:57 AM
To: Erica Schorn; Devin M Sola; Leonard Kelley; Elizabeth Callaghan;
rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne
White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: Ordinance 1456
Categories: Green category

Dear Ms. Schorn, Ms. Sola, Mayor and Council Members,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

As business owners and lifetime members of the community my family and I are very disappointed to learn the City Council is considering allowing a retail Marijuana location in downtown Stanwood. My husband and I have both been raised in Stanwood and have chosen to raise our own boys here and own a business in the city of Stanwood because of the 'small town - family feel'. We want our downtown to be a safe family friendly environment. Please consider this when making your decision. The revenue the city would make is not worth the disadvantages.

Thank you for your time.
Sincerely,
Marybeth Sande
Co-Owner of The Cookie Mill

Erica Schorn

From: Leon Sams <leonsams@gmail.com>
Sent: Thursday, April 19, 2018 11:54 AM
To: Leon Sams
Cc: Erica Schorn; Devin M Sola; Leonard Kelley; Elizabeth Callaghan;
rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne
White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: POT SHOP?
Categories: Green category

I can't believe there would even need to be a discussion about this issue!

The one question is ----What is more important? ----

Generating more money for the city or not having the temptation of a Pot Shop in our town?

What's the answer? Seems obvious to me!

Thanks,

Marylee S. Sams



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Erica Schorn

From: Mark Palmer <palmeroncamano@gmail.com>
Sent: Thursday, April 19, 2018 12:06 PM
To: Erica Schorn; Devin M Sola
Subject: Ordinance 1456

Categories: Green category

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the city limits of Stanwood (Ordinance 1456).

Why am I opposed to marijuana retail in our town? For the simple reason that marijuana is a recreational drug, and recreational drugs inflict harm. They inflict it on individuals, families, and communities.

The fact that recreational drugs are harmful is not new information. What IS new is that society is becoming desensitized to the facts surrounding this issue.

Please base your decision regarding pot shops within the Stanwood city limits on one thing: the long-term health and welfare of our community. Like the simple, common sense 1980's slogan that was part of our country's war on drugs, "Just say NO".

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Thank you,

Karen Palmer
177 Chelsea Lane
Camano Island, WA 98282

Erica Schorn

From: Leon Sams <leonsams@gmail.com>
Sent: Thursday, April 19, 2018 12:13 PM
To: Erica Schorn; Devin M Sola
Subject: Subject: Ordinance 1456

Categories: Green category

Dear Ms. Schorn and Ms. Sola,

Please make us a parties of record stating our opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

We have emailed the City Council, the City Mayor, and the Planning Commissioners because the city's

spam filter did not accept our previous message.

Sincerely,

Leon and Marylee Sams

Address 20028 Beach Drive, Stanwood, WA 98292

Home Phone: 360-652-8861

Mobile Cell: 425-239-4485



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Erica Schorn

From: Dylan McFadden <mcfaddendj@masters.edu>
Sent: Thursday, April 19, 2018 12:33 PM
To: Erica Schorn; Devin M Sola
Cc: Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; judith.williams@ci.stanwood.wa.us ; Leonard Kelley
Subject: Ordinance 1456
Categories: Green category

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

My desire is for this city is that we'd teach our children and young people that recreational drug use is not the path to the "Good Life" – that life isn't about "Getting High" – and that there are healthier ways to cope with the realities of hurt and pain in this life than by turning to recreational drug use.

Such was the lie that one of my young family members believed... He has now become dependent on marijuana, daily, to escape from the emotional hurts and pains of life. He says it "Helps him feel better about things..." Unfortunately, his escape from the hurts and pains of life through this mind-altering substance...is precisely the way he has AVOIDED actually dealing with them, and has AVOIDED receiving help/counsel for them, and has AVOIDED reconciling with certain things and people from his past.

I have watched him only plunge, deeper, into depression and despair... And now, his life only feels "Good" when he is high...

And that is, truly, a tragedy.

Let's teach our children that there is more pleasure and enjoyment to be found in *life itself*...than in an *escape from reality* through the mind-altering effects of recreational drug use. The fact that so many young people today are turning to recreational drug use (either casually, or habitually) ought to tell us that something is *wrong*, not that things are *good*, or *getting better*.

Based off of the research I've done (cited below), I've believe that the recreational use of marijuana is doing far more harm than good – as it impairs and frustrates cognitive faculties in the brain.

(**Sources:** Wayne Hall, Maria Renström, and Vladimir Poznyak, eds., *The Health and Social Effects of Nonmedical Cannabis Use* (Geneva: World Health Organization, 2016);

Wayne Hall, "What Has Research over the Past Two Decades Revealed about the Adverse Health Effects of Recreational Cannabis Use," *Addiction* 110.1 (January 2015): 19–35, doi: 10.1111/add.12703;

Nora D. Volkow et al., "Adverse Health Effects of Marijuana Use," *New England Journal of Medicine* 370.23 (June 5, 2014): 2219–2227, doi: 10.1056/NEJMr1402309;

Natania A. Crane et al., "Effects of Cannabis on Neurocognitive Functioning: Recent Advances, Neurodevelopment Influences, and Sex Differences," *Neuropsychology Review* 23.2 (June 2013): 117–137, doi: 10.1007/s11065-012-9222-1.)

I strongly discourage the city of Stanwood from allowing marijuana retail within our city limits.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Sincerely,

Dylan McFadden
28621 74th Dr. NW
Stanwood, WA 98292

Erica Schorn

From: Elaine Cusic <elainecusic@gmail.com>
Sent: Thursday, April 19, 2018 12:58 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]
Subject: Ordinance 1456

Categories: Green category

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the city limits of Stanwood (Ordinance 1456).

Our family has suffered much grief and sadness as a result of the effects of marijuana on one family member who loves it more than family. The Bud Hut is conveniently located between Stanwood and Terry's Corners on North Camano for those who need it medically. That is enough. Our grandchildren and grandchildren don't need to see any more retail sales outlets.

Please distribute my comments to the Stanwood City Council, City Mayor and Planning Commissioners.

Thank you for your time and consideration!

Sincerely,

Elaine Cusic
28409 - 72nd Drive NW
Stanwood, WA 98292

Erica Schorn

From: Heidi Forslund <heidi7lynne@msn.com>
Sent: Thursday, April 19, 2018 2:54 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: No marijuana in Stanwood

Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

As a mother of four young children, I feel that we have been very privileged to settle here in Stanwood. Up until now, it has been a community that has been close, supportive, and a safe and healthy environment for us to raise our family.

I am amazed that our city council would even consider inviting an establishment into our community that promotes the retail sale of marijuana. Despite measures taken to try to keep it out of the hands of 'underage' children and teens, we are only just beginning to see the detrimental effects that easy access to marijuana is beginning to have on the children and families of the communities that welcome it. We have already had issues, even in our small town, with substance abuse among our teens - bringing it into easy-access retail could not possibly help the situation.

Not only am I concerned about the increased likelihood of my children being exposed to marijuana at an early age, but I am also concerned about the kind of atmosphere, environments, and potential future similar 'businesses' that a retail marijuana shop could bring. I fail to see how this could, in any way, prove to further develop our community and local business base into one that would strive for excellence, quality, and a safe and healthy environment for our children to grow up in. Don't turn our community into one in which a family would have to reconsider if it was really best to raise their kids here.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Sincerely,

Heidi Forslund,

8226 276th Pl NW, Stanwood 98292

Erica Schorn

From: Kristie Flickner <kflickmops@gmail.com>
Sent: Thursday, April 19, 2018 9:58 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; rob.johnson@ci.stanwood.wa.us; Elizabeth Callaghan; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: Ordinance 1456

To city of Stanwood leaders,

Please add me as party of record in opposition to adding marijuana retail to the wonderful city of Stanwood.

We love living in the area and enjoy so much about Stanwood! Although Camano is where we call home, so much of our daily life centers around Stanwood. I'm very much saddened by the idea of a marijuana shop changing the feel of our small town, forever. I wonder what things will be like 10-15 years down the road when all that you thought would be fine and harmless has done it's damage. The picture I see isn't a pretty one. I don't see healthy families and a thriving community.

It's very unsettling to attend several meetings and see numbers of people speaking out that amount to a 3 to 1 in opposition to retail marijuana, and then witness the people who have been given the opportunity to serve this city completely ignore the majority, who are in opposition. It's like we didn't matter.

Please make sure you are taking EVERY step to do the right thing for this wonderful city, listen to the people, especially those who are taking the time to come and share how they feel, these are the people who truly care about this city!! I thank you for your service.

Please distribute my comments to the City Mayor, City Council, and Planning Commission

Kristie Flickner
842 Madrona Beach Rd.
Camano Island, WA 98282

Erica Schorn

From: Peggy Kitting <peggypoooh321@yahoo.com>
Sent: Friday, April 20, 2018 11:24 AM
To: Erica Schorn; Devin M Sola
Subject: MY FAMILY OPPOSES MARIJUANA IN STANWOOD

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Dear Erica and Devin,

Please make my statements as a Party to the Record and forward this to all the city council members including the Mayor.

We are asking the Mayor and 5 City Council members to preserve the innocence of our children. Not to be remembered as the people who played a part in destroying our community. I'd like to see the community maintained as a growing community that cares for its citizens. This is not caring for the heart, soul, or mental health of individuals who have a propensity towards addictions within our community. I know firsthand the problems that come with the usage of marijuana. Some kids do more than marijuana, but most of the time started with marijuana. I have read research speaking to the adverse effects of marijuana, and I have seen it dissolve relationships and more.

Why make this so accessible? Recreational marijuana kills, steals, and destroys life!
Don't make this decision in haste. Take the time to evaluate and look at the big picture.

As it presently appears you are only looking at revenue and pushing your agenda on the citizens of Stanwood. What else are we to think when you have not expressed your plans to allow marijuana into our town. Why are you doing this?

Sincerely,
Peggy Kitting
7229 286th PL NW
Stanwood, WA 98292

Erica Schorn

From: Bruce Kitting <bkitting1@yahoo.com>
Sent: Friday, April 20, 2018 11:33 AM
To: Erica Schorn; Devin M Sola; Leonard Kelley; Ryan C. Larsen
Subject: MARIJUANA AFFECTS THE BRAIN

Follow Up Flag: Flag for follow up
Flag Status: Flagged

To Whom It May Concern:

Please make this email a Party of the Record

Marijuana affects the brain. When marijuana is smoked, its active ingredient THC travels throughout the body, including the brain, to produce its many effects. THC attaches to sites call cannabinoid receptors on nerve cells in the brain, affecting the way those cells work. Cannabinoid receptors are abundant in parts of the brain that regulate movement, coordination, learning and memory, high cognitive functions such as judgement.

Please do not bring this into our community!

THC IS DANGEROUS!

Thank you,
Bruce R. Kitting
7229 286th PL NW
Stanwood, WA 98292

Erica Schorn

From: Cliff Grant <cliff.j.grant@gmail.com>
Sent: Friday, April 20, 2018 2:33 PM
To: Erica Schorn; Devin M Sola
Subject: Comment Regarding Ordinance 1456
Attachments: Stanwood_Ordinance_1456_Comments_Marijuana_Edibles_4-16-2018.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

Attached are my comments regarding the risks of marijuana edibles.

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Also, please confirm you have received this email and attachment.

Thank you and best regards,

Cliff Grant
8201 283rd St NW
Stanwood, WA 98292

April 20, 2018

City Mayor, Councilmembers, and Planning Commissioners
City of Stanwood
10220 270th St NW
Stanwood, WA 98292

Re: Ordinance 1456 – Marijuana Retail in Stanwood

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

Also, please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

At the April 12, 2018 City Council meeting, there were some comments about marijuana edibles used for medical purposes. Clearly, those products can and do serve to alleviate pain and lessen the effect of certain medical conditions and treatments when used properly. However, there is a growing concern that the increased availability of marijuana edibles increases risk to people of all ages.

People of any age who consume marijuana edibles may not understand that edibles take a longer amount of time to have an effect on the body. Consuming marijuana edibles have a delayed effect (1-2 hours), as opposed to smoking marijuana (5-10 minutes) – as noted in the attached article “The Hidden Danger of Marijuana Edibles” written by Robert Glatter, MD. “People get impatient for the effect and will take more, then the symptoms are more pronounced. In other words, if one cookie doesn’t get the job done, some people might be quick to eat another before the high takes effect, possibly resulting in an overdose. This delay can result in overdoses and serious risk of harm or death to the consumer.”

An example of this is the “death of 19 year old Levy Thamba Pongi, a Wyoming exchange student visiting Colorado in March of 2014, who ate a marijuana cookie.” By eating just one cookie, Levy ingested 6 servings with a total THC content of 60 mg. The delayed effect and the amount of the THC ingested resulted in Levy jumping off a building and falling to his death. “The chief contributing factor to his death based on the autopsy, was marijuana intoxication – with a blood level of 7.2 ng/ml. Any level greater than 5 ng/ml constitutes impairment, and is above the legal limit for driving set forth in Colorado.”

Another article which I’ve attached: “Disguising Danger: 7 Marijuana Edibles Shockers” tells how “Oklahoma native Caleb Fowler, 23, shot himself earlier this month after eating five times the recommended dosage of edibles.” It’s also noted that marijuana edibles are working their way into schools. “Perhaps because of the colorful packaging, even pre-teens are getting hold of edibles. Last

April, a 10-year-old in Denver was busted for bringing edibles to school and three seventh-graders were hospitalized just one month earlier for eating pot-laced brownies at school.” Many marijuana edibles are sold in colorful packages and flavors that appeal to youth. “Edibles make it significantly easier for those who are underage to use marijuana covertly, which may make it more appealing. This could potentially increase frequency of use. The risk of getting caught using marijuana at home or at school may be lower if an adolescent is eating a cookie or candy infused with THC than smoking the drug. That could make this mode of use appealing for teens who may otherwise abstain out of the fear of repercussions associated with “smelling like pot.” (see attached article “Pot Brownies Aren't as Innocent as They Might Seem”)

These stories are about real people – with real and sometimes deadly consequences – and they should wake us all up and admit that our actions could lead to the harm or death of others.

It’s been stated several times at City meetings on this issue that “marijuana is safer than alcohol – you can’t overdose on marijuana.” Yet, people do overdose on marijuana – the drug in their body may not directly cause them to die, but the drug in their body can cause them to do things that lead to their death. Considering only deaths from direct overdoses is a narrow way of considering whether a drug is “safe” or “safer” than something else. You can’t overdose on cigarettes, but do we really think they’re “safe?”

So, yes, people can and do overdose on marijuana. Let’s all be honest about that.

Even though pot shops are currently within a few minutes of Stanwood, it’s obvious that adding a marijuana retail shop right in Stanwood WILL result in more access to marijuana and increase use of marijuana among all ages. Our City is very naïve if we think that increasing access and use of marijuana will not lead to at least one person overdosing on an edible, or at least one person dying in a car accident or some other tragedy.

Due to the clear and serious danger to the people of Stanwood and the people who visit our town I urge you to NOT allow marijuana retail in our City.

Thank you for your time.

Regards,

Cliff Grant
8201 283rd St NW
Stanwood, WA 98292

Erica Schorn

From: Cliff Grant <cliff.j.grant@gmail.com>
Sent: Friday, April 20, 2018 3:03 PM
To: Erica Schorn
Cc: Devin M Sola
Subject: Helpful Information Related to Ordinance 1456
Attachments: get-it-straight-student.pdf; Learn About Marijuana_ Factsheets_ Marijuana and Adolescents.pdf; Marijuana _ NIDA for Teens.pdf; marijuana_teens.pdf; Teens and the Real Danger of Marijuana Edibles_ What Parents Need to Know.pdf

Dear Ms. Schorn,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

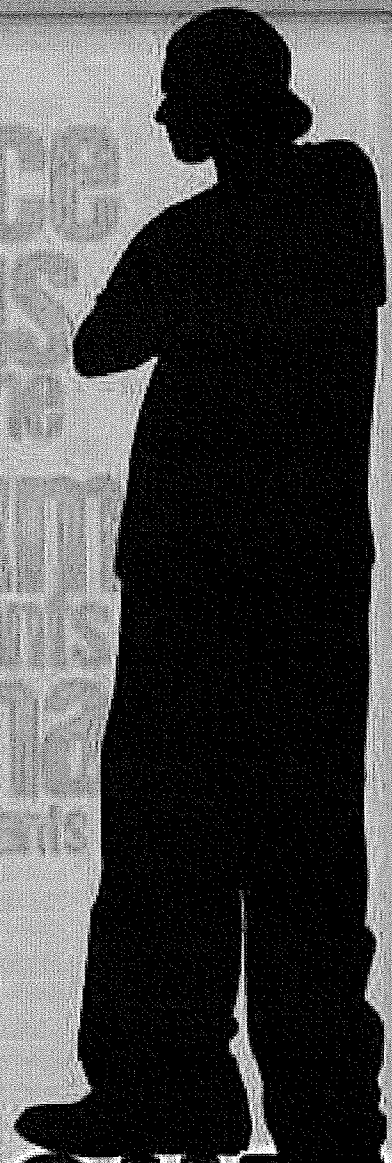
Attached are a few articles and info sheets on marijuana that help the discussion on Ordinance 1456. Please add these to the public comment record for Ordinance 1456.

Also, please confirm you have received this email and attachments.

Thank you and best regards,

Cliff Grant
8201 283rd St NW
Stanwood, WA 98292

SPICE
I'M DRUGS
HYPERCALCAEMIA
INITIALS DRUG
SIMILARIS
MANIPULATION
K2 DEPRESSANTS



GET IT STRAIGHT!

The Facts About Drugs
STUDENT GUIDE

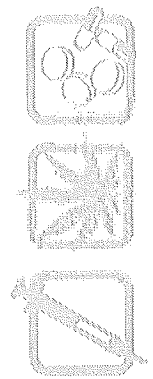


GET IT STRAIGHT!

The Facts About Drugs
STUDENT GUIDE

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Drug Enforcement Administration
Drug Enforcement Administration Warehouse
Office of Congressional & Public Affairs
8701 Morrisette Drive
Springfield, VA 22152
www.justice.gov/dea/index.htm

Dear Student:

The Drug Enforcement Administration and Boys & Girls Clubs of America decided to join forces to respond to the problem of drug abuse among teens – a problem that continues to pose a serious risk to young people. We know that teens today face challenges from every direction – pressure from peers, media influences, faulty information, and “hype” about drugs – and, more than ever before, need reliable facts in order to make positive choices.

So, we looked to four young people – probably a lot like you – to help us out and provide input about the kinds of questions that concern teens. We chose Jessica, Greg, Marquita, and Juan because, like you, they’ve faced the pressures of school, social life, and family – and, like you, they’ve heard a lot about different kinds of drugs.

These four teens became our drug-prevention team leaders, and we asked each of them to research and study one of these substances: cough medicines and over-the-counter medicines, prescription drugs, inhalants, and marijuana. What they discovered is that there’s a lot of faulty and inaccurate information out there that many teens accept at face value.

Jessica, Greg, Marquita, and Juan will share their discoveries with you themselves. They’ll guide you on this journey, as you learn the truth about drug abuse and understand the negative impact it has in the lives of young people. We hope that the learning shared by these four teens will be as eye-opening for you as it was for them – and that their discoveries will inspire you to Get It Straight! about drug abuse.

The Drug Enforcement Administration
and
Boys & Girls Clubs of America

Introduction

Get It Straight!

Some of the most dangerous drugs abused by teens are those that are readily available – prescription drugs, cough medicine and over-the-counter medications, household products used as inhalants, marijuana, K2 or Spice, and tobacco and alcohol. Because some of these substances are relatively easy to get and legal when used for their intended purposes, teens often believe they aren’t harmful. But these drugs are extremely harmful and dangerous when used by teens to get high.

Get It Straight! is designed to help you expose common myths about drugs and learn the truth behind the myths – in short, to “get it straight.” This Student Guide will help you understand the harmful effects of these types of drugs on your health. The questions, activities, and role-plays are designed to be done in small groups – and to help you discover the truth about these substances by finding the answers on your own.

Drug Prevention Teams

This guide grew out of a school assignment to research drugs. To make the assignment more fun and interesting, we decided to form four drug-prevention teams. Each team leader researched and studied one of the following drugs: cough medicines and over-the-counter medicines, prescription drugs, inhalants, and marijuana. We included these drugs because national surveys indicate that middle-school kids use them the most.

We're the team leaders - Jessica, Greg, Marquita, and Juan - and we're probably a lot like you. We're all about the same age and have similar concerns and questions about drugs. We face the same pressures of school, social life, and family that you do. Like most teens, we'd heard a lot about different kinds of drugs. But here's what we did to get the truth:

- We consulted **websites** sponsored by the federal government **and nongovernment organizations**.
- We interviewed **community experts** on drugs, such as a Drug Enforcement Administration Special Agent, a school nurse, and a local pharmacist.
- To research **drug trends**, we talked to different people - a local hospital emergency-room doctor about drug overdoses; the school counselor to find out data on drug use from the school survey; the assistant principal about the number of students suspended for alcohol and drug violations; and the school resource officer about the drugs kids were using.
- Each of us also looked at **national surveys on drug use** and found out just how many youth were using drugs and the trends in drug use.

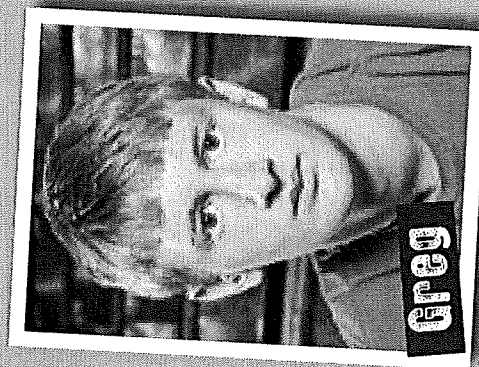
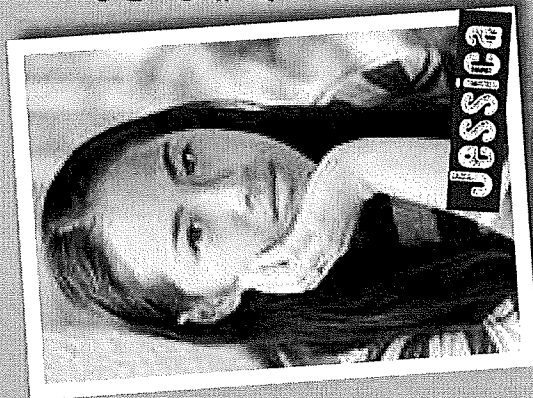
The goal of the assignment wasn't only to present the facts, but also to help other teens make the right decision not to use drugs. We'll be guiding you through the process of learning the facts about these drugs - and sharing with you what we've learned. The more informed you are, the more confidently you can make the right decision about not using drugs.

DRUG PREVENTION TEAM LEADERS

Cough Medicine/ Over-the-Counter Drugs

Question: Why is using cough medicine to get high so bad?

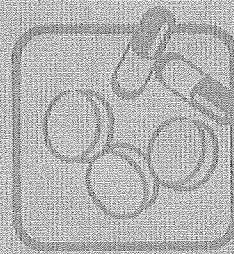
Answer: In large quantities, the ingredient in cough medicine (dextromethorphan/DXM) causes impaired motor function, numbness, nausea, vomiting, and increases heart rate and blood pressure.



Non-Medical Use of Prescription Drugs

Question: Why is taking prescription drugs to get high so bad?

Answer: Prescription drugs when prescribed can help people heal from an illness or recover from surgery. Taking prescription drugs that are not prescribed to you to get high can be very dangerous and addictive.



DRUG PREVENTION TEAM LEADERS

Inhalants

Question: Is sniffing a few chemicals really that bad?

Answer: A user can suffer from Sudden Sniffing Death Syndrome, which means the user can die the first, 10th or 100th time he or she uses an inhalant. Inhalants are extremely toxic to the brain and other organs.



Marijuana

Question: Is smoking marijuana really harmful?

Answer: Marijuana can affect learning and memory and cause distorted perception, difficulty in thinking, problem-solving, and coordination.



OVERVIEW OF DRUGS AND TEENS

In our research, we found that teen drug abuse continues to be a problem in the U.S. - studies show that it's been on the rise in the past few years. Contrary to popular belief, though, most teens still don't take drugs. But we also learned that the rise in drug abuse among teens has to do with how much they know about the dangers. So, the greatest defense against rising drug use is information - discovering the truth behind the myths. As kids learn the very real dangers of drug abuse, they're less likely to try them and more likely to say "no." But, before we learn about some of the common myths, take this simple quiz to find out what you already know.

How Much Do You Know?

- 1) The first time a teen uses a substance to get high, where is it likely to have come from?
 - a) student drug dealers at school
 - b) siblings or friends
 - c) drug dealers in the community
 - d) parents or other adult relatives
- 2) Which of the following is true of inhalant abuse?
 - a) it is most prevalent among middle-school youth
 - b) it can cause permanent brain, liver, nerve, and kidney damage
 - c) inhalants can be easily, legally purchased
 - d) inhalants are found among many common household items
 - e) all of the above
- 3) Excess doses of cough-suppressant products contain dextromethorphan (DXM)?
 - a) can produce a dissociative state
 - b) can be bought legally by teens
 - c) can produce hallucinations
 - d) can produce irregular heartbeat, high-blood pressure and other serious problems
 - e) can cause organ damage and death
 - f) all of the above

TOP 10 Myths (and Truths) about Drugs

One of the biggest problems with teens is that they almost always have faulty information about drugs. Kids tend to believe what they hear from other teens, especially the "hype" about the upside of doing drugs. The truth is: there is no upside to using drugs. Here are the top 10 popular myths teens tend to believe about drugs – and the truth behind each myth:

1. **Myth** – Marijuana is harmless.
TRUTH – Marijuana smokers risk the same health problems as tobacco smokers: bronchitis, emphysema, and bronchial asthma. They also experience lack of coordination, memory problems, and poor concentration.
2. **Myth** – Using drugs doesn't change the brain.
TRUTH – Drugs change the brain, and this can lead to abuse, addiction, and other very serious physical and neurological (mind) problems.
3. **Myth** – Legal drugs are helpful; illegal drugs are harmful.
TRUTH – It doesn't matter whether a drug is legal or illegal because all drugs can be abused. Even if a federally regulated drug is considered "safe," misuse and abuse of this drug can still have harmful effects.
4. **Myth** – Parents don't have any influence over a teen's use of marijuana.
TRUTH – Marijuana use occurs less often among teens who think their parents would strongly disapprove of their trying marijuana once or twice (2009 National Survey on Drug Use and Health).
5. **Myth** – Using drugs is a normal part of growing up and experimentation is harmless.
TRUTH – The majority of teens reject drugs. According to a national survey, 79 percent of 8th-graders report NOT ever using illicit drugs (Monitoring the Future, 2010).
6. **Myth** – You can't overdose on prescription drugs to get high the first time.
TRUTH – You can overdose on any drug even the first time you use it.
7. **Myth** – Many 8th graders abuse inhalants.
TRUTH – According to a national survey, almost 92 percent of 8th graders reported NOT using inhalants in the past year (Monitoring the Future, 2010).
8. **Myth** – Everybody is doing it!
TRUTH – Not "everybody" is doing it. In fact, most teens are not doing drugs. Those who do drugs do so infrequently, at parties or on occasion. Most teens do not drink or do drugs regularly.
9. **Myth** – It can't hurt to try it just once.
TRUTH – It can hurt to try drugs. You may do something you regret while under the influence, you may get violent or become the victim of violence, you could get very sick and, in extreme cases, you may even die.
10. **Myth** – Drug use is voluntary ... I can quit whenever I want!
TRUTH – It's true that drug use is a choice at first, but over time, it alters the chemistry of the brain and body – resulting in a compulsive and uncontrollable need for the drug. Addiction is a serious side effect of drug abuse.

Factors that Influence Drug Use

Scientists have identified "risk factors" to help identify the people most likely to use drugs. Risk factors can increase a person's chances of drug abuse, but not everyone with risk factors for drug abuse actually abuses drugs. Here are some signs of risk that may predict later drug use:

- Having friends who abuse drugs
- Having a parent or caregiver who is not a responsible parent
- Having a caregiver or parent who abuses drugs or suffers from mental illness
- Aggressive behavior
- Lack of self control
- Poor classroom behavior or social skills
- Academic failure
- A school or community that has lax rules about alcohol and drug use
- Belief that drugs are not harmful
- Perception that family or friends approve of drug use

Here are some factors – called "protective factors" – that may help a person not to use drugs:

- Being active in hobbies, sports, or volunteer activities
- Having a mentor or caring adult in your life
- Doing well in school
- Home, school, and community rules that support not using drugs or alcohol
- Strong attachment to a school, religious organization, or after-school program
- Belief that drugs are harmful

Think about It

Read through the list of the "risk factors" and "protective factors." What do you notice in common among the risk factors? What about the protective factors? If you were going to make a general statement about teens most at risk for drug use, and those least at risk for drug use, what would you say? How important do you think it is for teens to have information about drug abuse? How important do you think it is for them to have positive adult guidance in their lives?



- ✓ **You can't predict the effect** an illegal drug or prescription drug can have on you – especially if it's the first time you try it – even if it's a small amount.
- ✓ **Everyone's brain and body chemistry is different.** Everyone's tolerance for drugs is different.
- ✓ **Giving a prescription drug prescribed to you to another person or family member is illegal.**
- ✓ Using drugs can lead to **abuse, addiction, serious health problems and even death.**
- ✓ Legal prescription and over-the-counter drugs can be **just as dangerous** as illegal drugs.

From Drug Use to Drug Addiction

When faced with the consequences of using drugs, you might think, "This is just a scare tactic. It can't happen to me." Or you might think, "It could happen to others, but it won't happen to me." But if you think that using drugs can't affect your health, your family and social relationships, school performance, or your future – think again.

Using drugs – and sometimes just being around friends who use them – can have negative legal, health, social, and financial consequences. Think about it: What can happen when you get in a car with a driver who's high? What can happen if you come to school high and you are sent to the principal's office?

And what can happen if you make a decision to use drugs? The first time it's a choice. After that, it may not be voluntary – you start abusing the drug and may become addicted to it. And sometimes it's hard to know the total consequences of your choice – until it's too late. You can decide to not use drugs and resist when you are offered drugs. You have the power.

WHAT IS DRUG ADDICTION?

We wanted to learn more about drug addiction, so we looked it up on the Just Think Twice website (<http://www.justthinktwice.com>) and here's the definition we found:

Drug addiction is a chronic, relapsing disease that affects the brain and causes compulsive drug-seeking and use despite harmful consequences. Using drugs changes your brain's structure and function. Addiction is a brain disease because drugs change the brain, they change its structure, and how it works. And although the initial decision to take drugs may be voluntary, over time, the changes in your brain can weaken your self-control and ability to make sound decisions, while sending intense impulses to take drugs.

It Could Happen to You

Imagine that you've just started the 9th grade, and it's the third week of school. You have an older brother named Barry in the 11th grade. One day, as you're walking to school, some of your brother's 11th-grade friends pull up in a car and ask if you want a ride. Barry isn't with them, but you say "yes" anyway, and once you're in the car, you immediately regret it. They ask if you want to get high before class. They already make fun of you for being Barry's younger brother, so you know they'll really give you grief if you say you don't want to smoke pot. Now you're wondering if maybe Barry smokes marijuana, and you don't know what to say.

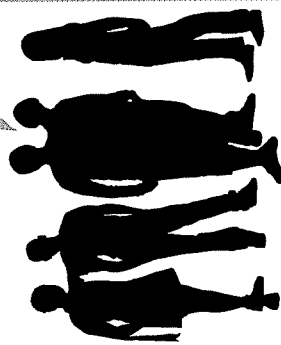
? What Would You Do?

What could you say to Barry's friends? What are some ways to say "no?" It's a good idea to be proactive – to think about these situations before they occur. Think about why you don't want to try drugs, and get clear about how you'll communicate this to anyone who pressures you.

Teens Weigh In

"Getting messed up is just another way of leaving yourself behind."

– Teen in Above the Influence Drug Prevention Ad



Group Activities

Web Hunt – Do an informal survey with some of your friends to find out what they believe about various drugs – especially marijuana, prescription drugs, inhalants, and cough medicine/over-the-counter drugs. Then conduct a web search to discover the truths behind their beliefs. Start with Just Think Twice, <http://www.justthinktwice.com>, NIDA for Teens, <http://teens.drugabuse.gov/> and Above the Influence, <http://www.abovetheinfluence.com/>.

Shatter the Myths – Explore the National Drug Facts Week website (<http://drugfactsweek.drugabuse.gov>). Find out about National Drug Facts Week, plan an event in your area, or take the interactive National Drug IQ Challenge.

The Plain Truth – Have each member of your small group select a fact sheet from the National Institute on Drug Abuse website, NIDA InfoFacts: The Science Behind Drug Abuse (<http://drugabuse.gov/infofacts/infofactsindex.html>) and become familiar with the facts about that particular substance. Share the information you have learned.

Reality Check

"I enjoyed huffing because it was cheap, an easy high to obtain, and in 20 minutes my high would be gone so no one would know. Inhalants took up so much of my time, thoughts, and energy that I didn't realize my life was getting totally out of control. Huffing was becoming a big problem, and an everyday occurrence. I did it alone, I did it with friends, I did it when I felt sad, lonely or scared - even when I was happy. It was my escape. I did it anytime - I didn't care about family, friends, life or anything.

Finally, I got into treatment for three months, and actually, I feel lucky. In fact, I know I am lucky. Huffing could have killed me. I started to huff when I was 13 years old ... that's too young to do a lot of things, including becoming an addict, or dying."

- "Addicted to Inhalants," Check Yourself Drugfree.org, <http://checkyourself.com/>

Find Out for Yourself

Check out these sites for more on drug abuse in the U.S. today:

Drug Enforcement Administration
<http://www.dea.gov>
<http://www.justthinktwice.com>

Monitoring the Future
<http://www.monitoringthefuture.org>

National Survey on Drug Use and Health
<http://oas.samhsa.gov>

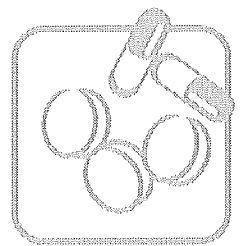
SAMHSA - Substance Abuse and Mental Health Services Administration
<http://samhsa.gov>

National Institute on Drug Abuse
<http://www.drugabuse.gov>

Office of National Drug Control Policy
<http://www.whitehousedrugpolicy.gov>

Centers for Disease Control and Prevention
<http://www.cdc.gov>

National Institute of Alcohol Abuse and Alcoholism
<http://www.niaaa.nih.gov>



COUGH MEDICINES AND OVER-THE-COUNTER DRUGS



Jessica Talks about Cough Medicines and Over-the-Counter Drugs (OTC)

Before I started my research on cough medicines and over-the-counter drugs, it never occurred to me that teens took these to get high. I learned a lot about how teens use these substances - and what effect they have - but first, let's see what you know about them.

How Much Do You Know?

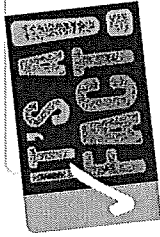
- 1) Abusing over-the-counter medicines can be as dangerous as abusing illegal drugs.
 - a) one percent
 - b) five percent
 - c) 10 percent
- 2) How many teens in the U.S. report having abused cough medicine to get high?
 - a) delusions
 - b) stomach pain, nausea, and vomiting
 - c) high-blood pressure and rapid heartbeat
 - d) fever and headaches
 - e) loss of consciousness
 - f) all of the above
- 3) Which of the following can result from taking extreme amounts of cough medicine?
 - a) one percent
 - b) five percent
 - c) 10 percent

1) True; 2) c; 3) f

TOP 10 K VARE R E R W R U K E Medicine and OTC-Drug Abuse

You may have figured out that abusing over-the-counter drugs – such as cough syrup and cold medicines – can be just as dangerous and harmful as illegal drugs sold on the street. I learned a lot about these substances, and you will too as you do some research of your own, but here are 10 important facts to know about the abuse of cough medicines and over-the-counter drugs:

1. **DXM/Dextromethorphan** – Cough medicine contains DXM (dextromethorphan). The typical adult dose is 15 or 30 mg taken three to four times daily.
2. **High Dosages** – DXM is abused by consuming high doses of OTC liquid cough medicines in order to experience joy and visual and auditory hallucinations.
3. **Most Common Form** – Illicit use of DXM is often referred to as “Robo-tripping,” “skittling” or “dexing.” The first two terms are derived from the products that are most commonly abused, Robitussin and Coricidin HBP.
4. **Tablets and Gel Capsules** – DXM abuse often occurs with over-the-counter liquid cough medicines, but more recently, abuse of tablet and gel capsule preparations has increased. (Drug Enforcement Administration, Office of Diversion Control, http://www.deadiversion.usdoj.gov/drugs_concern/dextro_m/dextro_m.htm)
5. **Internet Versions** – DXM powder, sold over the Internet, is also a source of DXM for abuse. The powdered form of DXM poses even more risks due to the uncertainty of composition and dose.
6. **Street Names** – The street names for these substances are CCC, Dex, DXM, Poor Man's PCP, Robo, Rojo, Skittles, Triple C, and Velvet.
7. **Immediate Effects** – Some of the many effects associated with high-doses of DXM include confusion, inappropriate laughter, agitation, paranoia, hallucinations and other sensory changes, including the feeling of floating and changes in hearing and touch.
8. **Long-term Consequences** – Because of the other ingredients in cough medicines, long-term abuse of these substances is associated with serious health problems such as high blood pressure (from pseudoephedrine), liver damage (from acetaminophen) or bone-marrow/nerve-cell damage or cardiovascular toxicity (from anti-histamines). (Drug Enforcement Administration, Office of Diversion Control, http://www.deadiversion.usdoj.gov/drugs_concern/dextro_m/dextro_m.htm)
9. **DXM Intoxication** – DXM intoxication involves being over-excited or lethargic, loss of coordination, slurred speech, sweating, hypertension, and/or involuntary spasmodic movement of the eyeballs.
10. **Combining with Other Substances** – The use of high doses of DXM with alcohol or other drugs is particularly dangerous, and deaths have been reported. DXM taken with antidepressants can be life threatening.



3% of 8th-graders, **5%** of 10th-graders, and nearly **6%** of 12th-graders reported that they used cough/cold medicines and over-the-counter drugs as a way to get high.

– 2010 Monitoring the Future Survey

Think about It

Cough medicines and over-the-counter drugs may seem harmless, but they're powerful chemicals that can cause distortions in vision, perception, and sense of time if abused. The human body is a finely-tuned machine: does it make sense to experiment by taking chemicals or medications you don't need and when you don't know what they'll do to you? Keeping my body healthy is important to me and, if you think about it, it probably is to you, too.

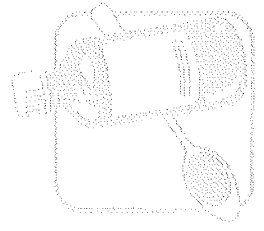
It Could Happen to You

You're at your friend's Kendra's house after school on a Friday afternoon, along with three other kids (three girls and two guys), and you're trying to decide what to do that night. Since you're in the 8th grade, no one can drive, so you decide you'll just stay at Kendra's house and watch a movie. The guys seem a little restless and say they have to go to the store. When they return, they have a bunch of cough syrup and say you'll all get high if you drink enough of it. Kendra's parents won't be home until much later, so you're concerned what these boys might do in the meantime. Kendra and the other girls try some, but you really don't want to do it.



What Would You Do?

What could you say to Kendra and the others? What are some ways to say “no?” You can say that Kendra's parents will be home later, but what about the times when there are no parents around? Remember that it's okay to say what you want. Think about why you don't want to try drugs, and get clear about how you'll communicate this to anyone who pressures you.



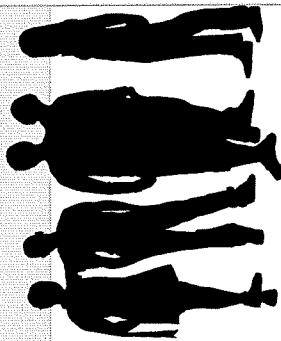
Teens Weigh In

“I live by the motto of ‘Be a Voice, Save a Life.’ By speaking up and letting your friends know what they're doing to themselves, you could end up saving their lives.”

– Teens Ask Teens, JustThinkTwice.com

Group Activity

News Article - Research the effects of cough medicines and over-the-counter (OTC) medications on the body and the mind - both the immediate effects and the long-term consequences. Write a newspaper or magazine article to summarize for others the important information about the dangers of abusing these substances. Include photos you download from various websites and format your article as it would be in a newspaper or journal. You may want to submit the piece to the local paper or begin saving your articles to create a drug-prevention newsletter.



Reality Check

“When I used DXM, I thought that it enhanced my writing, it made me think more, it made me become more artistic - I thought it enhanced the talents I already had. I would do my writing and my art while I was tripping, and I go back and look at it now and I'm like, 'I thought this was good? I can't even read it.' It was horrible. I was so deluded into thinking that because it gave me that feeling - and that's what I was so attracted to about it and that's what I was ultimately addicted to - that feeling.”

- "Make Up Your Own Mind about Cough Medicine," The Partnership™ at DrugFree.org

Find Out for Yourself

Here are a few sites to check out for more information on cough medicines and OTC drugs:

Just Think Twice - Dextromethorphan (DXM)

http://www.justthinktwice.com/drugs/dextromethorphan_dxm.html

NIDA for Teens - Facts on Dextromethorphan (DXM)

http://teens.drugabuse.gov/peerx/pdf/PEERx_Toolkit_FactSheets_DXM.pdf

Above the Influence - Over-the Counter Drug Abuse Facts

<http://www.abovetheinfluence.com/facts/drugsotc/>

NON-MEDICAL USE OF PRESCRIPTION DRUGS

Greg Talks about Non-medical Use of Prescription Drugs

When I started this research assignment, I wondered: How can prescription drugs be harmful when they're prescribed by doctors? I thought prescription drugs couldn't be bad because they help a lot of people. Let's see how much you know about prescription-drug abuse.



How Much Do You Know?

- Which of the following is safe to do if you're in serious pain?
 - Take a pain medication prescribed for your mother
 - Take a pain medication prescribed for a friend
 - Take double the dose that is prescribed for you
 - None of the above
- Prescription drug abuse can be
 - Not as risky as using illegal drugs
 - As risky as using illegal drugs
 - Risky only if the drugs were prescribed for someone else
 - Risky only if a person takes the drugs again and again
- Someone is abusing a prescription drug if
 - It was prescribed for someone else
 - They use more than the doctor prescribed
 - They take the drug for entertainment or pleasure
 - All of the above

TOP 10 Prescription Drug Abuse

It's true that prescription drugs, when used as prescribed by a doctor or dentist, can be effective medicine. But using prescription drugs to get high can have very serious consequences. It all depends on the who, the how, and the why - who the medicine is prescribed for (you or someone else); how you are taking it (as prescribed or not); and why you are taking it (to get well or to get high).

There are different types of prescription drugs that are abused. The most abused drugs include narcotics (OxyContin®, Vicodin®), depressants (Valium®, Xanax®), and stimulants (Adderall®, Ritalin®). You'll be finding out more about each of these types in your own research, but just to get you started, here are 10 important facts to know about prescription-drug abuse.

- 1. NARCOTICS** - Narcotics refer to opium, opium derivatives, and their semi-synthetic substitutes. These drugs are also known as "opioids." Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin®, Vicodin®, codeine, morphine, methadone, and fentanyl.
- 2. Method of Abuse** - These can be in tablets, capsules, skin patches, powder or chunks in varying colors, liquids for oral use and injection, syrups, suppositories, and lollipops. They are swallowed, smoked, sniffed, or injected.
- 3. Effects on the Body** - Besides their medical use, narcotics/opioids produce a general sense of well-being by reducing tension, anxiety, and aggression. Other effects include drowsiness, inability to concentrate and apathy, slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting and, most importantly, slowed breathing.
- 4. DEPRESSANTS** - Depressants refer to those drugs used to treat anxiety, insomnia, seizure disorders, and sleep disorders as well as those used to relax muscles and sedate. They can be in the form of pills, syrups, or injectable liquids.
- 5. Method of Abuse** - Teens abuse depressants to experience euphoria. Depressants are also used with other drugs to add to the other drugs' high or to deal with their side effects. Abusers take higher doses than people taking the drugs under a doctor's supervision for therapeutic purposes.
- 6. Effects on the Body** - Depressants induce sleep, relieve anxiety and muscle spasms and prevent seizures. They also cause amnesia, reduce reaction time, impair mental functioning and judgment, and cause confusion. Long-term use of depressants produces psychological dependence and tolerance. Unwanted physical effects include slurred speech, bad motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing. Depressants can be fatal if they are combined with other drugs or alcohol.

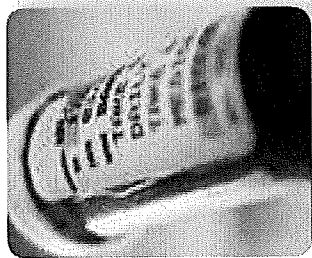
- 7. STIMULANTS** - Stimulants speed up the body's systems. This class of drugs includes prescription drugs like amphetamines (Adderall® and Dexedrine®), methylphenidate (Concerta® and Ritalin®); diet aids (such as Didrex®, Bontril®, Preludin®, Fastin®, Adipex P®, Ionamin® and Meridia®) and illicitly produced drugs (such as methamphetamine, cocaine, and methcathinone).
- 8. Method of Abuse** - Many of these are legally prescribed and used to treat attention-deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD), but can be abused as a way to get high. These substances look like pills, powder, rocks, or injectable liquids, but are usually pills or capsules that are swallowed.
- 9. Effects on the Body** - When abused, stimulants can produce a feeling of exhilaration, enhance self esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for prolonged periods - creating a sense of being "high." Chronic, high-dose use is frequently associated with agitation, hostility, panic, aggression, and suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur.
- 10. Risk of Addiction** - All three types of prescription drugs, when abused, may create psychological dependence so the person becomes addicted to them. It is important to note that some of these substances are so potent that a single dose can be lethal to an inexperienced user. Physical dependence is a consequence of chronic use, and withdrawal takes place when drug use is discontinued.

STREET NAMES

Narcotics: Hillbilly Heroin, Lean or Purple Drank, OC, Ox, Oxy, Oxycontin, Sippin' Syrup

Depressants: Barbs, Benzos, Downers, Georgia Home Boy, GHB, Grievous Bodily Harm, Liquid X, Nerve Pills, Phennies, R2, Reds, Rookies, Trophies, Trunks, Yellows

Stimulants: Bennies, Black Beauties, Cat, Coke, Crank, Crystal, Flake, Ice, Pellets, R-Ball, Skippy, Snow, Speed, Uppers, Vitamin R





- ✓ A national survey found that 3.1% of youth ages 12 to 17 years reported non-medical use of prescription pain medication (2009 National Survey on Drug Use and Health).
- ✓ Each day, approximately 2,500 teens use prescription drugs to get high for the first time. They get their prescription drugs from family members, friends, and the home medicine cabinet (Partnership at drugfree.org).

Think about it

You've heard of Russian Roulette, right? It's putting a single bullet in a gun, spinning the cylinder, and pulling the trigger. Taking medicine prescribed for someone else is like playing Russian roulette - in most cases, you don't even know what the drug is and you have no idea what effect it will have on your body and mind. Are you really willing to take a chance like that?

It Could Happen to You

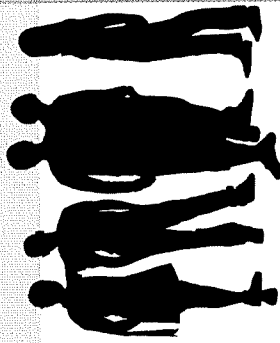
You see your three closest friends at school, and one of them, Samuel, says he's stolen some pills from the medicine cabinet at home - it's called Dexedrine® - and it's supposed to make you feel great and give you energy. Everyone's excited about doing it this weekend on a big camping trip you're all taking, but you're worried. You know someone who took this drug and he said it made his heart beat really fast and made it hard for him to breathe. But the four of you will be sharing a tent this weekend, and you don't see how you'll get out of taking it.

What Would You Do?

What could you say to Samuel and your other friends? What are some ways to say "no?" It's not always easy being the odd man out, but remember that it's okay to say what you want. Think about why you don't want to try drugs, and get clear about how you'll communicate this to anyone who pressures you.

Group Activity

Media Round-Up - Conduct an Internet search to find articles (online magazines, journals, and newspapers) that discuss prescription-drug abuse among teens. Highlight key quotes from each of the articles, statements that sum up the dangers and long-term consequences of prescription-drug abuse. Once you've gathered a number of articles, mount them on a piece of poster board for display.



Reality Check

“When I was 14, I started abusing prescription painkillers. Over the next few years, it got a little worse and I also started drinking. I started dating this one girl, and I quit everything when she found out. A few mornings after she broke up with me, I went all out with everything. I took so many pills I couldn't even count them, not even sure what they were. I just knew they would get me high. I got to the point where I never had any clue what I was doing, where I was, how I got there, anything. Several months of my life are gone. I still struggle with it daily and have relapsed several times. Not a day goes by when I don't sit here craving some pills . . . anything. Please don't let yourself get into any of this . . . it has ruined my life.**”**

- Your Words, AboveTheInfluence.com



Find Out for Yourself

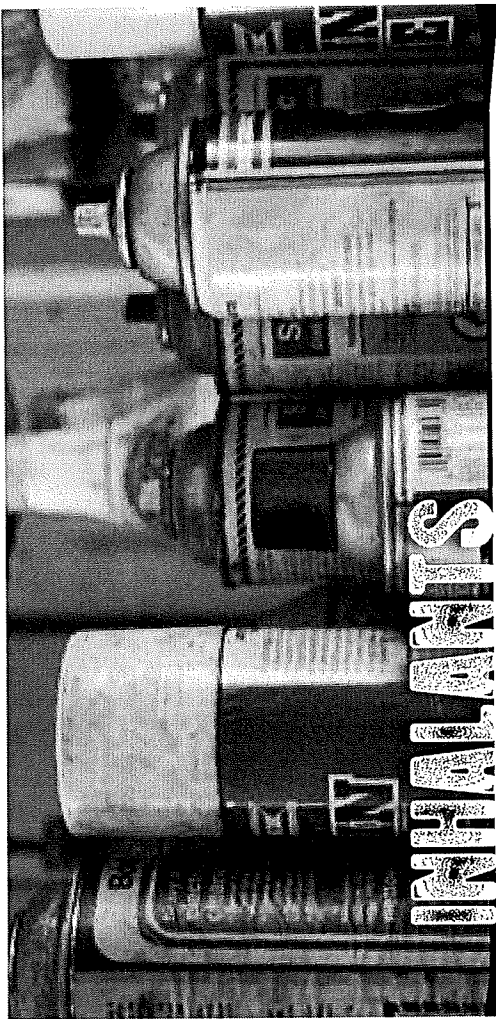
There are several good sites that provide information about prescription-drug abuse, but here are the ones we found most helpful:

Just Think Twice – Fiction: It's Safe to Use Prescription Drugs to Get High
http://www.justthinktwice.com/factsfiction/fiction_its_safe_to_use_prescription_drugs_to_get_high.html

NIDA for Teens – Facts on Prescription and Over-the-Counter Drugs
http://teens.drugabuse.gov/peerx/pdf/PEERx_Toolkit_FactSheets_RxDrugs.pdf

TeensHealth™ – Prescription Drug Abuse
http://kidshealth.org/teen/drug_alcohol/drugs/prescription_drug_abuse.html?tracking=T_RelatedArticle

Above the Influence – Prescription Drug Facts (Rx)
<http://www.abovetheinfluence.com/facts/drugsprescriptionrx>



Marquita Talks about Inhalants

I'd heard about inhalants before I started my research, but I thought it involved just sniffing markers to get high. Now I've learned that it's so much more – and you will, too, as you learn the facts about inhalants. But first, here's a brief quiz to see what you already know.

How Much Do You Know?

- 1) Which of the following are abused as inhalants?
 - a) rubber cement
 - b) glue
 - c) spray paint
 - d) computer dust cleaner
 - e) nail polish remover
 - f) nitrous oxide (Whippets)
 - g) all of the above
- 2) Kids who use inhalants don't face any consequences. T or F
- 3) What are some signs of inhalant abuse?
 - a) paint or stains on the body or clothing
 - b) spots or sores around the mouth
 - c) red or runny eyes or nose
 - d) chemical breath
 - e) all of the above

1) g 2) false 3) e

TOP 10

KIDS RECOVER KNOW

You can see that there are quite a few substances that are commonly abused as inhalants. There's a lot of really good information online about this form of abuse, but here are 10 important facts to know about inhalants:

- Inhalant Abuse** – Inhalants are breathable chemical vapors found in common household products that contain solvents, aerosols, or gases. Inhalant abuse is the deliberate inhaling or sniffing of these products in order to get high.
- Most Common Form** – The most commonly abused inhalants are glue, lighter fluid, cleaning fluids, and spray paints – all of which have chemical vapors that can be inhaled. These are common household products that are extremely dangerous when inhaled.
- Method of Abuse** – These substances are breathed through the nose or the mouth in a variety of ways, such as "sniffing," "snorting," or "bagging," which is sniffing or inhaling fumes from substances sprayed inside a plastic or paper bag.
- Other Methods** – "Huffing" is another method of abuse, and it involves inhaling the substance from an inhalant-soaked rag stuffed in the mouth or inhaling from balloons filled with nitrous oxide.
- Users of Inhalants** – Inhalants are often among the first drugs that young children use. About one in five kids report having used inhalants by the eighth grade.
- Street Names** – The street names for inhalants are Gluey, Huff, Rush, or Whippets.
- Immediate Effects** – Within minutes of inhalation, the user experiences intoxication along with other effects similar to those produced by alcohol. These effects may include slurred speech, an inability to coordinate movements, happy feelings, and dizziness.
- Other Impacts** – There is a correlation between inhalant use and problems in school – failing grades, chronic absences, and general apathy.
- Effects on the Body and Brain** – Inhalant abuse can cause damage to the parts of the brain that control thinking, moving, seeing, and hearing. Inhaled chemicals are rapidly absorbed through the lungs into the bloodstream and quickly sent to the brain and other organs. Inhalants also can dissolve the protective coating on brain cells – called myelin – which helps messages travel along the nerve cells. When it's damaged, messages move slowly, causing tremors and even problems walking and talking.
- Long-term Consequences** – The effects from prolonged use cannot be reversed. Prolonged sniffing of the highly concentrated chemicals in solvents or aerosol sprays can produce irregular and rapid heart rhythms and lead to heart failure and death. Cognitive abnormalities can range from mild impairment to severe dementia.



Nearly **15%** of 8th-graders, **12%** of 10th-graders, and nearly **10%** of 12th-graders reported that they had **abused inhalants** at least once in their lives.

– 2010 Monitoring the Future Survey

Think about It

Why do you need to know all these facts? I had that same question when I started. But think about it – isn't it important to know what's really happening to a person's brain when he gets high? If a friend says to you, "You won't believe how cool it is to inhale this paint," you'll know that the dizzy feeling your friend likes so much means that what he's inhaling is doing serious damage to the part of the brain that controls thinking, moving, seeing, and hearing. It's a lot easier to say "no" when you understand the very real harm these drugs can do.

It Could Happen to You

Andrew, your best friend from grammar school, goes to a bigger middle school on the other side of town. You've arranged to take the bus and meet downtown after school and when you get there, some of Andrew's new friends are with him. His friends seem pretty cool, but Andrew is acting weird and you don't know why. Several of the guys say they're going to try "huffing" and they think you'll like it too. You notice that Andrew is nervous and you think it's because he wants to fit in with his new friends, but he also knows you don't want to do drugs.

TEENS WEIGH IN

"Often our friends think they are invincible and that they can't ruin their lives by doing drugs. But, they can. Addiction is harmful to all involved and often tragic."

– Teens Ask Teens, JustThinkTwice.com

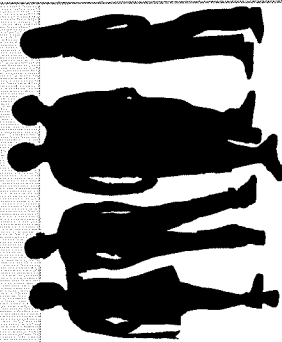
What Would You Do?



What could you say to Andrew and his friends? What are some ways to say "no," especially if Andrew is counting on you to go along with his new group?

Group Activity

Advertising Poster – Conduct an internet research study on the dangers and long-term consequences of using inhalants. Design and create an advertising poster to communicate one or two key messages about the risks of inhalants. Think about effective advertising messages you have seen, the techniques designers use to convey their messages, and incorporate these strategies into your poster.



Reality Check

“My ex-boyfriend was older than me, and he smoked marijuana a lot. He also got angry when I asked him to stop. But after he broke up with me, I was upset and started huffing household chemicals to stop the pain. I nearly got addicted to this and stopped, and now I try to be a positive influence on others and educate them about drug abuse.**”**

– Teens Ask Teens, JustThinkTwice.com

Find Out for Yourself

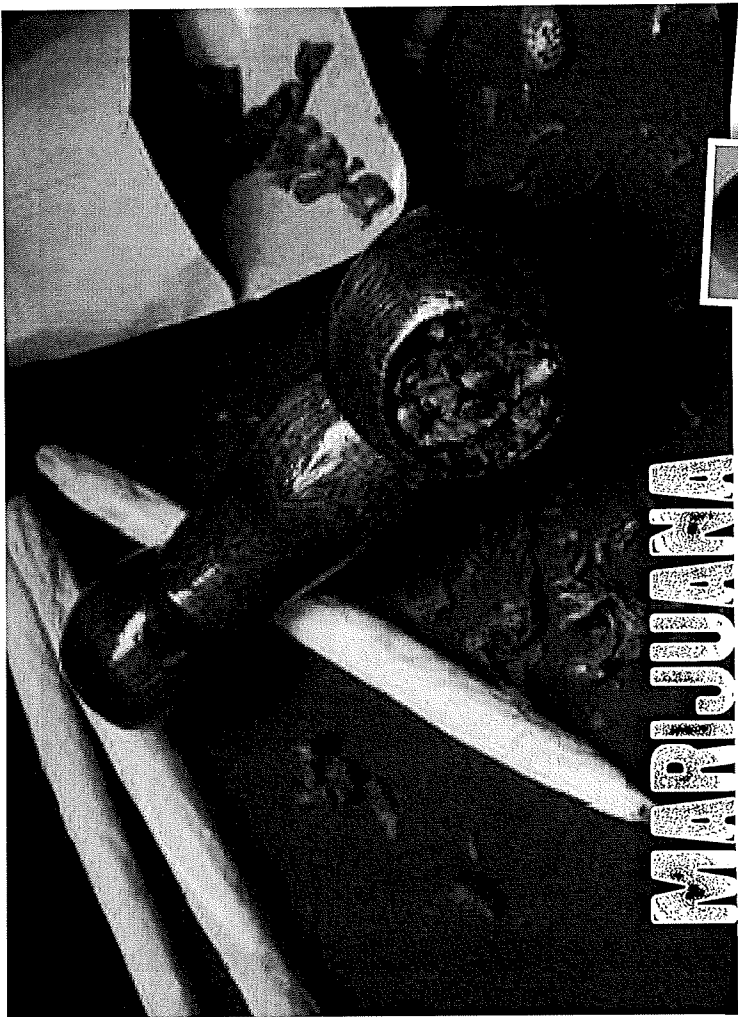
To find out more about inhalants, check out these sites:

Just Think Twice – Inhalants
<http://www.justthinktwice.com/drugs/inhalants.html>

NIDA for Teens – Inhalants
http://teens.drugabuse.gov/facts/facts_inhale1.php

TeensHealth™ – Inhalants
http://kidshealth.org/teen/drug_alcohol/drugs/inhalants.html#cat20140

Above the Influence – Inhalants Facts (Whippets)
<http://www.abovetheinfluence.com/facts/drugs/inhalants/>



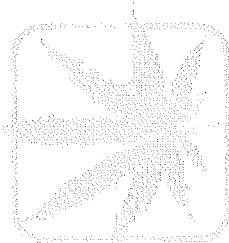
Juan Talks about Marijuana

I thought I had the easiest substance to research, because everybody thinks they know about marijuana, right? Well, let's see how much you know by taking this brief quiz.

How Much Do You Know?

- 1) For the past 10 years, marijuana use has been declining. T or F
- 2) Marijuana is a mind-altering drug found in the cannabis sativa plant. T or F
- 3) Marijuana in its purest form contains only three chemicals. T or F
- 4) Studies show that students who smoke marijuana tend to get lower grades and are more likely to drop out of high school than those who don't smoke. T or F
- 5) Using marijuana can affect a person's memory and learning. T or F

1) false; 2) true; 3) false; 4) true; 5) true

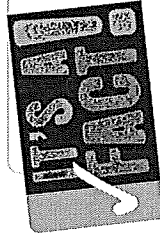


I know it probably seems like teens smoking marijuana is becoming more and more common. It seems so common that kids tend to think it's no big deal. But marijuana is a dangerous drug, and I learned a lot of the reasons why. You'll find out more as you do your own research, but here are 10 important things to know:

1. **Type of Drug** – Marijuana is a mind-altering (psychoactive) drug produced by the Cannabis sativa plant and contains more than 400 chemicals.
2. **Street Names** – Street names for marijuana include: Aunt Mary, BC Bud, Blunts, Boom, Chronic, Dope, Gangster, Ganja, Grass, Hash, Herb, Hydro, Indo, Joint, Kif, Mary Jane, Mota, Pot, Reefer, Sinsemilla, Skunk, Smoke, Weed, Yerba.
3. **Most Common Form** – Marijuana is a dry shredded green/brown mix of flowers, stems, seeds, and leaves from the Cannabis sativa plant. The mixture typically is green, brown, or gray in color and may resemble tobacco.
4. **Method of Abuse** – Marijuana is usually smoked as a cigarette (called a joint) or in a pipe or bong. It is also smoked in blunts, which are cigars that have been emptied of tobacco and refilled with marijuana, sometimes in combination with another drug. Marijuana can be mixed with foods or brewed as a tea.
5. **Immediate Effects on the Mind** – When marijuana is smoked, the main active ingredient (THC) passes from the lungs into the bloodstream and then to the brain. The effects are felt within minutes. Depending on the dosage and other variables, users can feel relaxed, and have altered senses of smell, sight, taste, and hearing, distorted senses of time, shifting sensory imagery, rapidly fluctuating emotions, fragmentary thoughts, impaired memory, loss of coordination, and dulling of attention. High doses of marijuana can result in mental confusion, panic reactions, and hallucinations.
6. **Immediate Effects on the Body** – Short-term effects on the body may include sedation, blood shot eyes, increased heart rate, coughing from lung irritation, increased appetite, and decreased blood pressure.
7. **Long-term Effects on the Mind** – Chronic marijuana use is associated with impairment of judgment, memory, and concentration; and amotivational syndrome, which is characterized by a loss of motivation, ambition, and interest in the pursuit of personal goals. Researchers have also found an association between marijuana use and an increased risk of depression; an increased risk and earlier onset of schizophrenia and other psychotic disorders, especially for teens who have a genetic predisposition.
8. **Long-term Effects on the Body** – Marijuana smokers may experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Because marijuana contains toxins and carcinogens, marijuana smokers increase their risk of cancer of the head, neck, lungs, and respiratory track.

9. **Risk of Addiction** – Marijuana is addictive. About one out of every 11 people who use it becomes addicted.

10. **Related Risks** – Marijuana use is related to poor performance in school, increased risk of delinquency, more friends who exhibit deviant behaviors, engaging in unsafe sex, and increased violent behaviors (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration).



Eight percent of 8th-graders, 17 percent of 10th-graders, and 21 percent of 12th-graders reported that they had used marijuana in the past month to get high.

– 2010 Monitoring the Future Survey

K2 OR SPICE

There also is a synthetic form of marijuana, which is a mixture of common herbs sprayed with synthetic chemicals to mimic the effects of marijuana. Here are the facts about fake (synthetic) marijuana:

- * **Street Names** – Spice, K2, Bliss, Black Mamba, Bombay Blue, Fake Weed, Genie, or Zohai.
- * **Most Common Form** – Spice or K2 is sold in small, silvery plastic bags of dried leaves and marketed as incense that can be smoked.
- * **Methods of Abuse** – Most versions are usually smoked in joints or pipes, but some users make K2 or Spice into a tea to drink.
- * **Effect on the Mind and Body** – The psychological effects are similar to those of marijuana and include paranoia, panic attacks, and giddiness. While the specific physical effects of fake marijuana can vary depending on the variety consumed, use of these substances generally causes an increased heart rate and increase of blood pressure. Current research on these substances indicates that the chemicals appear to be stored in the body for long periods of time, but the long-term effects on humans are not fully known.

True or False:

Several states have banned Spice and Spice-like products and the sale or possession of Spice. *True*

Think about It

If you've ever seen anyone older who's smoked marijuana for a long time, you'll see that something's wrong. It's like they've turned off the lights and now they can't find the light switch in the dark. The truth is, some of the things kids do when they're young have lasting consequences. Doing this research has given me a new perspective on marijuana. Someone who thinks it's cool to smoke pot? Well, the way I see it now is – they're really just clueless.

It Could Happen to You

Your best friend Marta has been dating a guy in high school for a few months, and she invites you to a party at his house so you can meet his friend. When you and Marta get to his house, there is no party – it's only Marta and her boyfriend and his friend, Victor. The guys are smoking pot and Marta joins them. You don't want to smoke, but Victor is really cool and you don't want to seem young and stupid. Plus you don't want to ruin your friendship with Marta.



What Would You Do?

What could you say to Marta and the others?
What are some ways to say "no"? Think about what you would say that would make it clear that you don't want to smoke, and also let Marta know that it's okay for her to say "no" too?

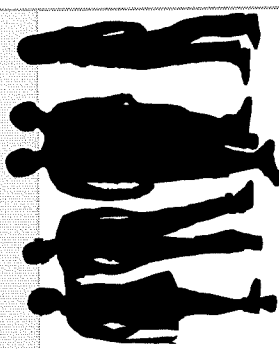


Teens Weigh In

“Teens who smoke marijuana set themselves up for a lot of medical issues ... But the worst effect of all is the decisions they make when using pot. They just aren't themselves and they don't have good judgment when they're high. There's not much stopping them from hurting the people they care about, verbally or physically. Not only are they destroying their bodies, but they're destroying their relationships with family and friends.”

— Teens Ask Teens, JustThinkTwice.com

Group Activity



Newspaper Editorial – Do an Internet study to research the long-term effects of marijuana on the mind and body. Write an editorial – or letter – to the local newspaper making a persuasive case for not legalizing marijuana. Include the perspective (and even quotes) of peers, teachers, parents, or others who have an opinion on the subject.

Reality Check

“I found out that one of my best friends smokes pot. I've NEVER done it, and don't plan on doing it. I'm just extremely worried about her. She doesn't see what's wrong with weed, and me and some of her friends try to explain to her what a bad choice it is, but she doesn't understand. She's very smart, beautiful, and talented, but her grades are slipping and she doesn't seem to care about doing fun things anymore. I'm just concerned about her safety and health.”

— Teens Ask Teens, JustThinkTwice.com

MEDICAL USE OF MARIJUANA

Is marijuana sometimes used to help relieve medical ailments? You may be wondering about whether marijuana can be legally used for medical purposes. Here are the facts:

- * Several states have passed medical marijuana laws allowing persons to use marijuana for certain medical conditions. However, the Federal Food and Drug Administration (FDA) has not approved marijuana to treat any disease or medical ailment. Under federal law, marijuana is classified as an illegal drug with no approved medical use.
- * Marinol® is a synthetic form of THC, the main psychoactive ingredient in marijuana. The pill form of Marinol® has been approved by the FDA to treat nausea in cancer chemotherapy patients and to stimulate appetite in some patients with AIDS. It is available only through a prescription.

Find Out for Yourself

For more information on marijuana and the long-term consequences, visit these websites:

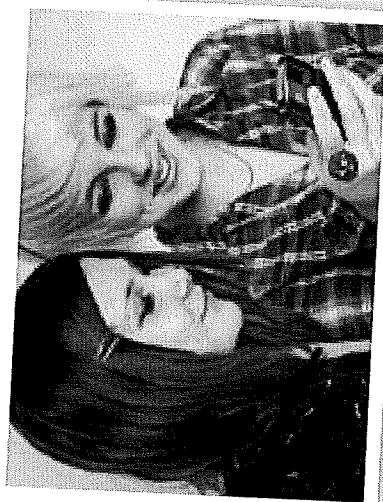
Just Think Twice – Marijuana
<http://www.justthinktwice.com/drugs/marijuana.html>

NIDA for Teens – Marijuana
http://teens.drugabuse.gov/facts/facts_mj1.php

and Marijuana: Facts for Teens
<http://www.nida.nih.gov/MarijBroch/marijteenstxt.html>

TeensHealth™ – Marijuana
http://kidshealth.org/teen/drug_alcohol/drugs/marijuana.html#cat20140

Above the Influence – Marijuana Facts (Pot, Weed)
<http://www.abovetheinfluence.com/facts/drugsmarijuana/>



Tobacco and Alcohol – A Continuing Problem

We decided to do some research on the continuing problem of tobacco and alcohol abuse among teens, and we found some interesting facts:

TOBACCO

- * Many kids who start using cigarettes and smokeless tobacco when they are teens are addicted by the age of 20.
- * Nicotine – the ingredient found in tobacco – is as addictive as heroin or cocaine. It gets absorbed in the lungs and moves into the bloodstream and is circulated through the brain.
- * The tar found in cigarettes increases a smoker's risk of lung cancer, emphysema, and bronchial disorders. Smokeless (chewing) tobacco can cause damage to gum tissue and even lead to loss of teeth.
- * In recent years, there has been an increase in teen use of water pipes – called "hookahs" – to smoke specially-flavored tobacco. Hookah also is known by the names narghile, argileh, shisha, hubble-bubble, and goza. Many teens consider hookah smoking less harmful than cigarette smoking, but it actually carries many of the same health risks as cigarettes (Centers for Disease Control and Prevention).

ALCOHOL

- * Most young teens do not drink. According to a national survey on alcohol in 2009, about seven out of 100 13-year-olds reporting having drank in the past month, which means that 93 percent did not drink. If you choose not to drink, you are not alone.
- * Alcohol slows down the body and mind. It may make someone feel less tense or anxious initially, but it also impairs coordination, slows reaction time, and impairs vision, clear thinking, and judgment.
- * Drinking heavily can cause alcohol poisoning. When people drink too much, they become addicted to alcohol – this is called alcoholism or alcohol dependence. It's a disease and can happen at any age, even in the teen years.
- * Alcoholism is a disease with the following symptoms: craving (a strong need to drink); loss of control (not being able to stop drinking); physical dependence (with withdrawal symptoms such as nausea, sweating, shakiness, and anxiety); and tolerance (the need to drink greater amounts to get high.)



What Makes Drugs So Harmful?

What we didn't know before we started is all the ways that drugs are bad for you – and that many teens are in complete denial about the risks involved. We found out that even trying drugs one time can cause you to do something risky you wouldn't normally do. Teens are particularly at risk because drug use can affect how your brain develops. We'll find out more about this, but let's start with a quiz to see what you already know.

How Much Do You Know?

- 1) Drugs interfere with the brain's communication system.
- 2) Drug use can lead to long-term changes in the brain.
- 3) Drugs affect different people in different ways.

T or F
T or F
T or F

1) true, 2) true, 3) true

TOP 10 KIDS REVEAL US and the Teen Brain

We all did our research on this one, and what we found out is pretty frightening. So here are our top 10 things we want you to know about drugs and the teen brain:

1. **Brain Development** – The teen brain is undergoing many critical changes. It doesn't finish growing until we're in our early 20s. While research is still being done, science has clearly shown that using drugs (or alcohol or nicotine) can interfere with the development and lead to long-term changes in the brain.
2. **Impact on Learning** – Drugs affect a person's cognitive function. Teens who are using drugs are less able to do well in school, sports, and other activities. They can't think clearly, listen well, or make good decisions – all of which affects their ability to learn in school.
3. **Early and Repeated Use** – The long-term changes in the brain that result from drug use are worse the earlier and longer the brain is exposed to them. The earlier people start using drugs, the more likely they are to become addicted or have serious consequences.
4. **Long-lasting Effects** – Drugs affect the brain because they are chemicals and work by tapping into its communication system and interfering with the way nerve cells normally send, receive, and process information. Some drugs can change the brain in ways that last long after the person has stopped taking the drugs. This is more likely when a drug is taken repeatedly.
5. **Can't Predict the Effect** – Many drugs can do damage to the body's central nervous system. But everyone's brain and body chemistry are different. This means that you can't predict the effect that a drug can have on you – especially if it's the first time you try it, and even if it's a small amount or dose.
6. **The Feeling of Being "High"** – Different drugs do different things. But they all affect the brain – that's why users feel high, low, speeded up, slowed down, or see things that aren't really there.
7. **Brain Pleasure Meter** – Drugs that are abused can flood the brain's circuit with dopamine, a neurotransmitter in the brain that controls movement, emotion, cognition, motivation, and pleasure. Repeated drug use can reset the brain's pleasure meter, so that without the drug, you feel hopeless and sad. Eventually, everyday fun stuff like spending time with friends doesn't make you happy anymore.
8. **Worst-case Scenario** – Using drugs can lead to addiction, serious health problems, and even death.
9. **Lack of Judgment** – Addiction to a drug happens with some persons when the brain changes and drives the person to seek out and use drugs regardless of the cost or consequences. Addictions can cause people to do things that they would not otherwise choose to do, including stealing, having sex, losing friends, family problems, or other physical or mental problems brought on by drug use.
10. **Drugs Control the User** – When someone's addicted to drugs, that substance becomes the most important thing in that person's life – causing major problems at school, work, and home. People addicted to drugs don't control their lives; drugs do.



The chances of becoming addicted to marijuana or any other substance differ from one person to the next. Around one out of 11 people who use marijuana become addicted, for example. Could that one person be you or one of your friends?

– 2010 Monitoring the Future Survey

RARELY REVEAL US

If you have a friend or classmate you believe may be doing drugs, there are definitely signs that you might notice. Here are a few signs of drug use we uncovered in our research:

- Changing friends
- Mood changes or emotional instability
- Having a dry mouth or excessive thirst
- Messy, careless appearance
- An unexpected change in school performance (or declining grades)
- Loss of interest in school activities, hobbies, or sports
- Being more secretive about belongings or activities
- Changing the type of clothing worn
- Evidence of drug paraphernalia (pipes, rolling papers)
- Evidence of inhaling products (hairspray or glue) or accessories (paper bags or rags)
- Bloodshot eyes or dilated pupils

Think about it

Your brain can help you solve problems, be creative, be logical, make plans, make wise decisions, and you need it working properly to do every single thing in your life. All parts of the brain work together to keep you healthy and happy, and it's a very complex piece of machinery. Is it worth it to experiment with drugs when the outcome is potentially so serious? Drug abuse just makes things worse in the long run and doesn't help the problems that led to its use. So the bottom line is – it's best to never start using drugs in the first place.

It Could Happen to You

Your friend Shonda offers you a ride home from school with her older boyfriend Darwin. You say "yes," because Shonda really likes him and he seems like an okay guy. But while he's driving you home, Darwin starts smoking a joint – and you're completely shocked. Shonda joins him and passes it to you. You just shake your head to say "no," but now you're worried about Darwin's driving and about getting stopped by the police.



What Would You Do?

What could you say to Shonda and Darwin about smoking marijuana while driving? What are some ways to let them know that it's not okay with you as a passenger to be in a car whose driver is doing illegal drugs?

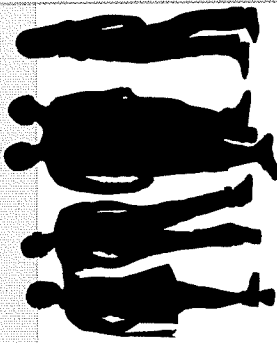
Teens Weigh in

"We and my friend were goofing off and sniffing permanent markers because they smell good, then suddenly, I felt really dizzy. I almost fainted. I also had a headache after. I then found out that you could die smelling an inhalant your first time. I didn't even know I was doing inhalants, but I did a little research and found out that permanent markers do count as inhalants. I'm glad I wasn't hurt by this experience – and I know I'll never do that again."

— Teens 1st Years, [teenmag.com](http://www.teenmag.com)



Group Activities



Video Diaries – Watch the short documentary called "In Their Shoes" on the CheckYourself™ website to see interviews and video diaries of teens sharing their perspectives on drug use (<http://checkyourself.com/Videos.aspx>). Discuss how the opinions and views of the teens on the video are similar to or different from the views of your small-group members.

Truth or Consequences – You've learned about the physical, psychological, and emotional effects of drugs on teens. But what about the consequences in someone's life if they are abusing drugs regularly? Brainstorm in your group a list of short-term negative consequences that result from abusing drugs. What kinds of losses does a teen experience by being addicted to drugs – things like getting poor grades, being thrown off a team, losing friends, etc.? Then brainstorm a list of long-term negative consequences teens might encounter later in life – things like not being able to go to college or having to work in a pizza restaurant forever.

Imagine That – What are some of the most obvious signs of drug addiction? Are there other signs that may not be obvious to family and friends? What are the physical signs of drug addiction? Review the way marijuana affects the brain – especially the five senses, heart rate, emotions, memory, and judgment. Then discuss the consequences for people in various professions – such as airline pilot, doctor, truck driver, attorney, construction worker, or politician. How would their behaviors be affected by marijuana use?

Reality Check

Sarah, 17, abused a variety of prescription and over-the-counter drugs, including Xanax®, OxyContin®, and cough syrup. One morning, after a night of taking prescription drugs and drinking, her friends awoke to find her unconscious with vomit coming out of her mouth. She was rushed to the hospital where doctors pronounced her dead.

— "Ben Montgomery, "She Died After a Night of Partying," [Seventeen.com](http://www.aboveinfluence.com/downloads/pdf/Seventeen-Rx-Article.pdf) (March 2007), <http://www.aboveinfluence.com/downloads/pdf/Seventeen-Rx-Article.pdf>

Find Out for Yourself

Check out these sites for more on short-term effects and long-term consequences of drug use:

Just Think Twice – Facts & Fiction: Know the Difference
http://justthinktwice.com/content/facts_and_fiction.html

TeensHealth™ – Drugs: What You Should Know
http://kidshealth.org/teen/drug_alcohol/drugs/known_about_drugs.html

NIDA for Teens – Real Stories
<http://nidateens.demo2.iqsolutions.com/stories/>

Scholastic – HeadsUp: Real News About Drugs and Your Body
<http://headsip.scholastic.com>



REASONS TEENS USE DRUGS

The Truth Behind the Hype

We learned a lot about different types of substances teens use – and both the short-term and long-term consequences of drug use. But we were curious about the reasons teens have for using drugs – why do some teens choose to do something that's so obviously harmful to them? Why are young people tempted – or pressured – to start using drugs in the first place and why do they keep using them? So we set out to find the truth behind the "hype." But, before we tell you what we learned, check out what you already know about teen drug use.

How Much Do You Know?

- 1) Kids use drugs because they don't know how they will affect them. T or F
- 2) Many teens believe drugs aren't that dangerous. T or F
- 3) The media often portrays drug use as more common than it is. T or F
- 4) The reasons for teen drug use are as complex as teens themselves. T or F
- 5) Some teens see drugs as part of normal teen experimentation. T or F

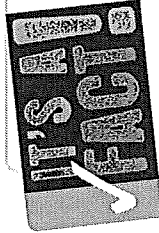
1) true; 2) true; 3) true; 4) true; 5) true

TOP 10

Reasons Teens Use Drugs

It turns out that *all* of the statements in the quiz are true. The reasons teens use drugs are as varied and as complex as teens themselves – there isn't one single reason. In our research, though, we learned that there are some common factors related to teen drug use. Here are the top 10 reasons teens use drugs:

1. **Desire to change the way they feel** – Teens who use drugs think they'll experience euphoria or an artificial "high" they can't feel naturally.
2. **Escape school and family pressures** – Young people often don't have good coping strategies for stress, and they believe drugs will help them escape or cope with daily pressures and challenges.
3. **Low self-esteem or low self-confidence** – Youth who haven't developed a positive regard for themselves can believe that drugs will help them overcome their insecurities and feel more socially confident with others.
4. **Seeking acceptance by peers** – Teens want to make friends, fit in, and be accepted – and they sometimes believe that they'll be left out if they don't use drugs.
5. **Wanting to create an image** – Some youth believe that using drugs will make them appear adult or sophisticated – or even dangerous or "edgy."
6. **Being bored** – Teens believe that drugs give them something to do, something that doesn't require transportation, just a place to hang out.
7. **Thinking there's no risk involved with drugs** – Teens downplay the risks of drug use, thinking that the dangers aren't that great or won't affect them personally.
8. **Easy availability of drugs** – Youth today have easy access to many different kinds of substances – over-the-counter medications, inhalants, prescription drugs at home, or drugs available through the Internet.
9. **See other people using drugs** – Youth are exposed to people, in the media and even in their own lives, who use drugs and other substances – and this gives them the impression that drug use is acceptable and "normal."
10. **Rebellion** – Some teens see using drugs as a way to "get away with something," bonding with others who also are opposed to the rules of school, work, and parents.



- ✓ Teens experiencing **high stress** are twice as likely to smoke, drink, get drunk, and use illegal drugs as those who aren't stressed.
- ✓ Young people who are **frequently bored** are 50 percent more likely to smoke, drink, get drunk, and use illegal drugs than teens who aren't bored.
- ✓ Teens with **\$25 or more a week in spending money** are nearly twice as likely to smoke, drink, and use illegal drugs as those with less – and they are twice as likely to get drunk.
- ✓ Among teens aged 12 to 17 years, those who spend time on social networking sites (like Facebook or MySpace) are five times as likely to use tobacco, three times as likely to use alcohol, and twice as likely to use marijuana as teens who do not spend any of their day on social networking sites. (*National Survey of American Attitudes on Substance Abuse XVI: Teens and Parents*, August 2011, study conducted by The National Center on Addiction and Substance Abuse at Columbia University).

Think about It

Take a look at the list of reasons teens use drugs. Do you notice anything they all have in common? What is it that's *really* behind these motivations or reasons? Who or what are these teens listening to? And who or what are they not listening to?

What we noticed is that many of the reasons involve going along with others. We know the need to feel accepted is hard to resist, but is it worth it to go along when the result is physical harm? Isn't it better to be one who chooses not to go along with the crowd – and stands out because of it?

Some of the reasons also have to do with avoiding something or checking out. The truth is, drugs don't solve anything in the long term – they simply hide feelings and problems. And when a drug wears off, the feelings and problems are still there and they usually become worse – because drugs can ruin every aspect of a person's life.

It Could Happen to You

One day, on your way home from school, you see Brandon and catch up with him. He's someone you've wanted to be friends with for a while, so you ask him to stop and have coffee. When you stop for coffee, Brandon pulls out some white pills and offers one to you. "I got these from my parent's medicine cabinet, and they'll make you feel great. My brother takes them for ADHD and I use them all the time and can even do my homework better with them. Do you want some?" You want Brandon to like you, so you take one of the pills. You feel happy right away but then begin to shake all over. You don't like the feeling at all. And you don't sleep that night either.



What Would You Do?

What could you say to Brandon when he offers you the pills? What are some ways to say "no?" And, if Brandon is your friend, what could you also say to him to help him realize that drugs are a bad idea?

Are there times when you've agreed with friends or decided to "go along" just to "get along?" How did these decisions feel at the time? How did they feel when you thought about the situation afterwards? And what about the times when you made your own decisions and chose for yourself? How did it feel to say what you really wanted?

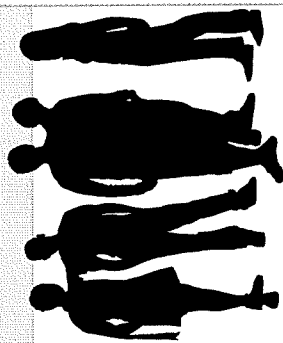


Teens Weigh In

I think some teens do drugs because they want attention. I know kids who do it just because they think they'll be cool and everyone will want to be like them! For one, don't see why they think that because they're only hurting themselves and that's just plain dumb. Please don't do drugs - it won't make you cool, it will only hurt you!

- Teens Ask Teens, JustThinkTwice.com

Group Activities



Anonymous Teen Survey - If you have friends or classmates at school who have tried drugs or other substances, or use them regularly, they probably won't want to talk to you about why they do and, in most cases, they may not even be aware of their reasons. With your group, create an anonymous survey to find out more about why teens use drugs. Try SurveyMonkey® (www.surveymonkey.com) or another online survey tool to help you create the survey (see "Education Survey" or "Market Research Survey" for how to model questions).

Response Team - Brainstorm in your group 10 responses or comebacks to the "Top 10 Reasons Teens Use Drugs." For example, what's the truth behind teens' belief that using drugs is a way to "get away with something?" Is it worth it to do something harmful and dangerous as a way to rebel against parents or other authorities? Who really gets hurt in this scenario?

Truth Behind the Hype - You've learned about several different types of drugs and substances that young people use - marijuana, inhalants, prescription drugs, and over-the-counter medicines. For each of these drug types, pinpoint the specific motivation or reason a young person might have for using that drug. Then, do a web search to find out the truth about the effect that drug really has.

Reality Check

"When I was 11 years old, my older brother, who was very popular in school and someone I looked up to, introduced me to drugs. I began smoking marijuana - at first, only about three times a month. Then it was two times a week. By the middle of sophomore year, I was using daily and by junior year, it was multiple times a day. After an injury that kept me from competitive gymnastics, I had to find something else to give my time to... something that would help me meet new friends. It wasn't until junior year that I got caught at school with drug paraphernalia. I was sent to an alternative school, and eventually went into a drug-treatment facility. I'm now 17 and eight months into my journey back to recovery. The hardest thing for me is remembering what life was like before I started using drugs."**"**

- Parents: The Anti-Drug

Find Out for Yourself

Check out these sites for more on why teens use drugs - and responses to these reasons:

Just Think Twice - Facts & Fiction

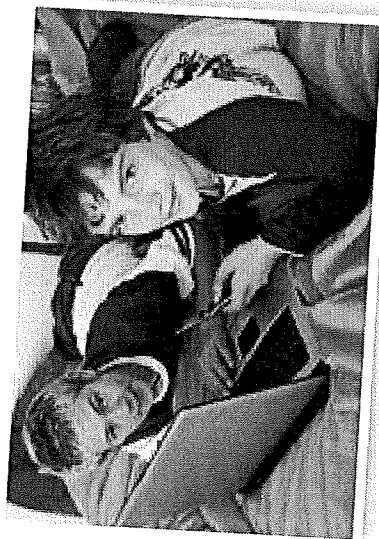
http://justthinktwice.com/content/facts_and_fiction.html

TeensHeathit™ - Drugs: What You Should Know

http://kidsheathit.org/teen/drug_alcohol/drugs/know_about_drugs.html

NIDA for Teens - Real Stories

<http://nidateens.demo2.iq.solutions.com/stories/>



PEERS, MEDIA, AND OTHER INFLUENCES

Pressure From All Directions

When our team began this assignment, one of the biggest challenges was deciding what was fact and what was fiction. One of the first things we realized as we did our research was that there was a lot of information about drugs and drug use featured on TV, YouTube, Facebook, other websites, in movies, on the radio, in books and magazines, and in daily conversation with friends. Some of the information is accurate, but a lot of it is not. Yet teens get their information from so many different sources - and they usually assume this information is true. Before we talk about the many different influences and pressures on teens, here's a brief quiz:

How Much Do You Know?

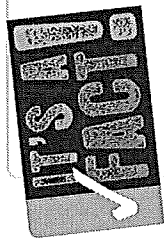
- 1) Parents have no control over whether their teens abuse drugs. T or F
- 2) The U.S. culture portrays drug use as normal and acceptable. T or F
- 3) All information on drug use presented on the Internet is accurate. T or F

1) false, 2) true, 3) false

TOP 10 Influences on Teens

Teens experience pressure from all directions – friends and classmates, the wider culture, TV and movies, music, the entertainment and sports industry, the Internet. All of the frequent references to drug abuse from these sources make it seem more widespread, more “normal,” and more socially acceptable than it actually is. For teens, these are important sources of information, so it’s easy to believe what we see and hear – but most teens are not aware how influenced they are by these prevalent images. You’ll probably want to learn more about this through your own research, but here are what we found to be the top 10 influences on teens when it comes to drug abuse:

1. **Peer Pressure** – The first time a teen uses a substance to get high, it’s likely to have come from siblings or friends. It may be someone the teen trusts and looks up to, it may be a group of peers a teen wants to fit into, or it may be antagonistic peers who bully a teen into doing something he or she doesn’t want to do. We’ve all heard about peer pressure and, when it comes to drugs, it’s a big factor.
2. **Culture of Drugs** – Our culture often presents drug-taking in a positive light, and there is not nearly enough accurate portrayal of the serious consequences of drug use.
3. **Negative Role-Models** – Celebrities, entertainers, and sports figures talk publicly about their drug use, conveying a message that taking drugs is normal and acceptable.
4. **Prevalence of Medication** – People in the U.S. today take so many medications, believing there’s a pill for everything.
5. **Music** – Many songs that kids listen to – especially rap songs – talk about drug use as a common, everyday occurrence.
6. **Social Networking Sites** – Teens who frequent social networking sites like Facebook regularly see messages about drugs – and they witness other teens trading information about using illicit substances without getting caught.
7. **Movies** – Many of the most popular movies watched by teens have frequent references to drugs or alcohol, violence, and other risky behaviors.
8. **Advertising** – Teens see countless messages – both in print and on TV – advertising the benefits of drugs and medications.
9. **Internet** – Teens can find information on any kind of drug online and, even though much of the information is inaccurate, teens use it to make decisions about drugs to try.
10. **Parental Attitudes and Behaviors** – When parents (or caregivers) themselves use or abuse alcohol or other drugs, their teens are more likely to use drugs, to use them early in their lives, and to become dependent on them.



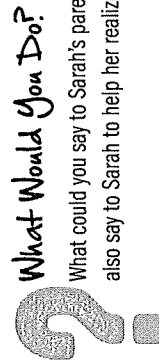
- ✓ A study of more than 10 million online messages written by teens in the past year shows that they regularly talk about drinking alcohol, smoking pot, and partying.
- ✓ Another study used a computer program to search blogs, public chat rooms, message boards, and other places that attract teens – the study found that about two percent of the posts explicitly mentioned drugs or alcohol.

Think about It

We’re all inundated with messages from hundreds of sources every day – through music, ads, TV, movies, the Internet, and even from our friends and families – and most of the time we aren’t even conscious of these messages. When it comes to drug use, it’s important to think about it: Where is the message coming from? Do you trust this source? Is there a hidden agenda that has nothing to do with you? What is the point of view of the person sending the message? Do you agree with that point of view? The more you evaluate the messages you hear, the more you will be able to understand the various influences in your life. You’ll be able to make up your own mind about what you want to do, and you won’t have to believe the hype.

It Could Happen to You

You spend the night at your best friend’s (Sarah) house. When you and Sarah go downstairs in the middle of the night to get something to eat, you see that her parents are in the living room, and they’re smoking pot. They see you and ask you if you want to try some. You’re shocked, because you’ve known Sarah and her parents since you were really little, although you’ve always noticed how they seem spacey and absent-minded all the time. You don’t know what to say because you don’t want to insult them. You weren’t really interested in smoking pot, but her parents make it seem okay, like just another activity for the family to do together.



What could you say to Sarah’s parents? What are some ways to say “no?” And, what could you also say to Sarah to help her realize that drugs, even marijuana, are a bad idea?

Teens Weigh In

“When someone offers me drugs, there are different responses I use. Like ‘No, I’m not into that,’ or just a simple ‘No thanks’ does it. I’ve learned that the less you say and the faster you move on to the next subject, the quicker it gets them off your back. If they ever persist in pressuring me, I’ll be more forward and say ‘Seriously, drop it, I don’t want any.’”

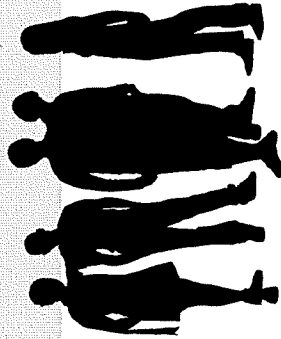
— Teens Ask Teens, JustThinkTwice.com

Group Activities

Video Diaries – Watch the short documentary called “In Their Shoes” on the CheckYourself™ website to see interviews and video diaries of teens sharing their perspectives on drug use (<http://checkyourself.com/Videos.aspx>). Discuss how the opinions and views of the teens on the video are similar to or different from the views of your small-group members.

Online Quiz – Visit the website of the National Youth Anti-Media Drug Campaign (<http://www.abovetheinfluence.com/influence/pressuredquiz>) to take a quiz on peer pressure and drugs. See how the answers of all the members of your small group compare to one another.

Rap Session – Discuss contemporary music and its frequent references to drug use – such as the lyrics to the Placebo song, “No hesitation, no delay. You come on just like Special K. Just like I swallowed half my stash. I never ever want to crash.” Do you think this music simply reflects behaviors and attitudes already present in the culture? Or do you think these forms of entertainment influence how teens think and behave? Do you think these songs are realistic or give the impression that drugs are more widely used and accepted than they actually are?



Find Out for Yourself

Check out these sites for more on why teens use drugs – and responses to these reasons:

Just Think Twice – Facts & Fiction: Know the Difference
http://justthinktwice.com/content/facts_and_fiction.html

TeensHealth™ – Drugs: What You Should Know
http://kidshealth.org/teen/drug_alcohol/drugs/know_about_drugs.html

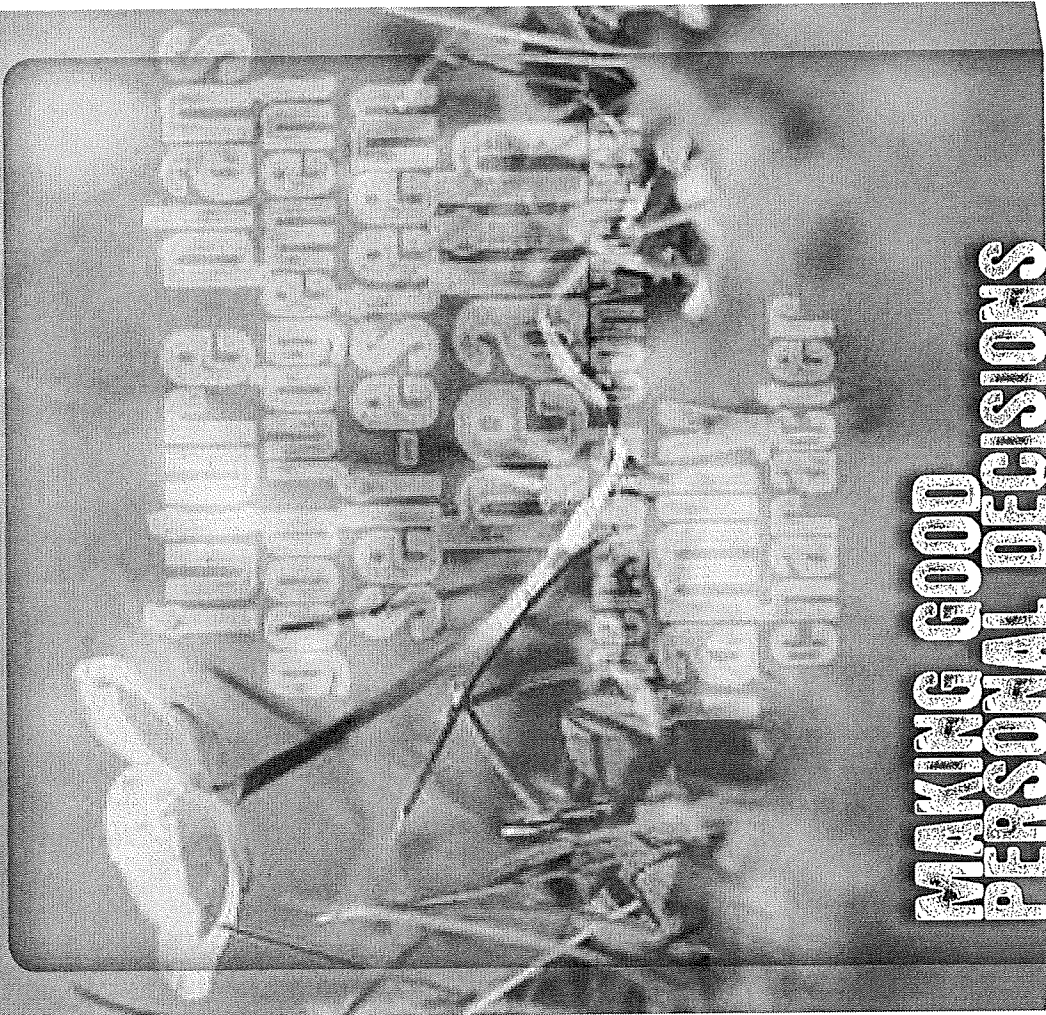
NIDA for Teens – Real Stories
<http://nidateens.demon2.iq.solutions.com/stories/>



Reality Check

“Many kids have their first encounter with drugs and alcohol through someone in their family or a close friend. That’s how I got started. I was 12 and hanging out with some older cousins during a family vacation. I wanted to be cool like them, so when they offered me a hit of marijuana, I took it. For about three years, I only smoked pot when I was with my cousins. But then I started high school and found myself smoking pot every day. I could make a simple cell phone call and instantly have access to drugs. My parents didn’t have a hard time figuring out I was regularly smoking weed . . . my clothes, my hair, my room all smelled of it. They immediately had me meeting with counselors and often screened me for drugs. Now I’m 17 years old and four months into treatment. I’m doing much better now and getting my life back in order.”

— Parents: The Anti-Drug



MAKING GOOD PERSONAL DECISIONS

Standing Up to Pressures

We know that peer pressure - and all the other pressures teens face - can be powerful and challenging. That's why it's important for you to think beforehand about the kinds of decisions you want to make and figure out how to stand firm in those decisions. We want to share with you some of what we've learned about reasons not to do drugs.

TOP 10 Reasons NOT to Use Drugs

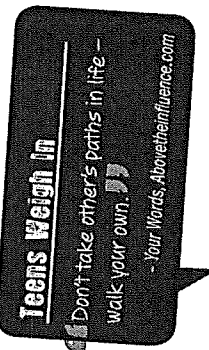
There are a lot of reasons teens decide to use drugs – but there are so many more reasons not to use drugs. In our research, we identified the 10 top reasons:

- 1. Drug Use is Illegal** – Abusing drugs is illegal in ALL 50 states and the District of Columbia, and if you get caught you may have trouble with the police, sheriff, or other law enforcement authorities.
- 2. Health Problems** – Drugs and alcohol are toxic to the body and can cause things like liver and kidney failure, rapid heart rate, tremors, and irregular respiration.
- 3. Loss of Future Potential** – Not only is drug abuse illegal and the cause of many health problems, it also can result in the loss of future potential. Drug abuse makes it difficult to get a job – since many jobs require pre-employment drug testing – and it's even more difficult to keep a job if concentration, motivation, alertness, coordination, and other necessary skills are negatively impacted by drug abuse. Losing a job as a result of drug abuse can permanently harm your chances for long-term success.
- 4. Time and Money** – Abusing drugs are a big waste of time and money. Many drug abusers or addicts will spend hours seeking and using drugs – and will be able to do little else in the meantime. Many drug abusers also spend all the money they earn just to keep getting more drugs, and some will eventually resort to borrowing, stealing, or selling drugs in order to have enough to keep their addiction going.
- 5. Decreased Performance in School** – Teens who turn to drugs often find themselves doing poorly in school. Without meaning to, teens who experiment with harmful substances tend to devote their time and energy to the drug, which means things like studying for school are considered unimportant.

- 6. Behavioral Problems** – Drugs can change a teen's personality. Instead of being easygoing or hardworking, drugs can make a person angry, bitter, and aggressive. This can impact a teen's relationships with parents, teachers, and others in authority.

- 7. Crime and Violence** – Along with behavioral problems can come run-ins with the law. Teens on drugs may steal to support their drug habit or they may become involved with violence because of their use of certain drugs.

- 8. Lack of Good Judgment** – Someone who is high tends to have poor judgment when it comes to deciding if they should or should not do something. Driving under the influence of alcohol or marijuana, or getting into fights are examples.



- 9. Increased Risk for Addiction** – Someone who tries drugs or alcohol as a teen is more likely to have substance abuse problems as an adult.

- 10. Lack of Self-Respect** – Teens who use drugs eventually lose their self-respect because the drug takes over his or her entire life and becomes a crutch.



Resisting peer pressure starts with making your own choices. Life is all about making choices, so it's important that you learn how to make them for yourself – without being influenced by everyone around you. There are simple steps to take when you make an important decision:

- Identify the options – What are the choices in this situation?
- Think through each option carefully – What are the consequences of each option?
- Make a decision – Which option seems best for you?
- Evaluate your decision – How did it feel to make the decision you did?

If you take the time to decide what you want, and why you want it, you'll be better prepared to say "no" when facing a challenging situation. What are the steps for resisting peer pressure?

- Say no firmly.
- Make eye contact.
- Say how you feel.
- State your reasons if you want to (but this is optional).
- Stand up for yourself.

Think about It

The idea of making your own choices sound easy, but sometimes it isn't. What are the situations in your life when you find it a challenge to make a choice? What is it about that choice that presents such a problem? Is there spoken or unspoken pressure about what someone else wants you to do? Thinking about these questions before a situation arises makes it easier to respond appropriately when you're in a difficult situation that calls for a decision.

It Could Happen to You

You're walking in the park at dusk and you see a bunch of your friends breathing into paper bags. They wave you over and say, "This stuff is wacked - you have to try it. And the best part is it's legal. All you have to do is go to the store and get some spray paint or cleaning fluid or glue." You notice that they all have paint marks on their faces from sniffing it from the bag. You know you don't want to do this, but all of them are doing it - you don't know what to say.



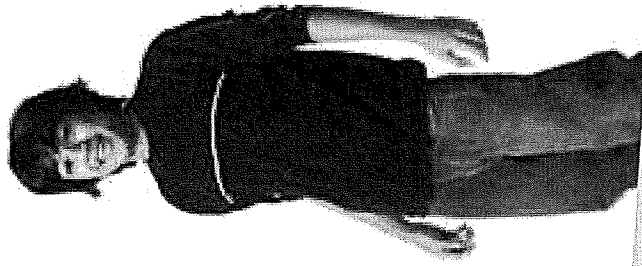
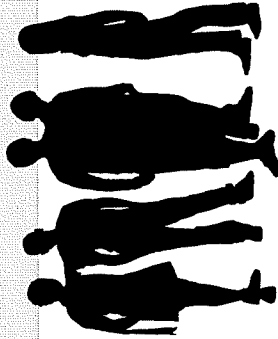
What Would You Do?

What could you say to this group of friends? What are some ways to say "no"? And, what could you also say to them to help them realize that drugs are a bad idea?

Group Activities

Your Life Now and in the Future - Write a story about your life now and another detailing the future you envision. How might drug use/abuse impact your vision? Consider the short- and long-term consequences of drug use and how these would derail your future plans. Compare your stories with those of your small-group members and discuss how positive choices now can help you get where you want to go.

Interactive Story - Work with your small group to create an interactive story in which each member plays a different role. Your story should depict a teen faced with several important decisions related to possible drug use. Create one story in which the teen decides to use a drug or substance, and another in which she does not. You may want to make a YouTube video of the stories.



Teens Weigh In

"I stay as far away as possible from drugs, but there've been times when I've been put into a situation where drugs were around. But I had no desire to try them or let anyone break me down to try them. You have to stay strong and be true to yourself. You know what's right and wrong for yourself. And, the best thing to do if you're being pressured is to say 'NO!' If you still struggle with being pressured, you may need to find a group of affirming people to hang out with. There's always an opportunity to remove yourself from a situation like this. Just stay strong and don't let anyone break you down! :)"

- TeensAskTeens.usfhealthcare.com

Reality Check

"How did I get started doing drugs? I met an older guy, who asked me if I wanted to get high one day. So I did. We hung out regularly, and as you'd expect, my drug use became more frequent. Pot became my drug of choice. I was visiting a lot of chat rooms, and guys would IM me asking if I drank or got high. I didn't think too much about giving them my cell phone number. We'd end up meeting to get high or mess around with prescription drugs. When I wasn't hanging out in chat rooms, I was posting stuff to my MySpace profile. I lied about my age and posted pretty seductive pictures to attract guys. Most were between 16 and 25 years old, I was only 14. Of course, I attracted the "druggie" types because my profile page was filled with talk about smoking and drinking. I dug the attention and acceptance! But the drugs really took a toll. I was rushed to the hospital three times for drug abuse. I couldn't stop, though. I would skip school for fear of missing out on something. I equated fun with drugs, and drugs with meeting people. Because my mom was working all the time and my dad was out of the picture, it was pretty easy to get away with a lot of the stuff. It wasn't until I refused to go to school that my mom put me in treatment. I'm seven months into it and glad to be recovering."

- Parents: The Anti-Drug

Find Out for Yourself

Check out these sites for more on why teens use drugs – and responses to these reasons:

Just Think Twice – Facts & Fiction
http://justthinktwice.com/content/facts_and_fiction.html

The Truth About Drugs – Some Good Reasons Not to Take Drugs
<http://www.saynotodrugs.org.uk/reasons-not-to-take-drugs>

Abovethetheinfluence.com – Comebacks for When You're Feeling the Pressure
<http://www.abovethetheinfluence.com/influence/comebacks>



SPREADING THE WORD

What Can You Do?

Now that you're aware of the risks and consequences of drug use, you're prepared to make good decisions. You're also prepared to play an important role in drug awareness and prevention – sharing what you know with various audiences: your parents; a mentor; your siblings; your peers; elementary-school kids; school organizations; or community-service groups.

We want to share some ideas for activities you can do with your friends to help educate your community and school about drug prevention. These activities are a way of teaching drug information and also getting the community and school involved in drug-free activities. You can have fun with your friends without doing drugs or drinking. Some possible events are:

1. **Presentation** - Get on the agenda of your local school board, city council, or county commission meeting to make a five-minute presentation about why the prevention team chooses to live drug free.
2. **Living Drug-Free Chain** - Have students and teachers write a positive statement on a red chain link about "Living Drug Free." The chain links are linked together to form a red "Living Drug Free" chain that is displayed in the hallways around the school.
3. **School Event** - Create a drug-free message and perform during a school pep rally or half time show during a sporting event.
4. **Media Contest** - Conduct a media contest and have students create a video, rap, song, poem, etc. that delivers a "Living Drug Free" message.
5. **Lecture Series** - Partner with local radio and/or TV station to air "Living Drug Free" messages or a lecture series with guest speakers (law enforcement, DEA special agent, physician, nurse) who can speak on a variety of anti-drug topics. The lecture series may also be broadcast through the school.
6. **Service Announcement** - Arrange to have a brief anti-drug service message that contains a drug fact during daily school announcements. Ask the school principal, teachers, local celebrities, coaches, and mayor to participate in your anti-drug campaign. These messages may be pre-recorded for increased participation by non-school representatives.
7. **Special Event** - Organize a special event such as a basketball 3 on 3 tournaments (for boys and girls) at a local school, park facility, or community center and invite the local law enforcement to share information with students. Include some sort of entertainment such as a school or community band to kick off the pre-activities. If enough funds are raised or a nominal fee is charged for participation, winners may receive trophies with the inscription "Living Drug Free." During the tournament, have stations or one main information table where students can learn about the effects of using and abusing drugs.
8. **School Posters** - Make posters to post around the school with information on drugs.
9. **Newsletter Column** - Have a "Drug Facts" column in your school newsletter or announce them as part of the school announcements on the intercom system.
10. **Writing, Music, or Art Contests** - Organize a contest for the school or community that gives participants a chance to have fun, educate others, and build interest in the importance of drug prevention.

Think about It

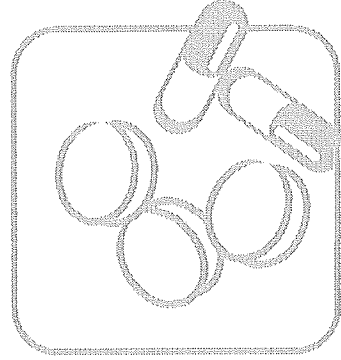
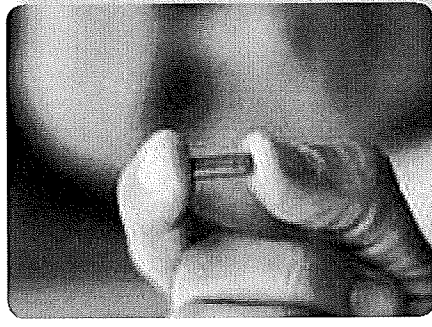
If more and more teens begin to be aware of the very serious consequences of drug use, there'll be fewer kids who get sick, die, or become addicted to drugs. So spreading the word is an important part of drug prevention. Take a look at the many options for spreading the word about drug prevention? Which ones appeal to you the most? Which do you think you'd be particularly effective in carrying out?

It Could Happen to You

You're at a party with a few friends and, at one point, you don't see anyone you came with. You go into the bathroom, and all of them are there, taking some prescription painkillers a classmate gave them. They automatically expect you to join them, but you don't want to - and now you don't know how you're going to get home because the guy you rode with (Mike) has already taken two pills. You sure don't want to get into a car with him if he's high on painkillers.

What Would You Do?

What could you say to these friends when they offer you the pills? What are some ways to say "no?" And, if they are your friends, what could you also say to them to help them realize that drugs are a bad idea?



Teens Weigh in

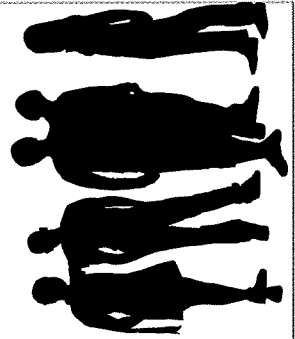
"My best friend and I made a promise when we were younger to keep each other safe. During our sophomore year, she started dating guys who tried to get her to drink and do drugs with them. I watched as my best friend became a whole different person - someone I didn't know. I tried talking to her, but the responses I got were always the same: hollow regrets and empty promises. It was tearing me up to watch her destroy herself, so I did the only thing I knew would help her. I sat down with her mom and explained what was happening. Her mom, who had seen the change as well, was very upset to finally know the truth, but she got her some help. My friend was pretty mad for a month, but ultimately apologized and told me how much she appreciated what I did for her. Sometimes the best love is tough love."

- Teens Ask Teens, justthinktwice.com



Group Activity

Video Role Models - Watch the video called "Helping a Friend" on the Above the Influence website about teens helping their friends with drug problems (<http://www.abovetheinfluence.com/speak/videos>). Discuss what you and your small-group members would do to help a friend with a drug problem, and compare your responses with the teens in the video.



Reality Check

"I never thought it could happen to me. Becoming addicted to inhalants was not my plan. Although a lot of teens feel as though they have problems, mine were rooted in something that wasn't my fault: abuse. Shortly after my 13th birthday, an older kid in the neighborhood who knew I was struggling offered me some weed. I thought it would help. It really seemed as though getting high was helping me forget my problems. But, soon I needed more drugs to get high. That's when I began huffing, inhaling various household products to get high. I inhaled almost anything I could get my hands on - computer cleaner, air freshener, spray paints. I enjoyed huffing because it was cheap, an easy high to obtain, and in 20 minutes my high would be gone so no one would know. Inhalants took up so much of my time, thoughts and energy that I didn't realize my life was getting totally out of control. Huffing was becoming a big problem, and an everyday occurrence. Eventually, I couldn't hide it anymore, and my parents sent me to treatment for my huffing addiction."

I recently celebrated my 15th birthday, as a sober, healthy high-school student and to be honest, staying sober can be challenging at times. An important lesson I learned was that my 'friends' who I used to get high with only liked me when I was high. I also realized that I didn't like me when I was high."

- Megan Hakeman, "Addicted to Inhalants," *Check Yourself™* website

Find Out for Yourself

Check out these sites for more on why teens use drugs - and responses to these reasons:

Just Think Twice - Facts & Fiction
http://justthinktwice.com/content/facts_and_fiction.html

TeensHealth™ - Drugs: What You Should Know
http://kidshealth.org/teen/drug_alcohol/drugs/know_about_drugs.html

NIDA for Teens - Real Stories
<http://nidateens.dem02.icsolutions.com/stories/>

WANT TO LEARN MORE?

Check out these activities and field trips that will help you learn more about drug prevention, the consequences of drug use, and ways to help spread the word about awareness to other teens.

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What is the DEA?

Drug Enforcement Administration (DEA)

Tough job, vital mission . . . these words have special meaning in our complex world. Even though the Drug Enforcement Administration has been around since 1973, many people aren't familiar with the agency's responsibilities, mission, and impact on Americans' day-to-day lives. From Colombia to Afghanistan and from Los Angeles to New York, DEA agents, investigators, analysts, chemists, lawyers, and support staff all work together to make sure drug traffickers are brought to justice.



What does DEA do?

The DEA provides drug-prevention information to schools, drug-free coalitions, and communities. It also works with state and local law enforcement agencies to dispose of unwanted and unused prescription drugs. It finds links between terrorists and drug traffickers, and tracks drug finances through international banking systems. DEA also uncovers meth labs throughout the U.S.

What is DEA?

DEA was created in 1973 as the nation's top federal drug law enforcement agency. Today, the agency has evolved into a modern and sophisticated organization of men and women dedicated to keeping our nation safe from drug trafficking and drug abuse. DEA is in every major city within the United States, and has foreign offices in more than 60 countries around the world. To see where DEA's offices are located, go to www.dea.gov.

DEA enforces the country's federal drug laws by investigating and prosecuting individuals who grow, manufacture, or distribute drugs within the United States and those who bring drugs into the United States from foreign countries. DEA also tracks down individuals who "divert" drugs from the legal market—mostly prescription drugs—and follows drug-related money that traffickers try to hide.

Interview with a DEA Special Agent



Jessica decided to learn more about the job of a Special Agent. She interviewed Special Agent David Jones about his job at the Drug Enforcement Administration.

Prevention Team: What is a Special Agent?

SA Jones: DEA Special Agents are a group of qualified men and women from diverse backgrounds who are very committed to their job as federal drug law enforcement agents in the United States and in 63 countries all over the world.

Prevention Team: How does this job differ from that of a local law-enforcement officer?

SA Jones: Local law-enforcement officers and agencies attend to hazards related to public safety – identifying, pursuing, and arresting suspected criminals, resolving problems with the community, and enforcing traffic laws. DEA Special agents enforce laws and regulations relating to illegal drugs at the national level.

Prevention Team: How long have you worked as a special agent?

SA Jones: I have worked for DEA, the world's leading drug enforcement agency, for 10 years. DEA offers great opportunities for those interested in contributing to the well-being of the American public and other people throughout the world.

Prevention Team: What are your job responsibilities as a Special Agent?

SA Jones: We enforce the controlled-substance laws and regulations of the United States. We bring to justice organizations and their members tied to terrorism, who are involved in the growing, manufacture, or distribution of illegal drugs.

SA Jones also explained the other types of occupations that are available at DEA:

Diversion Investigator. They are responsible for keeping the legal drug industry, medical doctors, dentists, pharmacists on track, making sure they follow the federal drug laws.

Chemists: They are responsible for analyzing the drugs that special agents seize in drug raids.

Intelligence Research Specialists: Their role is similar to detectives. They track people's illegal drug activity and study drug trends to find who is using specific drugs.

Activities and Field Trips

Emergency-Room Visit

By interviewing individuals in working in healthcare, you can get information about the facts and effects of drug abuse from those who've seen it first-hand. When you approach these individuals to set up an appointment for an interview, it's a good idea to explain what school or group you represent, what your team is doing to learn the truth about drug abuse, and what you hope to gain through the interview.

Some youth who use prescription drugs end up in the emergency room with an overdose or serious health effects. Visit a local hospital ER and interview the emergency room nurse or physician to find out how many kids aged 21 and under came in the last month with a drug-related health problem. We've come up with a few questions to get you started, but you can think of others.

- What were the signs and symptoms of a drug overdose?
- What was the main prescription drug that kids used when they overdosed?
- What other drugs beside prescription drugs are kids using?
- What medical care did the kid receive?



CODESWITCH

Interview a pharmacist at your local pharmacy or drug store and ask what the pharmacist is doing to keep kids from abusing cough medicines and OTC drugs. When you approach a pharmacist to arrange an interview, don't forget to explain what school or group you represent, what your team is doing to learn the truth about cough medicines and OTC drugs, and what you hope to learn through the interview.

Here are a few questions you might ask:

- Where do you keep the non-prescription cough and cold medicines?
- Why can you buy some cough medicines without a prescription?
- Do you have a limit on the amount of cough medicine a person can buy?
- How do you keep track of the quantity a person buys?

School Research

Learn how the drug issue affects your school by conducting an informal study with administrators and staff. If your research involves interviews or surveys, explain to participants what school or group you represent, what your team is doing to learn the truth about drug abuse in school, and what you hope to learn through the interviews. Here are some ways to get started on your school research:

- Interview your school principal or assistant principal to find out how many drug-related suspensions and expulsions occurred in the past year and how many of these were for the four different types of substances you're exploring.
- Talk to the school nurse, counselor, or school resource officer to find out what the primary drug issues are -- and what officials are doing to address this issue.
- Review the Student Handbook to find the school's policy on a drug offense. What does the policy say about students using marijuana or other drugs at school or at a school event? Selling or giving marijuana to other students? Based on what you find, decide whether you think the policy should be updated.

Guest Speakers

Inviting guest speakers to your group is a great way to hear from individuals who have seen first-hand the impact of drug abuse. Possible speakers include an emergency-room nurse, a police officer, or a substance-abuse counselor.

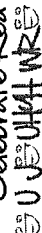
You might also call the local Drug Enforcement Administration (DEA) office or contact another law-enforcement office in your community or state and ask to have someone come to your school to talk about drug abuse among teens.

Once someone agrees to speak to your group, be sure to prepare with the following steps:

- Study the topic, reviewing the agency or organization's website.
- Prepare questions you want to ask the speaker.
- Arrange a space for the speaker and audience members.
- Decide who will introduce the speaker, pass out materials, take notes, etc.



Red Ribbon Week

Celebrate Red Ribbon Week


Red Ribbon Week is the nation's oldest drug prevention campaign that is celebrated annually. It all started with one man.

The event started as a grassroots tribute to a fallen hero, DEA Special Agent Enrique (Kiki) Camarena, who was murdered by drug traffickers in 1985. Kiki was very concerned about the drug problem in this country, and wanted to make a difference by helping the people that he cared about. Red Ribbon Week started in 1985 in Kiki's hometown of Calexico, California. The event soon gained momentum across California and then the rest of the country as hundreds of people pledged to lead drug-free lives in honor of Camarena's sacrifice. The event was formalized in 1988 when President and Mrs. Reagan served as the Red Ribbon Week honorary chairperson. Every year thousands of schools across the country celebrate Red Ribbon Week the last week of October.

Activity 1: Hold an assembly or forum during Red Ribbon Week that helps your peers understand the dangers of drug abuse. Invite a local physician, alcohol/drug abuse counselor, Drug Enforcement Administration (DEA) Special Agent, sheriff, to talk about the dangers of abusing drugs and the drug problem in your community.

Activity 2: Design and give out a pamphlet on different drugs that are abused in your community. If inhalant abuse or marijuana is the problem in your community, research the issue and make that the subject of your pamphlet. Make the pamphlet available on your school's website. You may find assistance from a community anti drug coalition, the Elks Club or other community organization to print copies.

Activity 3: Coordinate a "Living Drug Free" pledge campaign in your local middle school. Give small tokens (pencils, buttons, pens, etc.) to those who sign up for the pledge and keep track of the number of pledges on a thermometer. Promote the drug free campaign with decorations and posters throughout the school.

Red Ribbon Patch Initiative: DEA has created the Red Ribbon Week Boy Scout and Girl Scout Patch initiative to encourage and support Scouts who have earned a patch for learning about the dangers of drug abuse and performing anti-drug activities in celebration of Red Ribbon Week. The three basic requirements include:

1. Each Scout unit must sponsor a Red Ribbon Week activity in their community.
2. Each Scout must attend an anti-drug educational session.
3. Each Scout must agree to sign a drug-free pledge.

For more on the Red Ribbon Patch check the DEA website: www.dea.gov.

Federal Government Agencies

Drug Enforcement Administration (DEA)

The main mission of the DEA is to dismantle the major drug-trafficking organizations. It is also committed to reducing the demand for drugs through prevention and education activities. DEA's Office of Demand Reduction works with special agents across the United States to provide drug-prevention information to communities on drug trends and the dangers of using illicit drugs.

<http://www.dea.gov> (general website); <http://www.justthinktwice.com> (for teens);

<http://www.getsmartaboutdrugs.com> (for parents)

National Guard

The National Guard's Counterdrug Program's mission is to use the National Guard's resources to help create the best opportunity for America's youth to make the decision to be drug-free. The National Guard works with local law-enforcement, education, and community-based organizations to reduce the chances of exposure of illegal drugs to our nation's children.

<http://www.ngbcounterdrug.ng.mil/>

National Highway Transportation Safety Administration (NHTSA), Impaired Driving Division

This division has resources for driving, including information on investigation, prosecution, and adjudication of cases involving impaired driving. The NHTSA uses a three-pronged strategy:

- 1) high-visibility law enforcement with supporting communication campaigns; 2) enhanced prosecution and adjudication; and 3) medical screening and brief intervention for alcohol-abuse problems.

<http://www.nhtsa.gov/Impaired>

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

NIAAA provides leadership in the national effort to reduce alcohol-related problems.

<http://www.niaa.nih.gov>

National Institute on Drug Abuse (NIDA)

NIDA conducts research and disseminates the results of research programs about the effects of drugs on the body and brain.

<http://www.nida.nih.gov>

Office of National Drug Control (ONDCP)

ONDCP reports directly to the President, oversees the substance-abuse budgets of all the federal agencies, and develops the President's National Drug-Control Strategy each year. ONDCP administers the Youth AntiDrug Media Campaign and the Drug-Free Communities Program.

<http://www.whitehouse.gov/ondcp>

<http://www.abovetheinfluence.com>

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is responsible for overseeing and administering mental-health, drug-prevention, and drug-treatment programs around the nation. The agency is made up of three centers: the Center for Substance Abuse Prevention (CSAP), the Center for Mental Health (CMH) and the Center for Substance Abuse Treatment (CSAT).

<http://www.SAMHSA.gov> (general website); <http://store.samhsa.gov> (free publications)

U.S. Department of Education (ED)

The Office of Safe and Healthy Students provides grants for drug- and violence-prevention programs that promote the health and well-being of students in elementary and secondary schools and institutions of higher education.

<http://www.ed.gov> (general website)

<http://www2.ed.gov/programs/> (information on specific funding for programs)

Non-Federal Prevention Resources

American Council for Drug Education (ACDE)

This is a substance-abuse prevention and education agency that develops programs and materials based on the most current scientific research on drug use and its impact on society.

<http://www.acde.org>

Center for Substance Abuse Research (CESAR)

CESAR's mission is to inform policymakers, practitioners, and the public about substance abuse, its nature and extent, its prevention and treatment, and its relation to other problems.

<http://www.cesar.umd.edu>

Community Antidrug Coalitions of America (CADCA)

CADCA is an organization whose purpose is to strengthen the capacity of community anti-drug coalitions to create and maintain safe, healthy, and drug-free communities.

<http://cadca.org>

Drug Strategies

This is a drug- and alcohol-addiction treatment website dedicated to providing the best resources for fighting substance abuse.

<http://www.drugstrategies.org>

Elks Awareness Program

The Benevolent and Protective Order of Elks has a resource center for the Elks National Drug Awareness Program, the largest volunteer drug-awareness program in the United States.

<http://www.elks.org/dap>

National Association of Children of Alcoholics (NACOA)

The mission is to eliminate the adverse impact of alcohol and drug use on children and families.

<http://www.nacoa.org>

National Crime Prevention Council (NCPC)

As a private nonprofit organization, NCPC's mission is to help families and their communities keep safe from crime. The organization sponsors a public-education campaign involving 1,600 crime-prevention professionals.

<http://www.ncpc.org>

National Drug Court Professionals (NDCP)

NDCP is the national membership organization for public, drug-court, DWI-court, and mental-health court professionals, including justice system, alcohol and drug treatment, and mental-health treatment professionals.

<http://www.ndcp.org/>

National Inhalant Prevention Coalition (NIPC)

NIPC serves as an inhalant-referral and information clearinghouse, stimulates media coverage about inhalant issues, develops materials, and provides training and technical assistance.

<http://www.inhalants.org>

Partnership at Drugfree.org (PDFA)

The Partnership at Drugfree.org is a nonprofit organization that helps parents and caregivers prevent, intervene in, and find treatment for drug and alcohol use by their children.

<http://www.drugfree.org>

Youth Organizations

Boys & Girls Clubs of America (BGCA)

The mission of Boys & Girls Clubs of America is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

<http://www.bgca.org>

D.A.R.E. – Drug Abuse Resistance Education

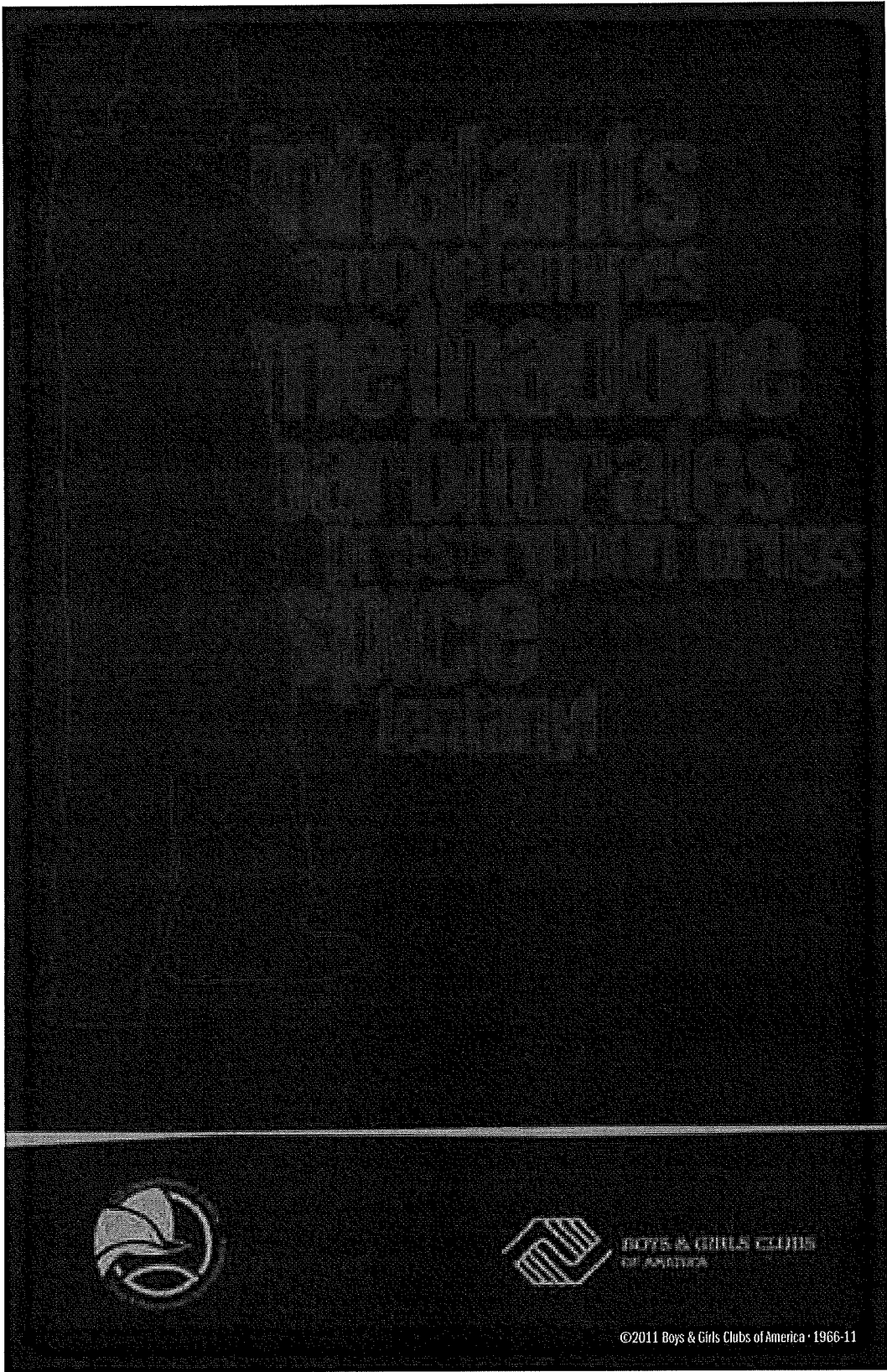
D.A.R.E.'s primary mission is to provide children with the information and skills they need to live drug- and violence-free lives.

<http://www.dare.com>

Students against Destructive Decisions (SADD)

SADD is a peer leadership organization dedicated to preventing destructive decisions, specifically underage drinking, other drug use, impaired and risky driving and teen violence and suicide. It is a peer-to-peer youth-education, prevention, and activism organization with thousands of chapters in middle schools, high schools, and colleges.

<http://www.sadd.org>



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Revised May 2017

What is marijuana?



Photo by NIDA

Also known as: Boom, Bud, Chronic, Gangster, Ganja, Grass, Herb, Kif, Mary Jane, MJ, Pot, Reefer, Skunk, and Weed

Marijuana is the dried leaves and flowers of the *Cannabis sativa* or *Cannabis indica* plant. Stronger forms of the drug include high potency strains – known as sinsemilla (sin-seh-me-yah), hashish (hash for short), and extracts including hash oil, shatter, wax, and budder.

Of the more than 500 chemicals in marijuana, *delta-9-tetrahydrocannabinol*, known as THC, is responsible for many of the drug's psychotropic (mind-altering) effects. It's this chemical that distorts how the mind perceives the world.

[Read 10 things you can learn about marijuana.](#)

Strength and Potency

The amount of THC in marijuana has increased over the past few decades. In the early 1990s, the average THC content in marijuana was about 3.74 percent. In 2013, it was almost 10 percent, and much higher in some products such as oils and other extracts (see below).¹ Scientists do not yet know what this increase in potency means for a person's health. It may cause users to take in higher amounts of THC – which could lead to greater health risks including increased risk of addiction, or they may adjust how they consume marijuana (by smoking or eating less) to compensate for the greater potency. There have been reports of people seeking help in emergency rooms with symptoms, including psychosis (having false thoughts or seeing or hearing things that aren't there), after consuming high concentrations of THC.

Marijuana Extracts

Smoking extracts and resins from the marijuana plant with high levels of THC is on the rise. There are several forms of these extracts, such as hash oil, budder, wax, and shatter. These resins have 3 to 5 times more THC than the plant itself. Smoking or vaping it (also called [dabbing](#)) can deliver dangerous amounts of THC to users, and has led some people to seek treatment in the emergency room. There have also been reports of people injured in fires and explosions caused by attempts to extract hash oil from marijuana leaves using butane (lighter fluid).

¹ ElSohly MA. *Potency Monitoring Program quarterly report number 124. Reporting period: 12/16/2013 -03/15/2014.* Bethesda, MD: National Institute on Drug Abuse; 2014.

How is marijuana used?

Some people smoke marijuana in hand-rolled cigarettes called joints. Many use glass pipes, water pipes called *bongs*, or marijuana cigars called blunts (often made by slicing open cigars and replacing some or all of the tobacco with marijuana). To avoid inhaling smoke, some people are using vaporizers. These devices pull the active ingredients (including THC) from the marijuana into the vapor. A person then inhales the vapor,

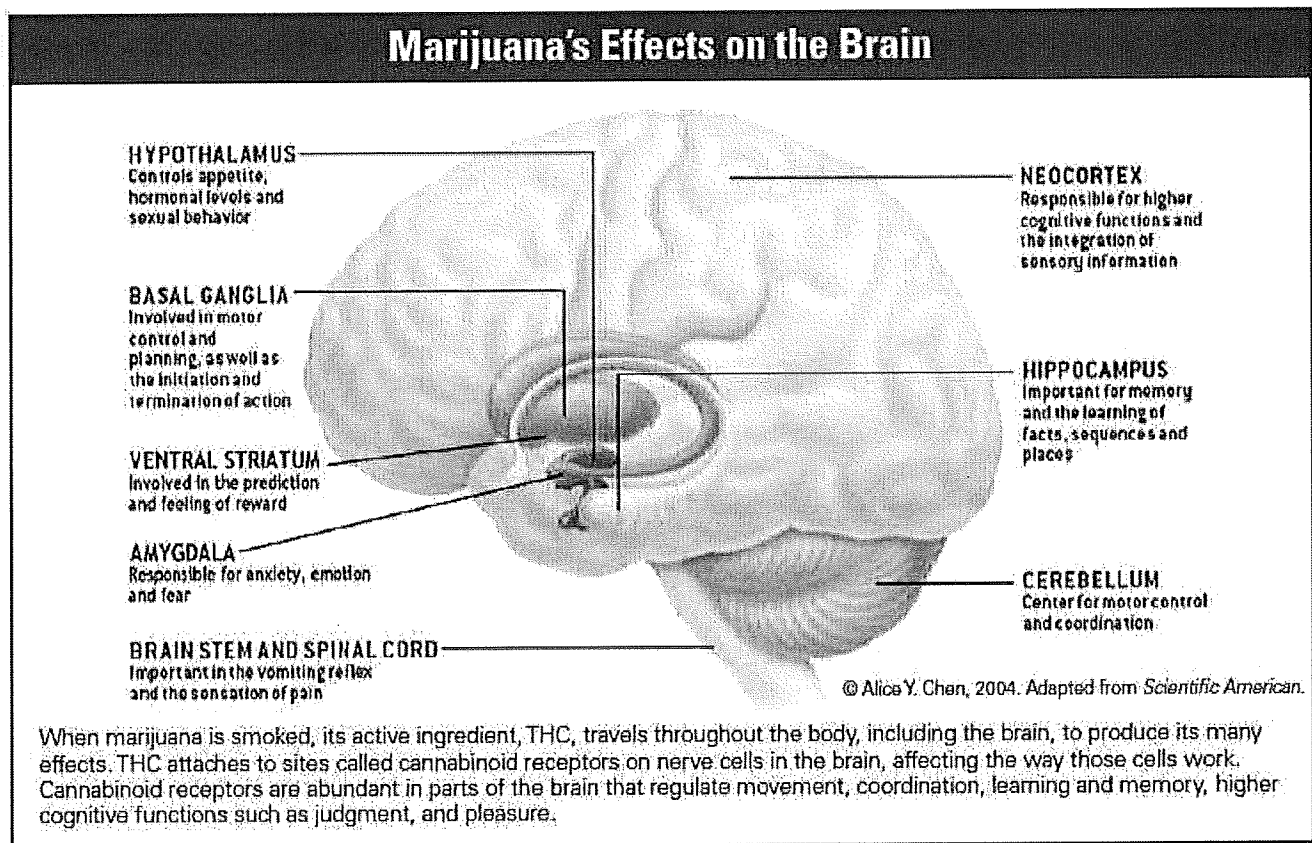
not the smoke. Some vaporizers use a marijuana liquid extract. Marijuana can also be brewed as tea or cooked into food, sometimes called *edibles*—such as brownies, cookies, or candy.

These concentrated extracts made from the marijuana plant should not be confused with “synthetic marijuana,” sometimes called “K2,” “Spice,” or “herbal incense.” These synthetic drugs are man-made chemicals similar to THC but often much stronger and very dangerous. Unlike marijuana, their use sometimes directly results in overdose deaths. Learn more about “synthetic marijuana”.

What happens to your brain when you use marijuana?

When marijuana is smoked or vaporized, THC quickly passes from the lungs into the bloodstream, which carries it to organs throughout the body, including the brain. Its effects begin almost immediately and can last from 1 to 3 hours. Decision making, concentration, and memory can be affected for days after use, especially in regular users.² If marijuana is consumed in foods or beverages, the effects of THC appear later—usually in 30 minutes to 1 hour—and may last for many hours.

As it enters the brain, THC attaches to cells, or neurons, with specific kinds of receptors called *cannabinoid receptors*. Normally, these receptors are activated by chemicals similar to THC that occur naturally in the body. They are part of a communication network in the brain called the *endocannabinoid system*. This system is important in normal brain development and function.



Most of the cannabinoid receptors are found in parts of the brain that influence pleasure, memory, thinking, concentration, sensory and time perception, and coordinated movement. Marijuana activates the endocannabinoid system, which causes the pleasurable feelings or “high” and stimulates the release of dopamine in the brain’s reward centers, reinforcing the behavior. Other effects include changes in perceptions and mood, lack of coordination, difficulty with thinking and problem solving, and disrupted learning and memory.

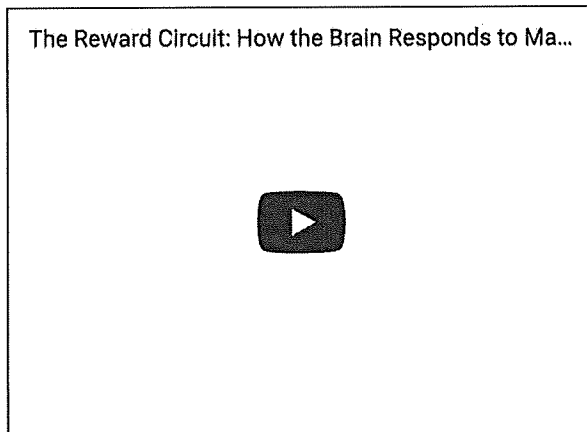
Certain parts of the brain have a lot of cannabinoid receptors. These areas are the hippocampus, the cerebellum, the basal ganglia, and the cerebral cortex. (Learn more about these areas and how THC affects them.) As a result, marijuana affects these functions:

- **Learning and memory.** The hippocampus plays a critical role in certain types of learning. Disrupting its normal functioning can lead to problems studying, learning new things, and recalling recent events. Chronic marijuana use disorder, that begins in adolescence, is

associated with a loss of IQ points, as compared with people who don't use marijuana during their teen years.³ However, two recent twin studies suggest that this decline is related to other risk factors (e.g., genetics, family, and environment), not by marijuana use itself.⁴

- **Coordination.** THC affects the cerebellum, the area of our brain that controls balance and coordination, and the basal ganglia, another part of the brain that helps control movement. These effects can influence performance in such activities as sports, driving, and video games.
- **Judgment.** Since THC affects areas of the frontal cortex involved in decision making, using it can make you more likely to engage in risky behavior, such as unprotected sex or getting in a car with someone who's been drinking or is high on marijuana.

Learn more about [how the brain works and what happens when a person uses drugs](#). And, check out how the brain responds to marijuana.



³ Crean RD, Crane NA, Mason BJ. *An evidence based review of acute and long-term effects of cannabis use on executive cognitive functions*. Journal of Addiction Medicine 2011;5:1-8.

⁴ Meier MH, Caspi A, Ambler A, et al. *Persistent cannabis users show neuropsychological decline from childhood to midlife*. Proceedings of the National Academy of Sciences U S A 2012;109:E2657-64.

⁵ Meier MH, Caspi A, Ambler A, et al. *Persistent cannabis users show neuropsychological decline from childhood to midlife*. Proceedings of the National Academy of Sciences U S A 2012;109:E2657-64.

What happens to your body when you use marijuana?

Within a few minutes after inhaling marijuana smoke, a person's heart rate speeds up, the bronchial passages (the pipes that let air in and out of your lungs) relax and become enlarged, and blood vessels in the eyes expand, making the eyes look red. While these and other effects seem harmless, they can take a toll on the body.

- **Increased heart rate.** When someone uses marijuana, heart rate—normally 70 to 80 beats per minute—may increase by 20 to 50 beats per minute or, in some cases, even double. This effect can be greater if other drugs are taken with marijuana. The increased heart rate forces the heart to work extra hard to keep up.
- **Respiratory (lung and breathing) problems.** Smoke from marijuana irritates the lungs, and can cause a chronic cough—effects similar to those from regular cigarettes. While research has not found a strong association between marijuana and lung cancer, many people who smoke marijuana also smoke cigarettes, which do cause cancer. And, some studies have suggested that smoking marijuana could make it harder to quit cigarette smoking.⁵
- **Increased risk for mental health problems.** Marijuana use has been linked with depression and anxiety, as well as suicidal thoughts among adolescents. In addition, research has suggested that in people with a genetic risk for developing schizophrenia, smoking marijuana during adolescence may increase the risk for developing psychosis and for it developing at an earlier age. Researchers are still studying the relationship between these mental health problems and marijuana use.
- **Increased risk of problems for an unborn baby.** Marijuana use during pregnancy is linked to lower birth weight and increased risk of behavioral problems in babies.⁶

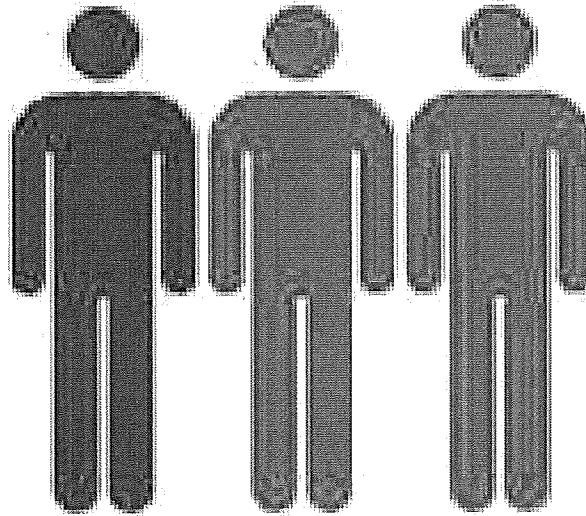
⁶ Panlilio, LV, et al. *Prior exposure to THC increases the addictive effects of nicotine in rats*. Neuropsychopharmacology (2013) 38, 1198–1208.

Can you die if you use marijuana?

There are no reports of people fatally overdosing (dying) on marijuana alone. However, people can feel some very uncomfortable side effects, especially when using marijuana with high THC levels. There are reports of marijuana users seeking treatment in emergency rooms, reporting unease and shaking, anxiety, paranoia, or hallucinations, and in rare cases, extreme psychotic reactions. Learn more about [drug overdoses among youth](#). However, marijuana use can increase risks for accidents and injuries (impacts of drugged driving are discussed below).

What are the other risks associated with marijuana use?

- **Reduced school performance.** Students who smoke marijuana tend to get lower grades and are more likely to drop out of high school than their peers who do not use. The effects of marijuana on attention, memory, and learning can last for days or weeks.
- **Reduced life satisfaction.** Research suggests that people who use marijuana regularly for a long time are less satisfied with their lives and have more problems with friends and family compared to people who do not use marijuana.



Drug and Alcohol Use Can Impair Driving by Affecting Critical Thinking and Motor Skills

- **Impaired driving.** Marijuana affects a number of skills required for safe driving—alertness, concentration, coordination, and reaction time—so it's not safe to drive high or to ride with someone who's been smoking. Marijuana makes it hard to judge distances and react to signals and sounds on the road. High school seniors who smoke marijuana are 2 times more likely to receive a traffic ticket and 65% more likely to get into an accident than those who don't smoke.⁷ In 2017, 10.3% of 12th graders reported driving after using marijuana in the past two

weeks.⁸ And combining marijuana with drinking even a small amount of alcohol greatly increases driving danger, more than either drug alone. Learn more about what happens when you mix [marijuana and driving](#).

- **Use of other drugs.** Most young people who use marijuana do not go on to use other drugs. However, those who use are more likely to use other illegal drugs. It isn't clear why some people go on to try other drugs, but researchers have a few theories. The human brain continues to develop into the early 20s. Exposure to addictive substances, including marijuana, may cause changes to the developing brain that make other drugs more appealing. In addition, someone who uses marijuana is more likely to be in contact with people who use and sell other drugs, increasing the risk for being encouraged or tempted to try them.
- **Severe nausea and vomiting.** Studies have shown that in rare cases, regular, long-term marijuana use can lead some people to have cycles of severe nausea, vomiting, and dehydration, sometimes requiring visits to the emergency room.

For more information on the effects of marijuana, see NIDA's [Marijuana Research Report](#).

⁸ U.S. Department of Transportation. National Highway Traffic Safety Administration. Traffic Safety Facts. *Drug Involvement of Fatally Injured Drivers*. Washington, DC, November 2010. Available at: <http://www.nrd.nhtsa.dot.gov/Pubs/811415.pdf>.

⁹ Miech RA, Schulenberg JE, Johnston LD, et al. *National adolescent drug trends in 2017: Findings released* [Press release]. Ann Arbor, MI. December 2017. Available at: <http://www.monitoringthefuture.org/>.

Is marijuana addictive?

Yes, marijuana can be addictive. Someone who regularly uses marijuana may continue to use it despite negative consequences in their life.

Approximately 10 percent of users may develop what is called a marijuana use disorder—problems with their health, school, friendships, family or other conflicts in their life. A serious substance use disorder is commonly called an *addiction*. The person can't stop using marijuana even though it gets in the way of daily life.⁹ People who begin using marijuana before the age of 18 are 4–7 times more likely than adults to develop a marijuana use disorder.¹⁰

What causes one person to become addicted to marijuana while another does not depends on many factors—including their family history (genetics), the age they start using, whether they also use other drugs, their family and friend relationships, and whether they take part in positive activities like school or sports (environment). More research needs to be done to determine whether people who use marijuana for medical reasons are at the same risk for addiction as those who use it recreationally.

Watch the Swiss Cheese Model of Drug Addiction and learn why some people become who use drugs get addicted and others do not.



People who use marijuana may feel a mild [withdrawal](#) when they stop using the drug. Withdrawal symptoms may include:

- irritability
- sleeplessness

- lack of appetite, which can lead to weight loss
- anxiety
- drug cravings

These effects can last for several days to a few weeks after drug use is stopped. Relapse (returning to the drug after you've quit) is common during this period because people may crave the drug to relieve these symptoms.

* Hasin DS, Saha TD, Kerridge BT, et al. Prevalence of Marijuana Use Disorders in the United States Between 2001-2002 and 2012-2013. *JAMA Psychiatry*. 2015;72(12):1235-1242. doi:10.1001/jamapsychiatry.2015.1858.

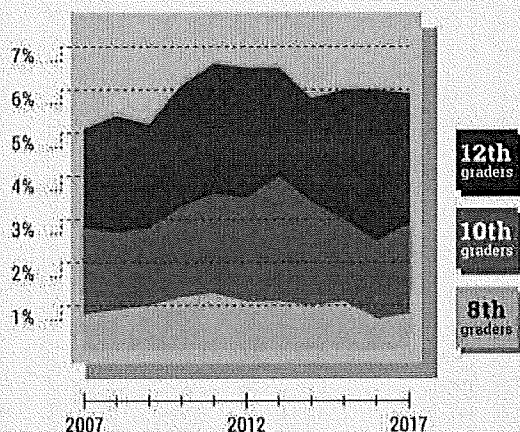
** Winters KC, Lee C-Y. Likelihood of developing an alcohol and cannabis use disorder during youth: association with recent use and age. *Drug Alcohol Depend*. 2008;92(1-3):239-247. doi:10.1016/j.drugalcdep.2007.08.005.

How many teens use marijuana?

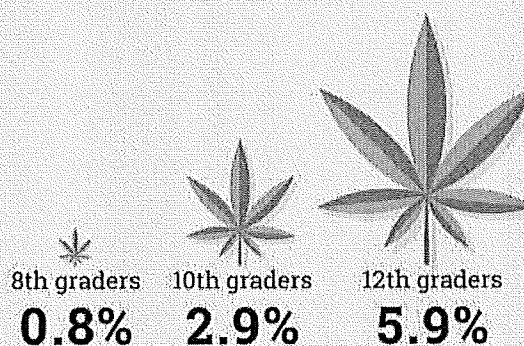
Marijuana is the most commonly used illicit drug in the United States by teens as well as adults. Recent public discussions about medical marijuana and the public debate over the drug's legal status is leading to a reduced perception of harm among young people. In addition, some teens believe marijuana cannot be harmful because it is "natural."¹¹ But not all natural plant substances are good for you—tobacco, cocaine, and heroin also come from plants.

DAILY MARIJUANA USE MOSTLY STEADY

2007 – 2017



2017



71.0% OF HIGH SCHOOL SENIORS DO NOT VIEW REGULAR MARIJUANA SMOKING AS BEING VERY HARMFUL, BUT 64.7% SAY THEY DISAPPROVE OF REGULAR MARIJUANA SMOKING.



DRUGABUSE.GOV

Below is a chart showing the percentage of teens who say they use marijuana.

Monitoring the Future Study: Trends in Prevalence of Marijuana/ Hashish for 8th Graders, 10th Graders, and 12th Graders; 2017 (in percent)*

Drug	Time Period	8th Graders	10th Graders	12th Graders
Marijuana/ Hashish	Lifetime	13.50	30.70	45.00
	Past Year	10.10	25.50	37.10
	Past Month	5.50	[15.70]	22.90
	Daily	0.80	2.90	5.90

* Data in brackets indicate a statistically significant downward trend from the previous year.

For more statistics on teen drug use, see [NIDA's Monitoring the Future study](#).

** Miech RA, Schulenberg JE, Johnston LD, et al. *National adolescent drug trends in 2017: Findings released* [Press release]. Ann Arbor, MI. December 2017. Available at: <http://www.monitoringthefuture.org/>.

What about medical marijuana?

The marijuana plant itself has not been approved as a medicine by the federal government. However, the plant contains chemicals—called cannabinoids—that may be useful for treating a range of illnesses or symptoms. Here are some samples of cannabinoids that have been approved or are being tested as medicines:

- **THC:** The cannabinoid that can make you “high”—THC—has some medicinal properties. A synthetic formulation of THC, dronabinol, has been approved by the federal government to treat nausea, prevent sickness and vomiting from chemotherapy in cancer patients, and to increase appetite in some patients with AIDS.
- **CBD:** Another chemical in marijuana with potential therapeutic effects is called cannabidiol, or CBD. CBD doesn't have mind-altering effects and is being studied for its possible uses as medicine. For example, CBD oil is being studied as a possible treatment for seizures in children with severe epilepsy.
- **THC and CBD:** A medication with a combination of THC and CBD is available in several countries outside the United States as a mouth spray for treating pain or the symptoms of multiple sclerosis.

It is important to remember that smoking marijuana can have side effects, making it difficult to develop as a medicine. For example, it can harm lung health, impair judgment, and affect memory. Side effects like this might outweigh its value as a medical treatment, especially for people who are not very sick. Another problem with smoking or eating marijuana plant material is that the ingredients can vary a lot from plant to plant, so it is difficult to get an exact dose. Until a medicine can be proven safe and effective, it will not be approved by the federal government. But researchers continue to extract and test the chemicals in marijuana to create safe medicines.

For more information, see [Drug Facts—Marijuana As Medicine](#)

Legal Issues

It is important to note that a growing number of states have legalized the marijuana plant's use for certain medical conditions, and a smaller number have voted to legalize it for recreational use. So, in some cases, federal and state marijuana laws conflict. It is illegal to grow, buy, sell, or carry marijuana under federal law. The federal government considers marijuana a Schedule I substance—having no medicinal uses and high risk for misuse.

Some states do allow doctors to recommend CBD in oil form to children with severe seizures. But because of concerns over the possible harm to the developing teen brain, recreational marijuana use by people under age 21 is against the law in all states.

For more information, see [Drug Facts—Is Marijuana Medicine?](#)

What should I do if someone I know needs help?

If you, or a friend, are in crisis and need to speak with someone now:

- **Call National Suicide Prevention Lifeline at 1-800-273-TALK** (they don't just talk about suicide—they cover a lot of issues and will help put you in touch with someone close by)

If you need information on drug treatment and where you can find it, the Substance Abuse and Mental Health Services Administration can help.

- **Call Substance Abuse Treatment Facility Locator at 1-800-662-HELP**
- Visit the locator online at www.findtreatment.samhsa.gov

For more information on how to help a friend or loved one, visit our [Have a Drug Problem, Need Help? page](#).

For more information on marijuana

Drug Facts

NIDA:

- [Commonly Abused Drugs Chart](#)
- [DrugFacts: Marijuana](#)
- [Marijuana: Facts for Teens](#)
- [Marijuana: Facts Parents Need to Know](#)
- [Mind Over Matter Teaching Guide and Series: Marijuana](#)
- [NIDA Notes Articles: Marijuana](#)
- [Research Report Series: Marijuana](#)

Statistics and Trends

NIDA:

- [DrugFacts: High School and Youth Trends](#)

Centers for Disease Control and Prevention

- [Youth Risk Behavior Surveillance System \(YRBSS\)](#)

Monitoring the Future (University of Michigan):

- [Monitoring the Future](#)

Office of Adolescent Health:

- [United States Adolescent Substance Abuse Facts \(National and State Data\)](#)

Substance Abuse and Mental Health Services Administration:

- National Survey on Drug Use and Health

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TEENS AND THE REAL DANGER OF MARIJUANA EDIBLES: WHAT PARENTS NEED TO KNOW

The prefrontal cortex of my teenage son's brain isn't fully developed.

It's a fact I have been forced to remind myself of several times a day, sometimes several times an hour, since that fateful call a few weeks back.

"I freaked out," my ex-husband had warned when I picked up the phone, his voice grave and a bit shaky. After pausing for what felt like an eternity, he informed me that our 17-year-old son had ingested some type of drug and was being transported by ambulance to the emergency room.

Some type of ... drug?

I freaked out.



Racing to the hospital, I struggled to wrap my head around what I'd just been told. My son was a straight-A student, a member of the National Honor Society, a varsity athlete. He was in the throes of submitting applications to highly ranked universities and striving to establish his individuality in cleverly constructed college essays. Over the years, we'd had countless talks about drug and alcohol use, the risks of addiction, the potentially life-changing (or even life-ending) consequences. There was just *no way* he was using drugs!

But to my shock, he turned out to be among a growing number of teenagers across the U.S. experimenting with marijuana edibles. Call me naïve, but I had never before even heard the term "edibles," widely used to describe a new generation of pot-laced baked goods, candies and beverages that are both made at home and sold by dispensaries in colorful packages and flavors that appeal to kids. I suppose I never had any reason to.

But now, my identity as a mother feels permanently scarred by an irrevocable chasm; the parent I was before receiving that harrowing call, and the one I became from that moment forward. The mom I had

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The prefrontal cortex of my teenage son's brain isn't fully developed.

Alarming, not only are edibles on the rise among teens, according to a recent survey by the National Institute on Drug Abuse, but they often contain high doses of tetrahydrocannabinol (THC), the psychoactive ingredient in marijuana. Even more unsettling, an edible-induced high comes on more slowly than the smoked version of the drug, leading many teens to consume far greater than the recommended dosage when they fail to experience an immediate effect. This can quickly result in a toxic overdose, as was the case with my son.

When he ingested half of a pre-packaged marijuana cookie at a high school football game, it represented one-and-a-half-times the suggested dose listed on the dispensary wrapper (which allocated the cookie as three portions). About an hour and a half later, my son began to experience uncontrollable vomiting, which prompted a witness to call campus security, who then summoned police and ultimately, paramedics. (For those of you concerned about my child's anonymity in this article, let me assure you that any sliver of [redacted] confidentiality vanishes when you are taken by ambulance before hundreds of student, parent and faculty onlookers.)

Thankfully, my son ended up being okay. But tragically, a 19-year-old college student who consumed an edible during a 2014 visit to Denver wasn't so fortunate. The teenager, who traveled with friends possibly for marijuana tourism, ate more than six times the recommended amount of a marijuana cookie then jumped off a fourth-floor balcony to his death, according to the Centers For Disease Control and Prevention. Although the student initially ate only a single piece, when he didn't feel any effects 30 to 60 minutes later, he ingested the remainder of the edible. The autopsy report listed marijuana intoxication as a chief contributing factor to his death.

During our own visit to the ER, doctors shared with us that the marijuana industry as a whole is subjected to minimal regulation, with no guarantee of accuracy in the THC levels published on dispensary product packaging, and even less assurance of ingredients contained in made-at-home edibles. Even more, today's marijuana typically contains THC levels that are 15 to 25 percent higher than what was found in previous years. Popularity is also growing for reprocessed substances known as concentrates, which can reach THC levels as high as 99 percent.

When it comes to teens' use of edibles, the appeal is two-fold. First, they tend to produce a more dramatic and longer lasting high than smoked marijuana. Perhaps even more advantageous, edibles are void of the telltale smell emitted by pot, making it easier for young people to evade detection. Indeed, a reduction in the likelihood of getting caught was the prime motivation for edible use cited by 15- to 17-year-olds in a recent focus group conducted by the National Center for Biotechnology Information.

As my son lay connected to I.V. drips and heart monitors in the hospital that night, I examined the empty edible package he had relinquished to us, wondering how he had obtained it. I would quickly learn that edibles have become remarkably easy to acquire on high school campuses across the nation, sold by students who either make the products themselves or resell those obtained from dispensaries. While studies are mixed regarding whether the legalization of marijuana is leading to increased drug use among teens, there's no denying that the proliferation of dispensaries across the country has made pot products extremely accessible.

Not only is medical marijuana permitted in more than half of U.S. states, recreational legalization is also on the rise. On election night, voters approved recreational initiatives in California, Maine, Massachusetts and Nevada — joining Alaska, Colorado, Oregon, Washington and the District of Columbia, where pot was already legalized. Tellingly, 40 percent of 12th graders who had used marijuana in the past year in medical marijuana states consumed it in an edible form, according to the 2014 Monitoring the Future Survey (MTF), which measures drug use and attitudes among teens.

Regardless of your personal opinion about legalization, it is difficult to ignore the serious consequences that have resulted from the movement. A study of use in Colorado published in 2015 found increases in

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a formal nod to medical or recreational use, that doesn't mean your teen is necessarily safe. The same Colorado study also tracked pot-related ER trips specifically for out-of-state visitors, charting a whopping 109 percent increase from 2012 to 2014.

Equally worrisome are changing attitudes regarding the perception of marijuana. For instance, in the MTF survey, only 36 percent of 12th graders acknowledged that regular pot smoking puts the user at great risk, compared to 52 percent just five years earlier. Research has consistently shown that the less risky a teen believes a drug to be and the more that society shows approval of the substance, the greater the likelihood he will use it. Even more frightening, the study revealed that one out of eight teenagers drove after smoking pot in the previous two-week period, and one in five rode with a driver who had been smoking — behaviors I was appalled to learn my own son had elected.

The prefrontal cortex of my teenage son's brain isn't fully developed.

Coming to terms with the fact that I somehow missed the signs of my child's marijuana experimentation

nothing short of devastating. "He's a good kid," the vice principal at his school emphasized when

she called me the day after the incident, offering him an alternative-to-suspension program. My son was

fortunate that his grades and lack of disciplinary history made him eligible for this option, which prevented the indiscretion from being attached to his official transcripts. "Good kids sometimes make bad choices," she had said, exuding such kindness that I began to weep in front of this complete stranger.

I recognize, too, that I am not alone in my parenting angst; it is estimated that every day, nearly 3,300 teenagers try marijuana for the first time, and approximately 13 percent of those will become dependent on it.

Experts continue to underscore the importance of communication with teens, suggesting that parents craft messages around the potential dangers and consequences of marijuana, such as providing examples of how taking edibles or smoking pot just once can have serious, permanent and even deadly repercussions. Furthermore, teens need to understand how marijuana — which has been proven to cause a drop in IQ of up to 8 points — can keep them from achieving their full potential, making it harder to perform well on a test, secure a job or pass a driver's license exam, for instance. It can also dramatically impact a teen's future if he or she is suspended or expelled from school.

In our case, we also shared with our son that he could ruin his chance of being accepted to the universities he's worked so hard to get into — and also let him know that we weren't going to pay for him to go away to college if he wasn't capable of making better choices.

Much to my relief, the seriousness of the experience appears to have resonated with my son, and I am beyond relieved to see him refocusing on more positive endeavors. But since trust is earned back slowly, in the near term he will also be subjected to less freedom, more conversation, and random drug tests.

For me, the guilt and the disappointment are also slow to wane. So the gentle reminder remains, sometimes several times a day.

The prefrontal cortex of my teenage son's brain isn't fully developed.

Related:

[The Teenage Brain: What Parents Need to Know](#)

[Binge Drinking and the Unique Danger to Teen Brains](#)



Learn About Marijuana

Science-based information for the public

<http://learnaboutmarijuana.wa.org>

ADAI | ALCOHOL &
DRUG ABUSE
INSTITUTE
UNIVERSITY of WASHINGTON

<http://ada.uw.edu>

Adolescents and Marijuana

Studies have shown that if an adolescent uses marijuana early in life (before the age of 16 years) and for a prolonged period of time, it can lead to a number of significant problems.

While prevalence rates have markedly declined over the past decade, marijuana is still widely used by adolescents, and the possible impacts on adolescent development remains an important issue.

How Many Adolescents Use Marijuana?

Marijuana is the illicit drug most likely to be used by teens in the U.S. According to the 2012 Monitoring the Future (MTF) Study, 45.3% of U.S. 12th graders reported having used marijuana once or more in their lifetime, with 22.9% reporting use in the previous 30 days.

In our state, the 2012 Washington State Healthy Youth Survey reported that approximately 19% of students in the 10th grade and 27% of students in the 12th reported current marijuana use, almost double the percentage who smoke cigarettes. Fewer students in grades 8, 10, and 12 perceive a great risk of harm in using marijuana regularly, and among 10th graders, that percentage dropped from 65% in 2000 to 46% in 2012. More than half of Washington's 10th graders report it is easy for them to get marijuana.

Nationally, while the proportion of students using marijuana decreased from 2011-2012, use was still relatively widespread among secondary school students, particularly older males, and more students are using marijuana daily than they were five years ago (daily use among 12th graders increased from 5.1% to 6.5%). (MTF)



What are the Concerns About Adolescents Using Marijuana?

Adolescence is a period when many developmental changes are occurring. It is a time when a young person's intellectual capacities expand and their friends and peers become increasingly influential.

Adolescent use of marijuana has been linked to a range of developmental and social problems. A 2012 study of over 1,000 individuals followed from birth through midlife found that persistent cannabis use was associated with neuropsychological decline across numerous domains, including cognitive and memory problems and declining IQ. Further, cessation of marijuana use did NOT fully restore neuropsychological functioning among adolescent-onset cannabis users (Meier et al, 2012). A contradictory (and surprising) finding was reported in a recent longitudinal study that followed males from adolescence into their mid-thirties, which found no differences in any of the mental or physical health outcomes measured regardless of the amount or frequency of marijuana used during adolescence. (Bechtold, 2015)

Early initiation of marijuana use can have an impact on the following:

Memory, Attention and Learning

Early and continued use of marijuana can:

- Affect memory, attention and ability to think clearly, making it difficult to concentrate, learn new things, and make sound decisions (Dougherty et al, 2013);
- Affect movement and balance while intoxicated;
- Be associated with a moderate decrease in IQ in heavy current marijuana users (Meier et al, 2012), though this study has been challenged for its methodology.

School Performance

While it is difficult to distinguish whether this is due to learning difficulties, lack of motivation, or because marijuana users mix with peers who may be involved in a range of risk taking behaviors (McCaffrey DF et al, 2010), using marijuana at an early age is independently associated with:

- Poorer school performance;
- Increased absences from school;
- Increasing the risk of dropping out without graduating.

In Washington State, the Healthy Youth Survey results for 2012 found that, statewide, high school students who used marijuana were more likely to get lower grades in school (Cs, Ds, or Fs) compared to those that don't use.

Problematic Behaviors

Studies have shown that those who use marijuana from an early age are at risk of later developing problems, characterized by social disadvantage, behavioral difficulties, and problematic peer affiliations.

A 2008 longitudinal study of heavy cannabis users from ages 14 to 25 in a New Zealand birth cohort found that increasing cannabis use in late adolescence and early adulthood is associated with a range of adverse outcomes in later life. High levels of cannabis use are related to poorer educational outcomes, lower income, greater welfare dependence and unemployment, and lower relationship and life satisfaction. These findings add to a growing body of knowledge regarding the adverse consequences of heavy cannabis use. However, this study primarily established correlation rather than causality (Ferguson & Boden, 2008).

Using marijuana at an early age is also linked to higher risk taking behavior such as:

- Higher levels of leaving the family home;
- Immature sexual activity, which can result in unplanned pregnancy (Bryan et al, 2012);
- Increased risk of driving while under the influence of marijuana; marijuana use more than doubles a driver's risk of being in an accident (Ashbridge et al, 2012);
- Higher levels of criminal behavior such as motor vehicle theft and break-and-enter offences to pay for drug use.

Increased Risk of Mental Health Issues

Marijuana use has been linked to a range of mental health problems such as psychosis, depression or anxiety. A 2002 study in Sweden found that heavy cannabis use at age 18 increased the risk of later schizophrenia sixfold (Arseneault et al, 2002). Since then, numerous additional studies have found a similar correlation between adolescent marijuana use and psychosis or schizophrenia, especially in teens with a family history of the disorder (Copeland et al, 2013).

The potential for depression and anxiety is also increased in adolescent marijuana users. The nature of this relationship is controversial, with some studies not supporting a causal association, but instead linking depression due to marijuana's contributions to learning difficulties, poorer educational outcomes, and problematic behaviors. However, a 2012 study found that increasing frequency of marijuana use was associated with increasing symptoms of depression, with the association stronger in adolescence and declining into adulthood (Horwood et al, 2012).

Using marijuana from an early age places the person at risk of:

- Impaired emotional development;
- Increased risk of becoming more dissatisfied with life;
- Increased likelihood to suffer from depression, anxiety, psychosis, or other mental illness.

Other Concerns About Use of Marijuana by Adolescents

- Use of marijuana by adolescents is illegal in Washington State and all other states in the U.S. It is an offence to cultivate, possess, use, sell or supply marijuana. Doing so could result in criminal prosecution or even incarceration, depending on the type of offence and which state it was committed in.
- Marijuana can have short- and long-term consequences on health. See What is cannabis? ([whatiscannabis.htm](http://www.wa.gov/whatiscannabis.htm))
- Marijuana use can increase the risk of psychotic episodes or trigger a mental illness. See Marijuana and mental health ([mentalhealth.htm](http://www.wa.gov/mentalhealth.htm)).
- Marijuana use can lead to dependence in young people who use it regularly over a period of time.
- Relationships with family and other friends who don't use marijuana may become problematic.
- Using marijuana has been associated with a decrease in motivation, which can impact school, work, family, friends and life in general. See Marijuana and motivation ([motivation.htm](http://www.wa.gov/motivation.htm)).
- The cost of using marijuana can result in financial difficulties.

Additional Resources

- American Academy of Child & Adolescent Psychiatry. Facts for Families: Marijuana and Teens (http://www.aacap.org/cs/root/facts_for_families/marijuana_and_teens).
- Monitoring the Future, 2015 (<http://www.monitoringthefuture.org/>).
- NIDA. Facts on Drugs: Marijuana (<http://teens.drugabuse.gov/drug-facts/marijuana>).
- Washington State Healthy Youth Survey (<http://www.askhys.net>).

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National Institute on Drug Abuse
National Institutes of Health



Marijuana

Facts
for Teens

Letter to Teens

Did you know that teen marijuana use has dropped dramatically since the late 1990s? So, if you were thinking everyone smokes marijuana, they don't. Statistics show that about 7 percent, or roughly 1 in 14 teens, report using marijuana in the past month. However, many teens do not consider marijuana to be a harmful drug. Some believe marijuana cannot be harmful because it is "natural." But not all natural plants are good for you—take tobacco, for example.

One serious risk is addiction. In 2013, around 4.2 million people 12 and older had a marijuana abuse or addiction problem. Marijuana is not as harmless as you may think. Look inside this booklet to find out more.

Our goal is to give you the straight facts so you can make smart choices and be your best self—without drugs. And we hope you will continue the conversation and share this information with your friends, parents, teachers, and others.

Nora D. Volkow, M.D.

Director

National Institute on Drug Abuse

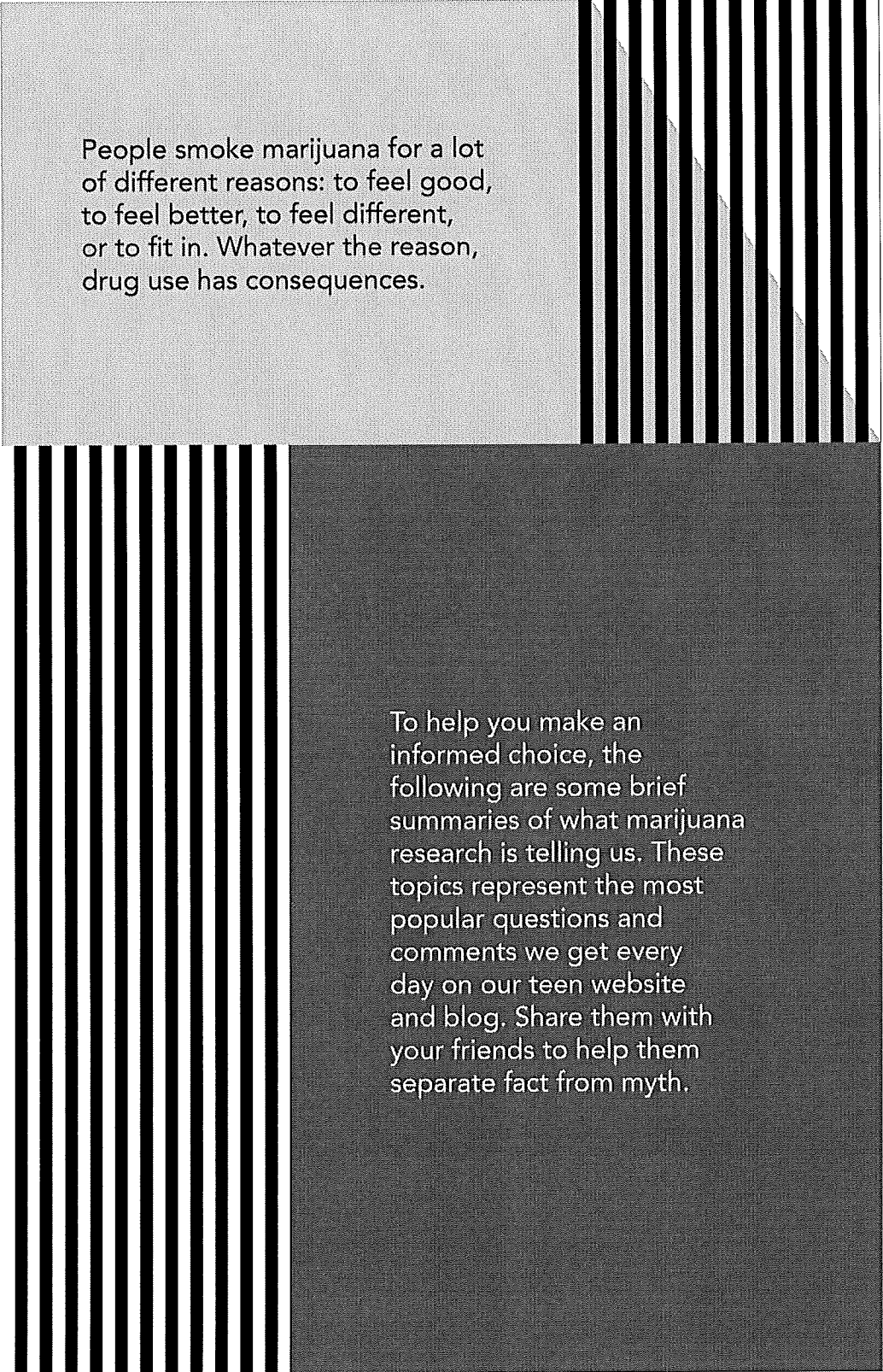
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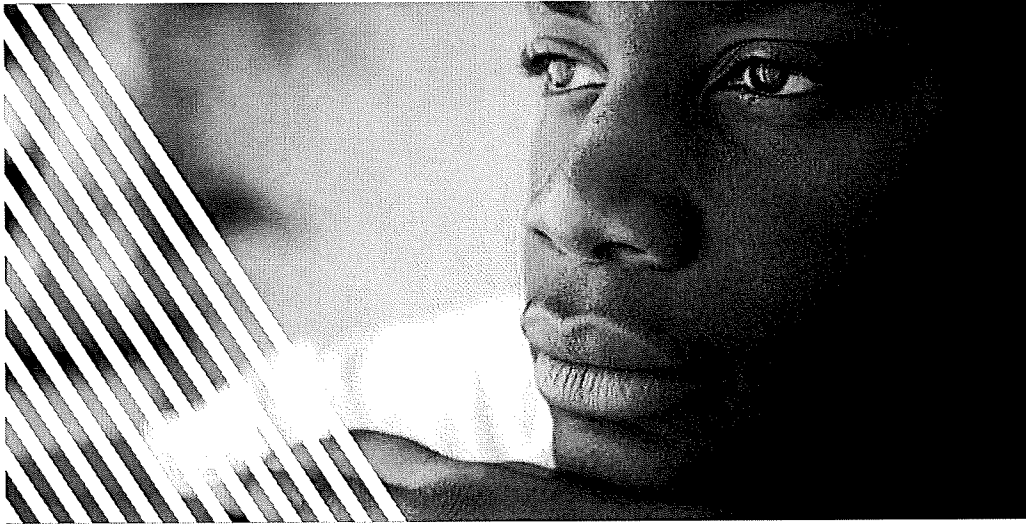
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People smoke marijuana for a lot of different reasons: to feel good, to feel better, to feel different, or to fit in. Whatever the reason, drug use has consequences.

To help you make an informed choice, the following are some brief summaries of what marijuana research is telling us. These topics represent the most popular questions and comments we get every day on our teen website and blog. Share them with your friends to help them separate fact from myth.



I. Some Things to Think About

Addiction

Marijuana can be addictive. Not everyone who smokes marijuana will become addicted—that depends on a whole bunch of factors, including your genes, the age you start using, whether you also use other drugs, your relationships with family and friends, success in school, and so on. Repeated marijuana use can lead to addiction, which means that people have trouble controlling their drug

use and often cannot stop even though they want to. Research shows that about 9 percent, or about 1 in 11, of those who use marijuana will become addicted. This rate increases to 17 percent, or about 1 in 6, in people who start in their teens, and goes up to 25 to 50 percent among daily users.

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Driving

After alcohol, marijuana is the drug most often linked to car accidents, including those involving deaths.

A nationwide study of deadly crashes found that 36.9 percent of drivers who tested positive for drugs had used marijuana. Marijuana affects skills required for safe driving—alertness, concentration, coordination, and reaction time. Marijuana makes it hard to judge distances and react to signals and sounds on the road.

Wilson FA, Stimpson JP, Pagán, JA. Fatal crashes from drivers testing positive for drugs in the U.S., 1993-2010. *Public Health Rep.* 2014;129:342-350.



School

Marijuana is linked to school failure. Marijuana's negative effects on attention, memory, and learning can last for days and sometimes weeks—especially if you use it often. Someone who smokes marijuana daily may have a “dimmed-down” brain most or all of the time. Compared with teens who don’t use, students who smoke marijuana tend to get lower grades and are more likely to drop out of high school. Research even shows that it can lower your IQ if you smoke it regularly in your teen years. Also, longtime marijuana users report lower life satisfaction, memory and relationship problems, poorer mental and physical health, lower salaries, and less career success.

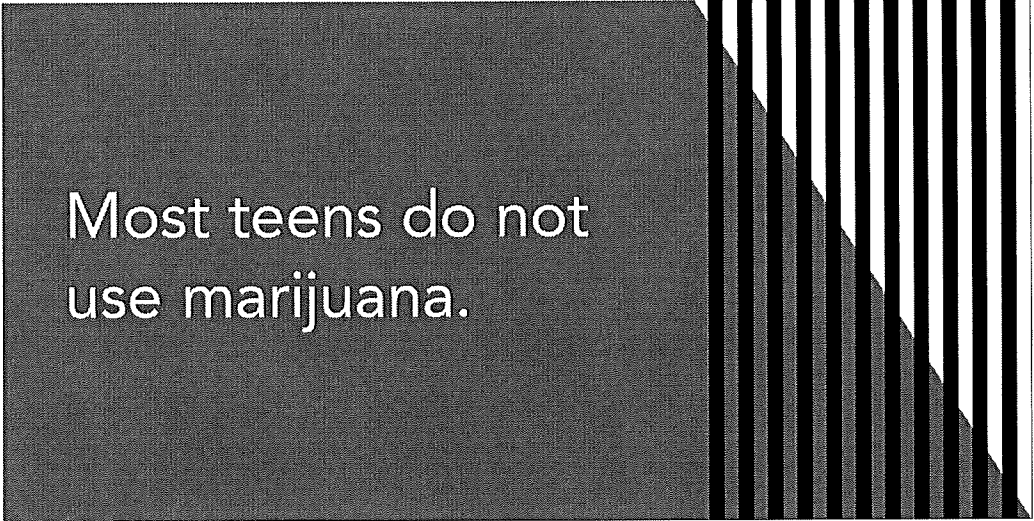
Psychosis/Panic

High doses of marijuana can cause psychosis or panic when you're high. Some people experience an acute psychotic reaction (disturbed perceptions and thoughts, *paranoia*) or panic attacks while under the influence of marijuana. This reaction usually goes away as the drug’s effects wear off. Scientists don't yet know if marijuana use causes lasting mental illness, although it can worsen psychotic symptoms in people who already have *schizophrenia*, a severe mental illness with symptoms such as hallucinations, paranoia, and disorganized thinking. It can increase the risk of long-lasting psychosis in some people.

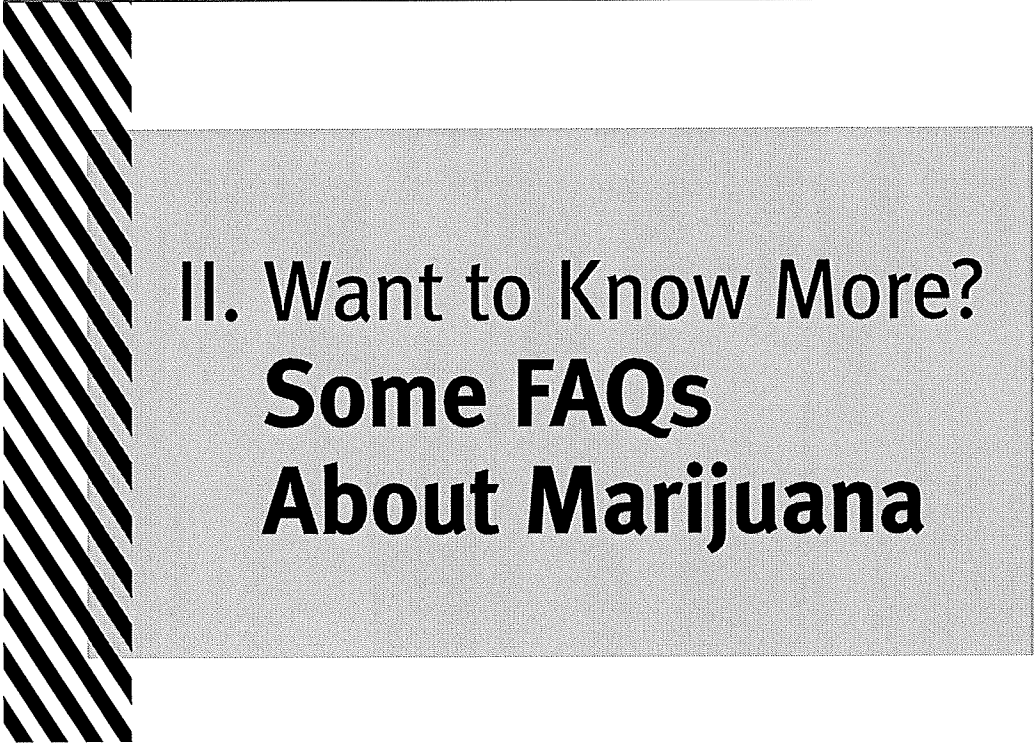
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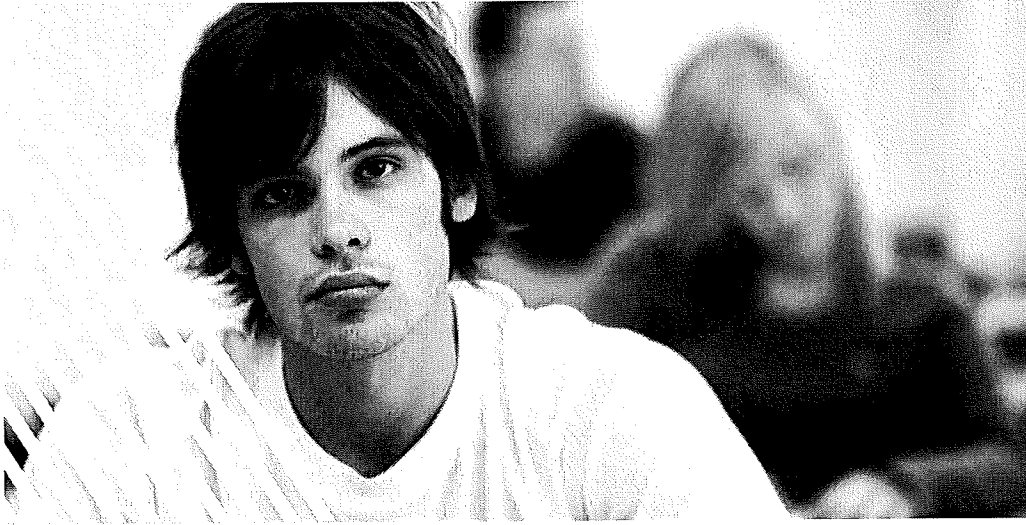
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Most teens do not
use marijuana.



II. Want to Know More? **Some FAQs About Marijuana**



What is marijuana? Are there different kinds?

Marijuana is a green, brown, or gray mixture of dried, shredded leaves, stems, seeds, and flowers of the hemp, or *Cannabis sativa*, plant. It goes by many different names—pot, herb, weed, grass—and stronger forms include sinsemilla (sin-seh-me-yah), hashish (hash for short), and hash oil.

How does marijuana work?

All forms of marijuana are mind altering (*psychoactive*). In other words, they change how the brain works. Marijuana contains more than 400 chemicals, including THC (*delta-9-tetrahydrocannabinol*). Since THC is the main active chemical in marijuana, the amount of THC in marijuana determines its potency, or strength, and therefore its effects. The THC content of marijuana has been increasing over the past few decades.

Mehmedic Z, Chandra S, Slade D, et al. Potency trends of Δ^9 -THC and other cannabinoids in confiscated cannabis preparations from 1993 to 2008. *J Forensic Sci.* 2010;55(5):1209-1217.



"I used to smoke pot until I had an anxiety attack and thought I couldn't breathe. . . I was wheezing, and I got really paranoid."

"There are a million things to do that are more fun than smoking some unknown grass. Go to the beach, go to the movies, go to the gym—you are not missing anything."

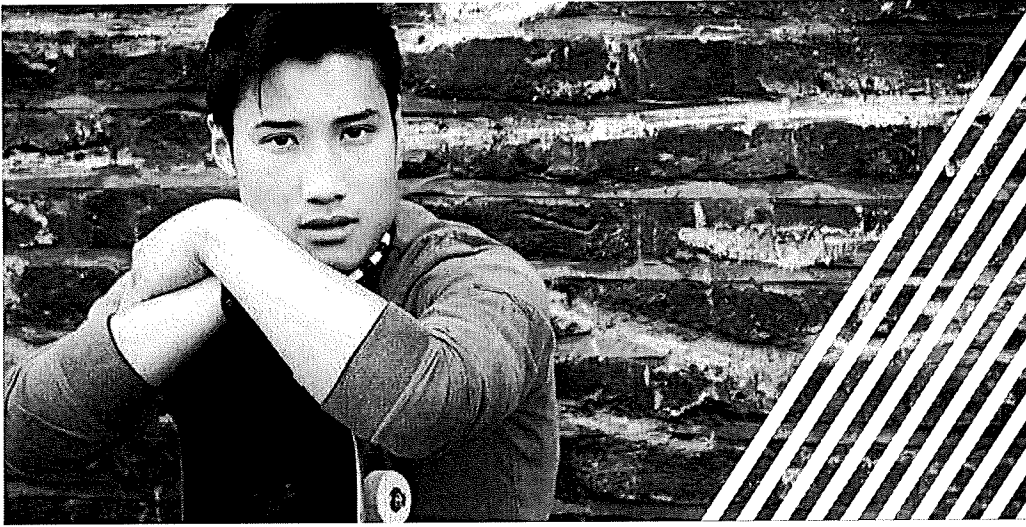
—Comments submitted to NIDA's blog for teens

How long does marijuana stay in your body?

Organs in the body have fatty tissues that quickly absorb the THC in marijuana. In general, standard urine tests can detect traces of THC several days after use. In heavy marijuana users, however, urine tests can sometimes detect THC traces for weeks after use stops.

Marijuana can be addictive. About 1 in 6 people who start using as teens and 25 to 50 percent of those who use it every day become addicted.

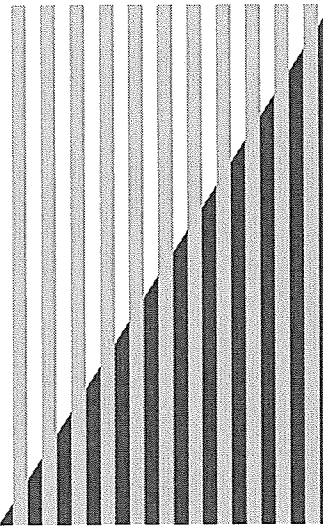




Does marijuana use lead to other drugs?

Long-term studies of drug use patterns show that most high school students who use other illegal drugs have tried marijuana first. However, many young people who use marijuana do not go on to use other drugs. To explain why some do, here are a few theories:

- Exposure to marijuana may affect the brain, particularly during development, which continues into the early 20s. Effects may include changes to the brain that make other drugs more appealing. For example, animal research suggests that early exposure to marijuana makes opioid drugs (like Vicodin® or heroin) more pleasurable.
- Someone who is using marijuana is likely to be in contact with other users and sellers of other drugs, increasing the risk of being encouraged or tempted to try them.
- People at high risk of using drugs may use marijuana first because it is easy to get (like cigarettes and alcohol).



"I was lazy a lot. I didn't want to do things. . . I was depressed. I felt like I was always in a rut. I was always feeling bad about myself, where I was standing in life."

—from Alby's story, on his experiences as a daily marijuana smoker

What happens if you smoke marijuana?

Some people feel nothing at all when they smoke marijuana. Others may feel relaxed or "high." Some experience sudden feelings of anxiety and paranoid thoughts (even more likely with stronger varieties of marijuana). Regular use of marijuana has also been linked to depression, anxiety, and a loss of drive or motivation, which means a loss of interest even in previously enjoyable activities. Its effects can be unpredictable, especially when mixed with other drugs.

In the short-term, marijuana can cause:

- problems with learning and memory
- distorted perception (sights, sounds, time, touch)
- poor coordination
- increased heart rate

Marijuana affects each person differently according to:

- biology (e.g., his or her genes)
- marijuana's potency
- previous experience with the drug
- how the person uses it (smoked versus ingested)
- whether alcohol or other drugs are involved

How is marijuana likely to affect you?

Learning: Marijuana's effects on attention and memory make it difficult to learn something new or do complex tasks that require focus and concentration.

Sports: Marijuana affects timing, movement, and coordination, which can harm athletic performance.

Judgment: Marijuana, like most abused substances, can alter judgment. This can lead to risky behaviors that can expose the user to sexually transmitted diseases like HIV.

What does marijuana do to the brain?

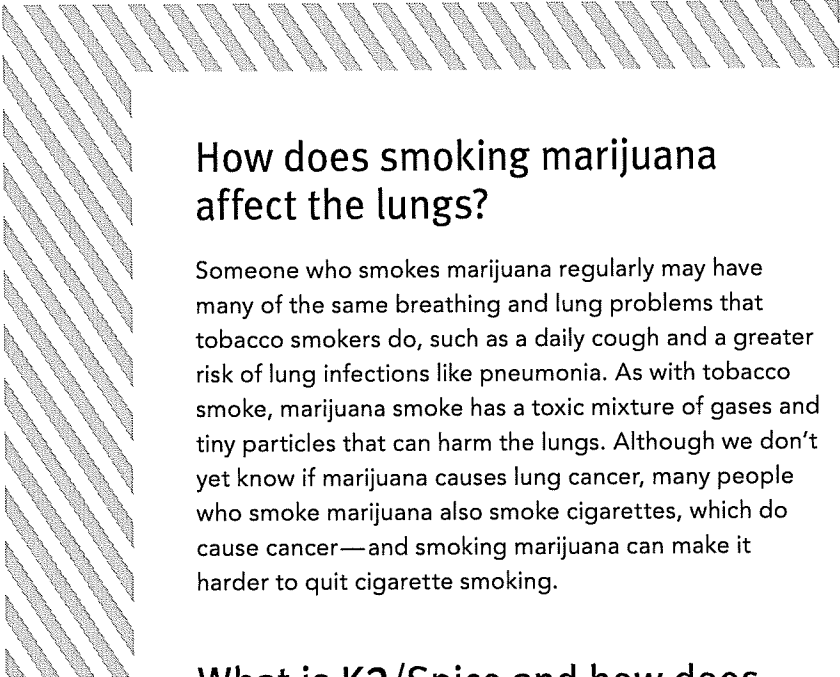
We know a lot about where marijuana acts in the brain and how it affects specific sites called cannabinoid receptors. These receptors are found in brain regions that influence learning and memory, appetite, coordination, and pleasure. That's why marijuana produces the effects it does. Research suggests that the effects on memory, learning, and intelligence can be long term and even permanent in people who begin using marijuana regularly as teens. Lost mental abilities might not fully return even if a person quits using marijuana as an adult.

So, while we do know there are differences in the brains of marijuana users versus nonusers, we don't yet know what these differences mean or how long they last—especially if someone stops using the drug. One reason is that it's hard to find people who only smoke marijuana without using alcohol, which has its own negative effects on the brain.

Meier MH, Caspi A, Ambler A, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proc Natl Acad Sci USA*. 2012;109:E2657-2664.

Marijuana affects
the brain — altering
memory, judgment,
and coordination.





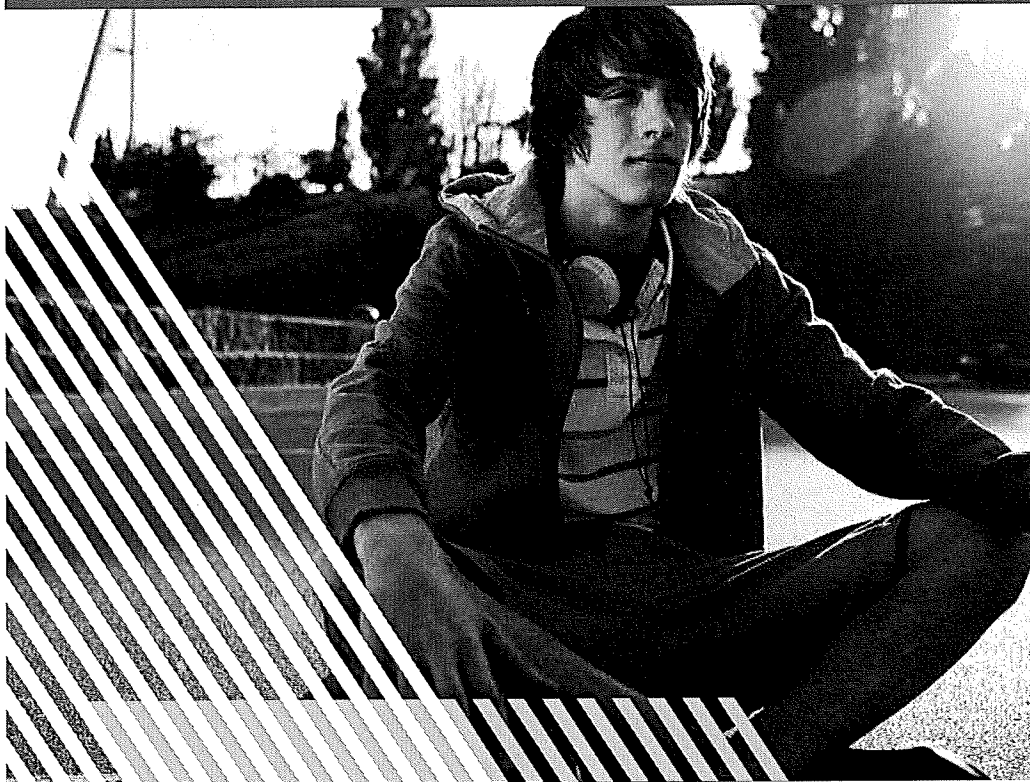
How does smoking marijuana affect the lungs?

Someone who smokes marijuana regularly may have many of the same breathing and lung problems that tobacco smokers do, such as a daily cough and a greater risk of lung infections like pneumonia. As with tobacco smoke, marijuana smoke has a toxic mixture of gases and tiny particles that can harm the lungs. Although we don't yet know if marijuana causes lung cancer, many people who smoke marijuana also smoke cigarettes, which do cause cancer—and smoking marijuana can make it harder to quit cigarette smoking.

What is K2/Spice and how does it affect the brain?

K2/Spice refers to a wide variety of chemical-coated herbal mixtures that have effects similar to marijuana and that sellers advertise as both a "safe" and "legal" alternative to that drug. Neither is true. Although the labels on K2/Spice products often claim that they contain "natural" mind-altering material taken from a variety of plants, chemical analyses show that their active ingredients are man-made compounds. Although we don't yet fully know Spice's effects on the human brain, these compounds act in the same brain areas as THC. However, some chemicals in Spice—often of unknown origin—may produce more powerful and unpredictable effects, like extreme anxiety, paranoia, and hallucinations.

The chemicals in many products sold as K2/Spice are unknown. Some varieties could cause dramatically different effects than the user might expect.



Can marijuana use by the mother affect a developing fetus or newborn baby?

Doctors advise pregnant women not to use any drugs because they could harm the growing fetus. Studies suggest that children of mothers who used marijuana while pregnant may have subtle brain changes that can cause difficulties with problem-solving skills, memory, and attention. Mothers are also advised not to use marijuana while breastfeeding. Some research suggests that moderate amounts of THC are excreted into breast milk. We don't yet know how this affects a baby's developing brain.

Does marijuana produce withdrawal symptoms when someone quits using it?

Yes. The symptoms are similar in type and severity to those of nicotine withdrawal—irritability, problems sleeping, anxiety, and cravings—peaking a few days after regular marijuana use has stopped. Withdrawal symptoms can make it hard for someone to stay off marijuana.

What if a person wants to quit using marijuana?

Researchers are testing different ways to help marijuana users stay off the drug, including some medications. Current treatment programs focus on counseling and group support systems. There are also a number of programs designed especially to help teenagers.

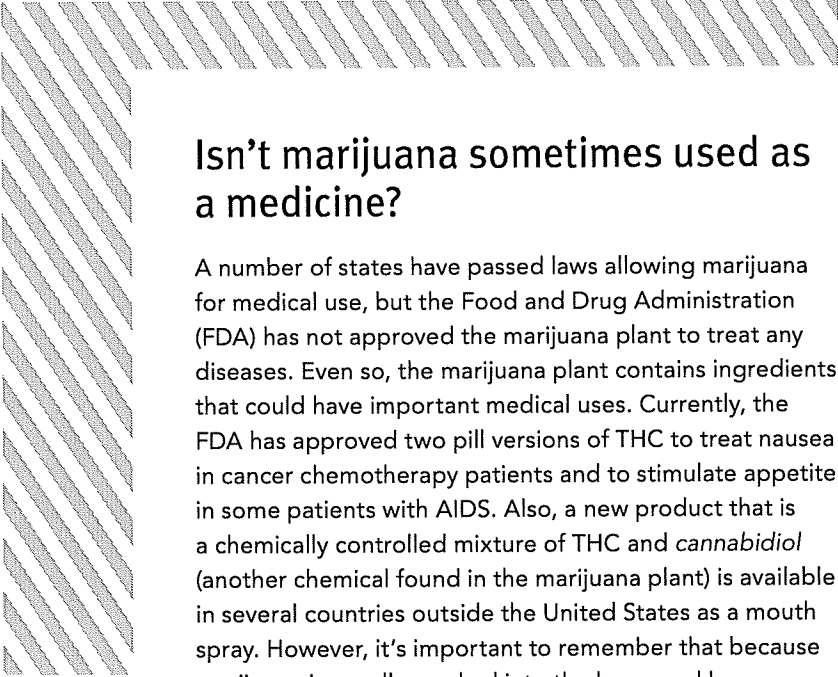
TJONES1 — JUNCTION CITY HIGH SCHOOL, OREGON:

If you're dating someone who does marijuana, does that increase your chance of doing it?

NIDA: Great question! Research shows that people who have friends who use drugs are more likely to use drugs themselves. But we don't really know why this is the case. It could be that by hanging out with drug users, you have more chances to try drugs. Certainly, you can choose not to try drugs if offered—but this can be a challenge. Another approach would be to see if your friend will stop using marijuana—for your benefit and his/hers.

—from NIDA's Chat Day





Isn't marijuana sometimes used as a medicine?

A number of states have passed laws allowing marijuana for medical use, but the Food and Drug Administration (FDA) has not approved the marijuana plant to treat any diseases. Even so, the marijuana plant contains ingredients that could have important medical uses. Currently, the FDA has approved two pill versions of THC to treat nausea in cancer chemotherapy patients and to stimulate appetite in some patients with AIDS. Also, a new product that is a chemically controlled mixture of THC and *cannabidiol* (another chemical found in the marijuana plant) is available in several countries outside the United States as a mouth spray. However, it's important to remember that because marijuana is usually smoked into the lungs and has ingredients that can vary from plant to plant, its health risks may outweigh its value as a treatment. Scientists continue to investigate safe ways that patients can use THC and other marijuana ingredients as medicine.

Scientists continue
to investigate safe
ways that patients can
use THC and other
marijuana ingredients
as medicine.



III. Other Useful Resources

Here are some helpful places to go for more information:

The National Institute on Drug Abuse (NIDA)

The NIDA website www.drugabuse.gov has information on a variety of drugs and related topics. NIDA's teen site www.teens.drugabuse.gov covers a lot of ground, with free downloads, entertaining and informative videos and games, and our blog for teens, where you can leave us a comment or two. Get the scoop on how different drugs affect the brain and body, and read real stories from teens who have struggled with drug abuse and addiction.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA)

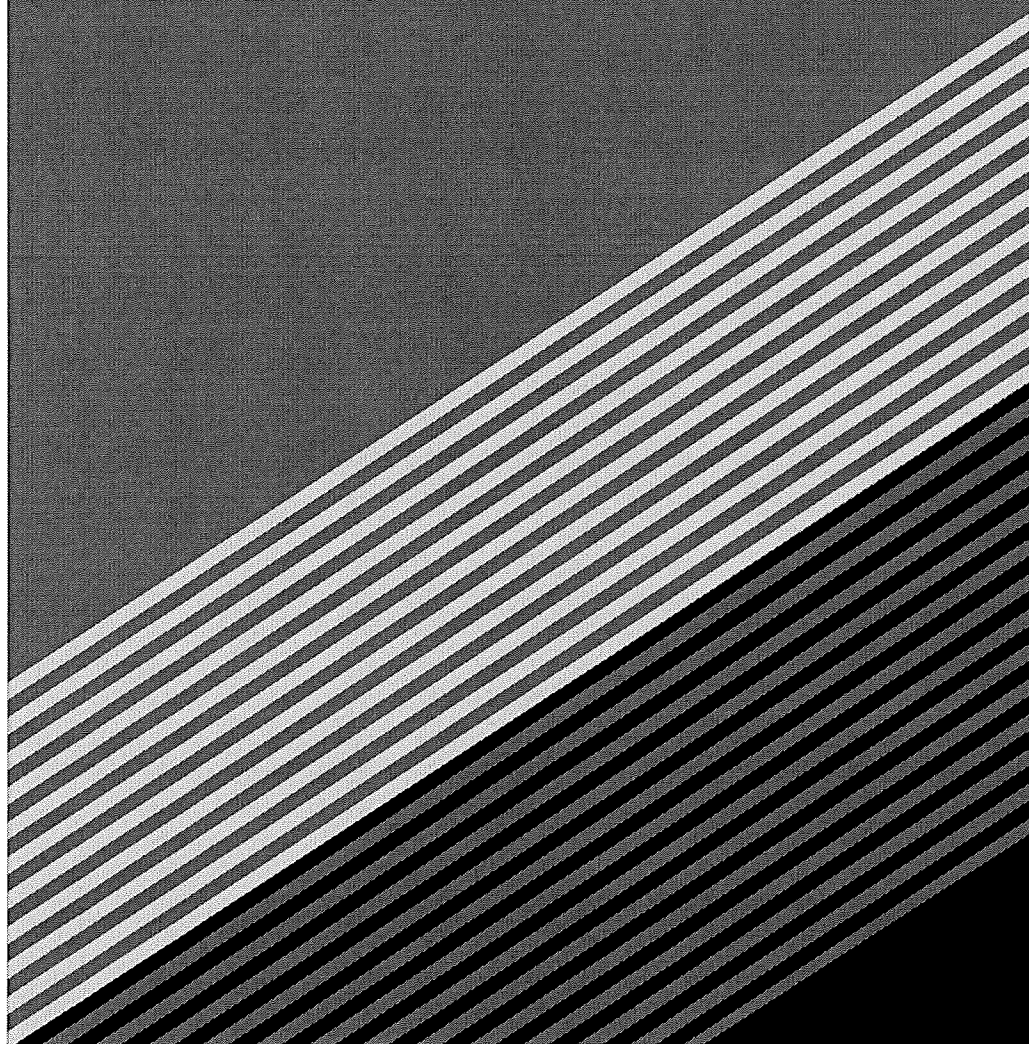
The NIAAA website www.niaaa.nih.gov contains the latest research, news, and other resources related to alcohol. NIAAA even has a site especially for young teens called "the cool spot," www.thecoolspot.gov, with quizzes and other interactive resources that give you information on alcohol and resisting peer pressure.

The National Institute of Mental Health (NIMH)

To learn more about mental health disorders like depression or schizophrenia, visit the NIMH website at www.nimh.nih.gov and read the Director's Blog on various topics that include suicide prevention, bipolar and borderline personality disorders, coping with traumatic events, and more.

Need Treatment?

You can find treatment programs through the website www.findtreatment.samhsa.gov provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). You can also call the SAMHSA Treatment Referral hotline at 1-800-662-HELP. Treatment can help you, a friend, or someone you love get back to the person you or they once were.



DOES MARIJUANA USE LEAD TO OTHER DRUGS?
WHAT IS K2/SPICE?
WHAT ARE THE EFFECTS OF MARIJUANA?
CAN PEOPLE BECOME ADDICTED TO MARIJUANA?
WHAT HAPPENS IF YOU SMOKE MARIJUANA?
WHAT DOES MARIJUANA DO TO THE BRAIN?
WHY DO YOUNG PEOPLE USE MARIJUANA?
WHAT IS MARIJUANA?
HOW MANY TEENS SMOKE MARIJUANA?

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AND HUMAN SERVICES

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National Institute
on Drug Abuse

Erica Schorn

From: Cliff Grant <cliff.j.grant@gmail.com>
Sent: Friday, April 20, 2018 3:03 PM
To: Erica Schorn
Cc: Devin M Sola
Subject: Helpful Information Related to Ordinance 1456
Attachments: get-it-straight-student.pdf; Learn About Marijuana_ Factsheets_ Marijuana and Adolescents.pdf; Marijuana _ NIDA for Teens.pdf; marijuana_teens.pdf; Teens and the Real Danger of Marijuana Edibles_ What Parents Need to Know.pdf

Dear Ms. Schorn,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

Attached are a few articles and info sheets on marijuana that help the discussion on Ordinance 1456. Please add these to the public comment record for Ordinance 1456.

Also, please confirm you have received this email and attachments.

Thank you and best regards,

Cliff Grant
8201 283rd St NW
Stanwood, WA 98292

The Hidden Danger Of Marijuana Edibles



Robert Glatter, MD, CONTRIBUTOR

I cover breaking news in medicine, med tech and public health **FULL BIO** ✓

Opinions expressed by Forbes Contributors are their own.

The death of 19 year old Levy Thamba Pongi, a Wyoming exchange student from the Republic of Congo visiting Colorado in March of 2014, who ate a marijuana cookie, deserves special mention in light of the growing trend toward legalization of recreational marijuana in the U.S.

It offers a stark reminder about the potential risks associated with consuming edibles rapidly, serving as a reminder of its delayed effects (1-2 hours), as opposed to smoking it (5-10 minutes).

The story goes like this: After consuming the remainder of a cookie (total THC content =60 mg) about 30-60 minutes after he initially did not feel any effects after a single serving size (10 mg), he proceeded--2.5 hours after finishing the cookie--and 3.5 hours later to jump off a building, subsequently falling to his death.

He was initially given the cookie by a friend, and was apparently aware that there were 6 servings contained in the single cookie. He was instructed to eat one serving, which contained 10 mg.

According to a report this week by the CDC, he had never used marijuana, alcohol or illicit drugs, and had no previous history of mental illness.

The chief contributing factor to his death based on the autopsy, was marijuana intoxication—with a blood level of 7.2 ng/ml. Any level greater than 5 ng/ml constitutes impairment, and is above the legal limit for driving set forth in Colorado.

This was the first reported death in Colorado linked to marijuana use since the state approved recreational use in 2012, without evidence of polysubstance abuse.

First and foremost, it's important that the public understands the delayed effects of marijuana edibles. Any user of such a product must realize that it takes at least 1-2 hours to experience the "high," or euphoria, compared with smoking it. Consuming multiple servings, especially at one sitting, has an additive effect for potential psychological effects, not to mention possibility for oversedation, anxiety or psychosis.

Ingesting multiple servings in a short amount of time, such as the decedent did, can also lead to paradoxical or unusual reactions that can trigger intense anxiety, paranoia, or even frank psychosis--seen more frequently among first time users (marijuana-naïve).

It's possible in this case that consuming the higher than recommended amount may have provoked an acute psychotic state that lead to distortion and perception of reality leading to such erratic behavior.

Another issue is quality control when you purchase marijuana edibles. The label of the product consumed by the decedent read as follows: "This marijuana product has not been tested for contaminants or potency."

The safety of edibles could be compromised by potential adulteration with other illicit substances or drugs of abuse. With legalization and subsequent regulation, the goal is make consumers feel safe that they are consuming pure unadulterated THC.

As other states (Alaska, Washington, Oregon, and the District of Columbia) have legalized recreational marijuana, it's important to reinforce the need for packaging and labeling rules that edibles contain no more than 10 mg of THC, or "have clear demarcation of each 10 mg serving."

With this report, the CDC clearly recognizes the danger of marijuana edibles by suggesting, “a need for improved public health messaging to reduce the risk for overconsumption of THC.”



Disguising Danger: 7 Marijuana Edibles Shockers

Leave a Comment :: Posted to: **Drug Abuse** (<https://drugabuse.com/topics/drug-abuse/>), **Understanding Addiction** (<https://drugabuse.com/topics/understanding-addiction/>)

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Share

18



Lots of the people who have tried marijuana have done so in the form of snacks like pot cookies or brownies. Since one of the effects of pot is an increased appetite, it's only natural that the "ganja-preneurs" are marketing more marijuana edibles than ever before. From pot truffle oil to gummy bears, edibles are hot these days.

Unfortunately, the dangers of these drugs can be far worse than traditional **marijuana** (<http://www.drugabuse.com/library/marijuana-abuse/>).

Marijuana Edibles are a Completely Different Animal



You'd be hard pressed to find tragic overdose deaths caused solely by weed. Marijuana edibles, on the other hand, have been unquestionably linked to multiple negative outcomes.

Before diving headlong into this relatively new market, you need to understand what edibles are and what they aren't. At the very least, you'll want to be proactive by getting familiar with the **dangers** (<http://www.drugabuse.com/attorney-general-nominee-thinks-booze-is-safer-than-pot/>) these confections pose.

And on that note, let's look at five very real problems and/or outcomes caused by the use, quantity and sale of marijuana edibles.

A Longer-Lasting High

Marijuana edibles produce a much longer-lasting and potent high than smoking, which can prove detrimental for novice users. Smoking pot produces a more immediate high that quickly dissipates, while edibles kick in after about an hour and the **effects** (<http://www.drugabuse.com/library/the-effects-of-marijuana-use/>) can last from six to 10 hours.

Serious Side Effects

You're Ready to Escape Addiction

GENERAL INFORMATION

DRUG EFFECTS

GET HELP

SECTIONS

 Taken in large doses, marijuana edibles can lead to anxiety attacks, paranoia and hallucinations. Several case reports involving kids who took edibles found that **respiratory insufficiency** (<http://news.stanford.edu/news/2015/march/halfbaked-pot-edibles-031115.html>) can also be a major **side effect** (<http://www.drugabuse.com/library/drug-abuse-effects/>) in young children.

They've Contributed to Tragedies

Marijuana edibles have played a major role in **two recent cases** (<http://denver.cbslocal.com/2015/03/25/marijuana-edibles-blamed-for-keystone-death/>).

Oklahoma native Caleb Fowler, 23, shot himself earlier this month after eating five times the recommended dosage of edibles. And last year, Wyoming college student Levy Thamba Pongi jumped to his death after eating a marijuana cookie. A coroner ruled that "marijuana intoxication" played a major role in the tragedy.



Lack of Safety in THC-Friendly States

Even in states where marijuana is legal, the lack of edible-specific regulations has caused public safety concerns. State officials in Colorado are now scrambling to **create regulations** (http://www.denverpost.com/news/cj_26064835/colorado-regulators-nudge-marijuana-edibles-companies-smaller-doses) regarding dosages of THC in the products, while more marijuana business owners are encouraging new users to "start low, go slow."

Working Their Way into Schools

Perhaps because of the colorful packaging, even pre-teens are getting hold of edibles. Last April, a 10-year-old in Denver was busted for bringing edibles to school and three seventh-graders were hospitalized just one month earlier for eating pot-laced brownies at school.

In states where **marijuana** (<http://www.drugabuse.com/shocking-report-smoking-weed-can-damage-your-dna/>) is legal, major restrictions have been placed on the sale, dosage and distribution of marijuana. It only makes sense that the same stipulations are now made for edibles in order to avoid more unnecessary health scares and potential tragedies.

Additional Reading:

Now the Family Dog is Smoking Weed? (<http://www.drugabuse.com/now-the-family-dog-is-smoking-weed/>)

Related Posts:



True or False: Test Your Legal Marijuana Knowledge
(<https://drugabuse.com/true-or-false-test-your-legal-marijuana-knowledge/>)



Weed Gets a "Fancy" New Name: Craft Cannabis
(<https://drugabuse.com/weed-gets-a-fancy-new-name-craft-cannabis/>)



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When Does Medical Marijuana Use Morph Into Full-Blown...
(<https://drugabuse.com/when-does-medical-marijuana-use-morph-into-full-blown-addiction/>)



Who's Smoking Weed These Days? You Asked, the CDC Answered
(<https://drugabuse.com/whos-smoking-weed-these-days-you-asked-the-cdc-answered/>)



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Pot Brownies Aren't As Innocent As They Might Seem

What you need to know about the growing popularity of marijuana edibles across America.

By The Conversation (<https://www.inverse.com/user/206-the-conversation>) on

March 1, 2017 (<https://www.inverse.com/archive/march/2017/science>)

Filed Under Drugs

(<https://www.inverse.com/topic/drugs>)

& Food

(<https://www.inverse.com/topic/food>)

By Margie Skeer (<https://theconversation.com/edible-marijuana-what-we-need-to-know-70898>), Tufts University

Marijuana (<https://www.inverse.com/topic/marijuana>)-infused foods – often called edibles – are becoming more and more popular (<http://www.businessinsider.com/us-canada-marijuana-spending-legal-illicit-2017-1>) in states (<http://www.statesmanjournal.com/story/news/2016/08/22/recreational-pot-sales-rise-edibles-join-market/89121112/>) such as Colorado, where recreational marijuana is sold.

In the first quarter of 2014, the first year recreational sales were allowed in Colorado, edibles made up 30 percent of legal sales. By the third quarter of 2016, that grew to 45 percent (<http://www.businessinsider.com/us-canada-marijuana-spending-legal-illicit-2017-1>).

Edibles come in a variety of forms, from candy and baked goods (<https://www.inverse.com/article/13218-chrontella-marijuana-infused-nutella-sets-a-delicious-new-standard-for-edibles>), to trail mix and even coffee (<https://www.inverse.com/article/25430-mixing-caffeine-marijuana-brewbudz-coffee-addiction-weed>) or soda.

As a social and behavioral scientist who studies the prevention of adolescent substance initiation and misuse, the legalization of recreational marijuana has

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(<https://www.inverse.com/article/mini-brains-organoids-rats>)

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been on my mind a lot lately. The younger people are when they start using substances, the greater the risk for developing subsequent neurocognitive (https://www.cambridge.org/core/journals/development-and-psychopathology/article/div-classtitleadolescent-cannabis-use-change-in-neurocognitive-function-and-high-school-graduation-a-longitudinal-study-from-early-adolescence-to-young-adulthooddiv/409F2E21BE7E21653540A4BF9EB1038), mental (https://www.cambridge.org/core/journals/psychological-medicine/article/div-classtitlepremorbid-cannabis-use-is-associated-with-more-symptoms-and-poorer-functioning-in-schizophrenia-spectrum-disorderdiv/6175522DF77FAE094308D9DF910195BC) health (http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2007.01875.x/abstract) and further (http://www.drugandalcoholdependence.com/article/S0376-8716(16)30995-4/abstract) substance-related problems (https://www.ncbi.nlm.nih.gov/pubmed/18299759).

Marijuana-infused edibles raise a lot of concerns (http://www.nejm.org/doi/full/10.1056/NEJMp1416014). Young children may accidentally eat edibles meant to look like candy or other foods, and adolescents may not think edibles are as risky as smoking marijuana.



Edible marijuana products are pictured on display at a medical marijuana dispensary in Denver on Friday, April 18, 2014.

Concerns about edibles

Edibles are manufactured with varying levels of Tetrahydrocannabinol (THC), the active ingredient in marijuana. They can take the form of almost any type of food, most notably candy and baked goods.

When products are shaped like candy, there is a concern that children will accidentally ingest them. They may mistake these marijuana-infused products for regular food, as they may not be able to read the labels and markings indicating

that the products contain THC, or may not understand what the labels actually mean.

A recent retrospective study examined unintentional exposure to marijuana among children who were treated at a children's hospital and regional poison center in Colorado between 2009 and 2015, the year after it became legal for recreational marijuana to be sold in the state.

Findings indicated a five-fold increase (<http://jamanetwork.com/journals/jamapediatrics/article-abstract/2534480>) in the number of children under 10 who were exposed to marijuana, from nine cases in 2009 to 47 cases in 2015. The poison center saw an average increase of 34 percent, while there was an average increase of 19 percent for the rest of the country.

Edibles were implicated in over half of the exposures, which included baked goods, candy, and popcorn products.

Teens may accidentally ingest edibles as well. In these cases, though, the concern is that teens may give edibles to their peers without telling them what is in the product.

Article continues below

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Risk perception of edibles is lower

In 2015, only 12.3 percent of high school seniors believed that trying marijuana once or twice was harmful (down from 18.5 percent in 2009). Less than one in three believed smoking marijuana regularly to be harmful, down from 52.4 percent in 2009 (<http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2015.pdf>).

My professional opinion is that marijuana-infused edibles will continue to push down this trend in perceived risk among adolescents, as edibles may appear much less risky than smokable forms. In other words, it is a much shorter leap from not using marijuana at all to eating an edible product to get high, compared to the leap between no use and smoking the drug for the first time through a joint or a bong.

Additionally, edibles make it significantly easier for those who are underage to use marijuana covertly, which may make it more appealing. This could potentially increase frequency of use.

The risk of getting caught using marijuana at home or at school may be lower if an adolescent is eating a cookie or candy infused with THC than smoking the

drug. That could make this mode of use appealing for teens who may otherwise abstain out of the fear of repercussions associated with “smelling like pot”.

Recent qualitative research (<https://link.springer.com/article/10.1007/s10935-016-0432-9>) found that that some teens did use edibles in school specifically for this reason. Moreover, some of the females reported that they found edibles appealing because using the drug in this manner made them less likely to appear in public as a “marijuana user”.

How much THC is in that cookie?

Dosing is another concern. Colorado and Washington state have set a limit of 10 milligrams per individual serving, while Oregon (<https://www.oregon.gov/olcc/marijuana/Pages/FAQs-Labeling-Packaging.aspx>) and Alaska (<http://dhss.alaska.gov/dph/Director/Pages/marijuana/edibles.aspx>) set a limit of five milligrams for an individual serving. In theory, regulations surrounding dosing in specific milligram increments would be helpful in allowing consumers to self-regulate how much they ingest.

The size of the dose is one issue, but how it is administered (<https://www.mcgill.ca/substances/facts/routes-administration>) is another. If a drug is inhaled, it is quickly absorbed into the bloodstream and then goes to the brain. This is the fastest way of administering a drug.

The slowest mode of administration is ingestion, such as through pills or food. The drug enters the bloodstream through the lining of the stomach and small intestine, and then has to travel to the brain. This means it can take about 30-60 minutes to feel the effects. Eating a product with a drug in it may take even longer, because the body has to digest it as food first before the substance gets into the lining of the stomach.

A person who is not aware of this delay might eat more after not initially feeling the effects, thinking that the drug will take effect faster, not recognizing the potential harms associated with the increased dosage (<http://abcnews.go.com/US/marijuana-edibles-dangerous-smoking/story?id=23468248>).

There are also different types of marijuana, specifically sativa and indica. Sativa has a more stimulating, energetic effect, whereas indica has more of a psychoactive and sedating effect. There are also hybrids of the two, if users are interested in a combination of the different effects.

However, research on marijuana has been limited, so not much has been examined with the different types and different strains, especially among adolescents, making it a challenge to understand the full picture.

Policies regarding edibles

Like all marijuana, cannabis-infused edibles are not regulated by the FDA. At the moment, policies and regulations about edibles are being drafted by states that are voting to legalize recreational marijuana.

The states with the longest history of legalized recreational marijuana, Colorado and Washington, have the most extensive policies surrounding edibles. As problems associated with the recreational use of marijuana have surfaced, these policies have – and continue to – change.

For example, in response to the increased number of children being admitted to hospitals as a result of ingesting edible marijuana, Colorado enacted a policy in October 2016 requiring that a universal symbol be put on all edible marijuana products to make it clear that they contain THC (<http://www.denverpost.com/2016/09/29/colorado-marijuana-edibles-starting-oct-1/>). In addition, the word "candy" is not allowed on edible marijuana packaging, and manufacturing edibles in shapes that are appealing to children (such as gummy bears) also are banned.

Washington has strict and extensive policies around edibles, including explicit language that needs to be put on labels and packaging. The state also bans images on packaging that would appeal to young children, such as cartoons and toys, as well as edible candy that would be most appealing to young people, such as gummy bears and jelly beans.

California, Maine, Massachusetts and Nevada all voted to legalize recreational marijuana in the 2016 election.

California's Prop. 64, the ballot proposition for recreational marijuana restricts edibles (<http://time.com/4565438/california-marijuana-faq-rules-prop-64/>) with a 10 milligram portion size requirement, and additional requirements that packaging be childproof and, as with other states, not to appeal to children.

Maine (<http://bangordailynews.com/2016/12/26/business/visions-of-legal-made-in-maine-pot-brownies-dance-in-their-heads/>), Massachusetts (<https://www.bostonglobe.com/metro/2016/12/28/marijuana-shops-may-delayed/StlB04ayOcNl8RksKmMwk/story.html>) and Nevada (<http://www.rgj.com/story/news/2017/01/29/high-sierra-how-lawmakers-could-change-nevada-marijuana-policy/96502788/>) are drafting legislation to regulate recreational sales of marijuana, including edibles.

Where do we go from here?

As a professional in this field, I understand the desire to offer multiple routes of administration of marijuana, particularly for those who are using it for medical reasons.

However, I believe that edible marijuana, especially in forms that are appealing to young people, is extremely problematic.

Adolescent substance misuse prevention professionals have their work cut out for them, as prevention efforts will have to specifically target marijuana edibles moving forward. Additionally, it is up to policymakers to do everything in their power to make it harder for those who are under 21 to acquire and also consume edible marijuana. This will require a lot of time preparing before the policies go into effect.

Margie Skeer (<https://theconversation.com/profiles/margie-skeer-147014>), Assistant Professor of Public Health and Community Medicine, Tufts University (<https://theconversation.com/institutions/tufts-university-1024>).

This article was originally published on [The Conversation](https://theconversation.com/) (<https://theconversation.com/>). Read the original article (<https://theconversation.com/edible-marijuana-what-we-need-to-know-70898>).

Hello! You've made it to the end of the article. *Nice.* Here's a related video you might like: "The Cia Drugged Thousands Of Us & Canadian Citizens"

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Erica Schorn

From: Kathy Weber <jimkathyweber@hotmail.com>
Sent: Friday, April 20, 2018 7:24 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: NO marijuana

To the Mayor and council of Stanwood

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

The zones deemed acceptable by the City for marijuana retail include many areas frequented by children and youth – downtown shops, the Dairy Queen, the cupcake & ice-cream shop, restaurants, homes, apartments, even a church with 100's of children and youth present throughout the week. No other small town in Washington allows marijuana retail in their downtown.

We as a community should not be participating or condoning in a behavior that emotionally stunts the growth of individuals and corrupts our community as a whole.

Kathy Weber
jimkathyweber@hotmail.com
221 Baker View lane
Camano Island, Washington 98282

Erica Schorn

From: Cliff Grant <cliff.j.grant@gmail.com>
Sent: Friday, April 20, 2018 7:51 PM
To: Erica Schorn
Subject: Ordinance 1456 - Helpful Information
Attachments: 160-193-HYS-AnalyticReport2016_Marijuana.pdf; 160-NonDOH-DB-MJ.pdf; 2015mjwhatdoweknow.pdf; Cannabis_NAS_highlights.pdf; General Information about Marijuana.pdf; Is marijuana addictive_ _ National Institute on Drug Abuse (NIDA).pdf; Marijuana-Know-The-Facts.pdf; Opinion_ Legalizing marijuana a boon to potheads - CNN.pdf; The Unexpected Side Effects of Legalizing Weed.pdf

Dear Ms. Schorn,

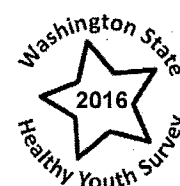
Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

Attached are a few articles and info sheets on marijuana that help the discussion on Ordinance 1456. Please add these to the public comment record for Ordinance 1456.

Also, please confirm you have received this email and attachments.

Thank you and best regards,

Cliff Grant
8201 283rd St NW
Stanwood, WA 98292



2016 Analytic Report

Sponsoring Washington State Agencies:
Department of Social and Health Services'
Division of Behavioral Health and Recovery,
Department of Health,
Office of Superintendent of Public Instruction,
Liquor and Cannabis Board

Prepared by:
Looking Glass Analytics, Inc.

June 2017

Washington State Healthy Youth Survey 2016

Analytic Report

Department of Social and Health Services

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P.O. Box 45000
Olympia, WA 98504-5000

Department of Health

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Tumwater, WA 98501-7835

Office of Superintendent of Public Instruction

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June 2017

In collaboration with Rebecca Grady, Anar Shah, Jennifer Sabel, Krissy Johnson
and members of the Healthy Youth Survey Planning Committee

This report is available online at:

<http://www.AskHYS.net>

Suggested Citation:

Healthy Youth Survey 2016 Analytic Report. Washington State Department of Social and Health Services,
Department of Health, Office of the Superintendent of Public Instruction, and Liquor and Cannabis Board, June
2017

Data from the 2016 Washington State Healthy Youth Survey and previous administrations of youth surveys in
Washington were used in this publication.

The Healthy Youth Survey was administered by the Washington State Department of Social and Health Services,
the Department of Health, the Office of the Superintendent of Public Instruction, and the Liquor and Cannabis
Board. The Healthy Youth Survey Planning Committee included members of these state agencies to oversee the
implementation of the 2016 survey.

Washington State funding for the 2016 survey and for this report was provided by the Dedicated Marijuana
Account, as specified in Initiative 502. Additional support for HYS trainings and other reports were provided by WA
State Department of Health and the U.S. Center for Substance Abuse Prevention, Substance Abuse Block Grant.

Prepared for:

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Marijuana Use

Marijuana has been the most widely used drug since the state's first survey of youth substance use in 1988. It is also by far the primary drug used by youth entering treatment. National trends in use have been associated with youth perception of the risk of marijuana use—that is, as perception of risk declined during the 1990s, the prevalence of marijuana use grew.

Lifetime Marijuana Use

In 2016, 2 percent of Grade 6 students, 10 percent of Grade 8 students, 28 percent of Grade 10 students, and 45 percent of Grade 12 students reported having used marijuana at some time in their life.

Differences by grade level:

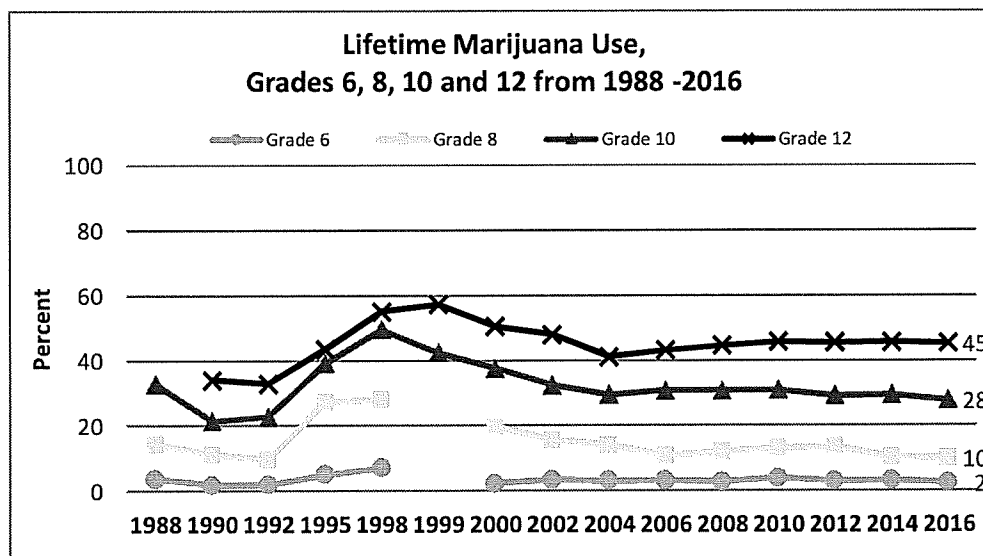
- Among Grade 6, 8, 10, and 12 students, as grade levels increase, each grade was more likely to have used marijuana in their lifetime.

Differences by gender:

- There were no differences in lifetime marijuana use by gender.

Differences over time:

- Among Grade 6 students, there was a decrease in lifetime marijuana use from 2014 to 2016.
- Among Grade 10 students, there was a decrease in lifetime marijuana use from 2002 through 2016.
- Among Grade 12 students, there was an increase in lifetime marijuana use from 2006 through 2016.



Survey Question:

- How old were you the first time you: Used marijuana?
- Have you ever, even once in your lifetime: Used marijuana?

Notes:

- Percentages represent students who had ever used marijuana at any age in their life (Grades 8, 10, and 12) or had ever used marijuana in their life (Grade 6).
- For both questions, the word "smoked" was changed to "used" in 2014.

Source: SADUS 1988 and 1990; WSSAHB 1992, 1995, 1998, and 2000; HYS 2002, 2004, 2006, 2008, 2010, 2012, 2014, and 2016.

30-Day Marijuana Use

In 2016, 1 percent of Grade 6 students, 6 percent of Grade 8 students, 17 percent of Grade 10 students, and 26 percent of Grade 12 students reported using marijuana in the past 30 days.

Differences by grade level:

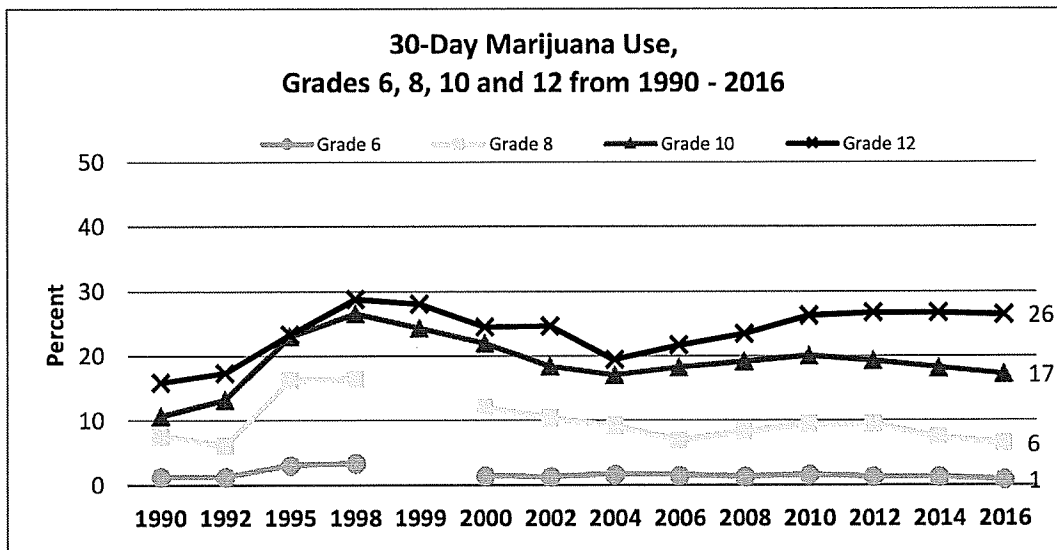
- Among Grade 6, 8, 10, and 12 students, as grade levels increase, each grade was more likely to have used marijuana in the past 30 days.

Differences by gender:

- Grade 6 and 12 males were more likely than females to have used marijuana in the past 30 days.

Differences over time:

- Among Grade 6 students, there was a decrease in 30-day marijuana use from 2014 to 2016.
- There were no trends in 30-day marijuana use from 2002 through 2016.



Survey Question: During the past 30 days, on how many days did you: Use marijuana or hashish (weed, hash, pot)?

Notes:

- Percentages represent students who used marijuana on any days in the past 30 days.
- The description of marijuana changed from "grass, hash, pot" to "weed, hash, pot" in 2014.
- More response options were added in 2016.

Source: SADUS 1990; WSSAHB 1992, 1995, 1998, and 2000; YRBS 1999; HYS 2002, 2004, 2006, 2008, 2010, 2012, 2014, and 2016.

Levels of Marijuana Use

Students reported the following levels of marijuana use in 2016:

- Experimental use: about 3 percent of Grade 8 students, 6 percent of Grade 10 students, and 8 percent of Grade 12 students.
- Occasional use: about 1 percent of Grade 8 students, 3 percent of Grade 10 students, and 4 percent of Grade 12 students.
- Regular use: about 8 percent of Grade 8 students, 11 percent of Grade 10 students, and 17 percent of Grade 12 students.

Differences by grade level:

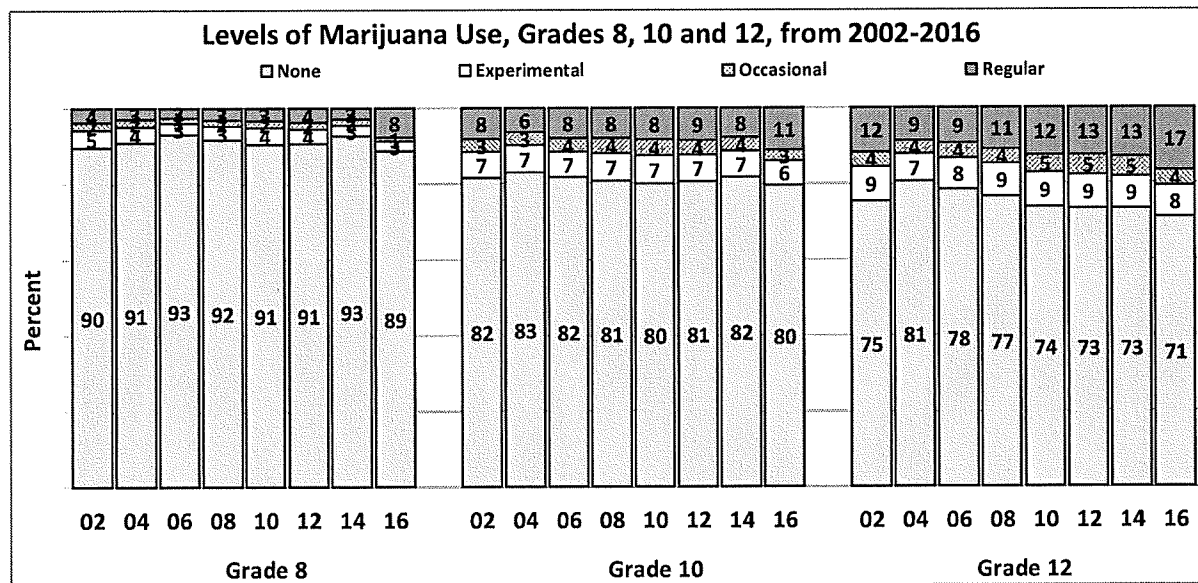
- Among Grade 8, 10, and 12 students, as grade levels increase, each grade was more likely to report experimental, occasional, and regular marijuana use.

Differences by gender:

- Grade 12 females were more likely than males to report experimental marijuana use.
- Grade 8, 10, and 12 males were more likely than females to report occasional marijuana use.

Differences over time:

- Among Grade 8, 10, and 12 students, there were decreases in occasional marijuana use from 2014 to 2016.
- Among Grade 8, 10, and 12 students, there were increases in regular marijuana use from 2014 to 2016.
- Among Grade 12 students, there was a decrease in occasional marijuana use from 2002 through 2016.
- Among Grade 12 students, there was an increase in regular marijuana use from 2002 through 2016.



Survey Question: During the past 30 days, on how many days did you: Use marijuana or hashish (weed, hash, pot)?

Notes:

- Experimental marijuana use represents 1-2 days of use in the past 30 days.
- Occasional marijuana use represents 3-5 days of use in the past 30 days.
- Regular marijuana use represents 6 or more days of use in the past 30 days.
- The description of marijuana changed from "grass, hash, pot" to "weed, hash, pot" in 2014.

Source: HYS 2002, 2004, 2006, 2008, 2010, 2012, 2014, and 2016.

Average Age of First Marijuana Use

Some students begin experimenting with marijuana at an early age. Early (12-14 years of age) initiation of drug use, such as marijuana, is associated with a greater risk of developing an addiction and drug abuse than initiation during adulthood (Chen, 2009).

Among Grade 10 students who reported having ever used marijuana, the average age of first use was 13.4 years.

Table 14: Average Age of First Marijuana Use in 2016

Behavior	Mean Age of First Reported Use		
	Grade 8	Grade 10	Grade 12
Used marijuana	12.0 (± 0.09)	13.4 (± 0.1)	14.5 (± 0.1)

Survey Question: How old were you the first time you used marijuana?

Notes:

- Age of first use is calculated by excluding students who responded that they “never had” used marijuana, and calculating the mean age of use among those who used marijuana at any age.
- The word “smoked” was changed to “used” in 2014.

Source: HYS 2016.

Perception of Access to Marijuana

A study based on a national survey (Caulkins and Pacula, 2006) found that among people of all ages, most marijuana users obtain the drug for free (59 percent), from a friend or relative (88 percent), and through indoor transactions (87 percent). Only 6 percent reported purchasing marijuana from a stranger. The perceived ease of availability of marijuana among Washington State youth has been consistently below the national average (Monitoring the Future, 2016).

In 2016, 88 percent of Grade 6 students, 65 percent of Grade 8 students, 34 percent of Grade 10 students, and 19 percent of Grade 12 students reported that it would be very hard to get marijuana.

Differences by grade level:

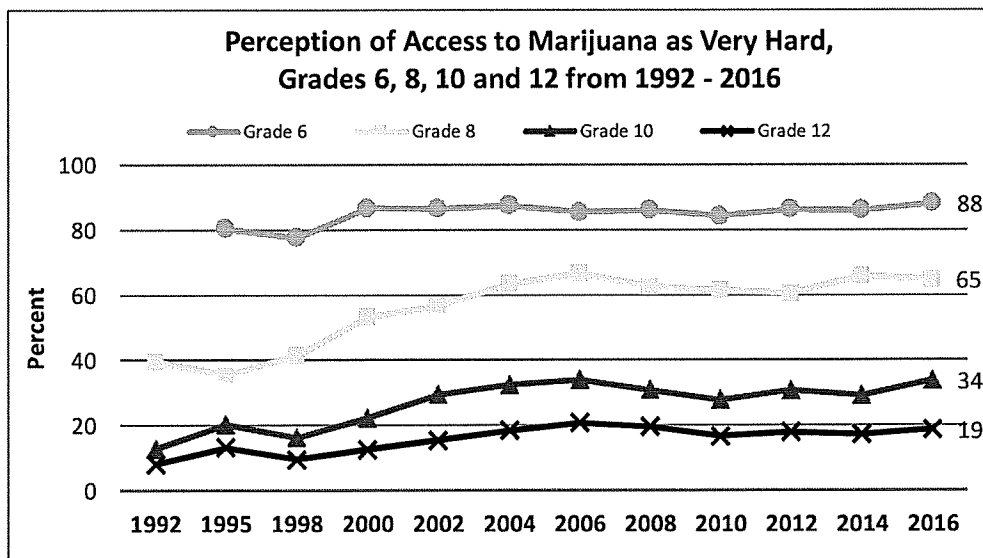
- Among Grade 6, 8, 10, and 12 students, as grade levels increase, each grade was less likely to perceive that marijuana would be very hard to get.

Differences by gender:

- Grade 8 females were less likely than males to perceive that marijuana would be very hard to get.

Differences over time:

- Among Grade 6 and 10 students, there was an increase in the perception that getting marijuana would be very hard from 2014 to 2016.
- There were no trends in the perception that getting marijuana would be very hard from 2002 through 2016.



Survey Question: If you wanted to get some marijuana, how easy would it be for you to get some?

Note: Percentages represent students who reported that it would be "very hard" to get marijuana if they wanted some.

Source: WSSAHB 1992, 1995, 1998, and 2000; HYS 2002, 2004, 2006, 2008, 2010, 2012, 2014, and 2016.

Perception of Risk from Regular Marijuana Use

Long-term trend data from Monitoring the Future suggests that perceived risk of marijuana use is a leading indicator of actual use. That is, during the 1970s, and again in the 1990s, as the perception of risk fell, the use of marijuana rose (Johnston, O'Malley, Bachman, and Schulenberg, 2007).

In 2016, 52 percent of Grade 6 students, 48 percent of Grade 8 students, 35 percent of Grade 10 students, and 24 percent of Grade 12 students reported there was great risk in using marijuana regularly.

Differences by grade:

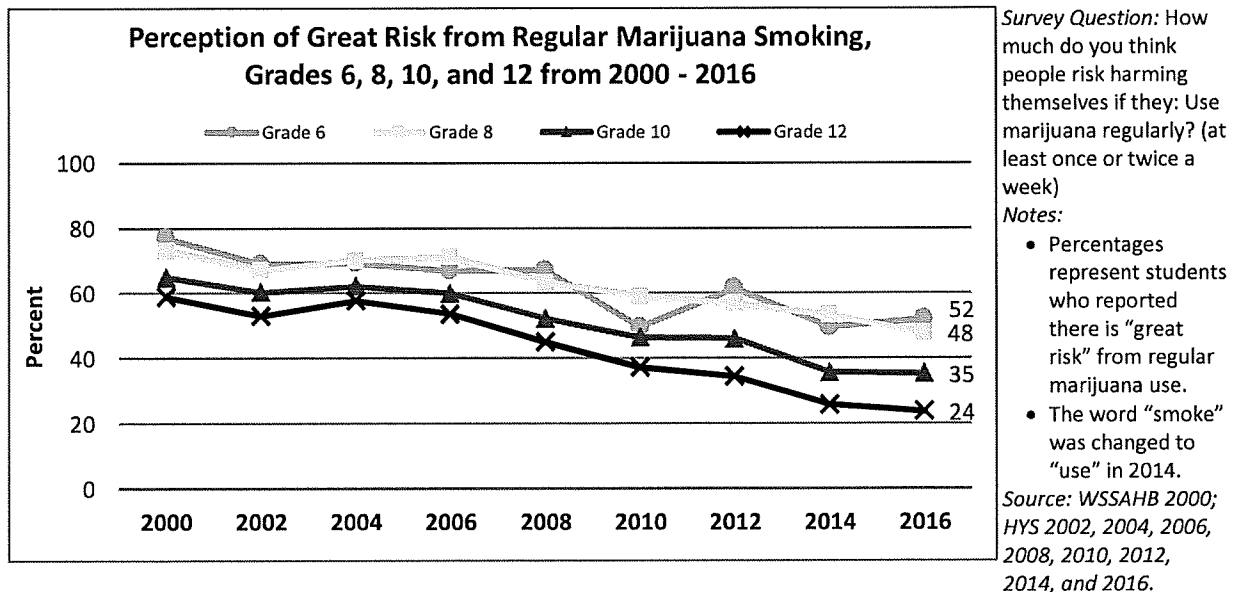
- Among Grade 6, 8, 10, and 12 students, as grade levels increase, each grade was less likely to perceive great risk in regular marijuana use.

Differences by gender:

- Grade 8, 10, and 12 females were more likely than males to perceive great risk in regular marijuana use.

Differences over time:

- Among Grade 8 students, there was a decrease in the perception of great risk from using marijuana regularly from 2014 to 2016.
- Among Grade 6, 8, 10, and 12 students, there were decreases in the perception of great risk from using marijuana regularly from 2002 through 2016.



Usual Sources of Marijuana

Most students got marijuana from friends. Younger students are more likely to get marijuana from home, while older students are more likely to get marijuana from friends, at parties, and to give money to someone to buy it for them. The following chart represents where they usually obtained marijuana, among students who used marijuana in the past 30 days.

Differences by grade level:

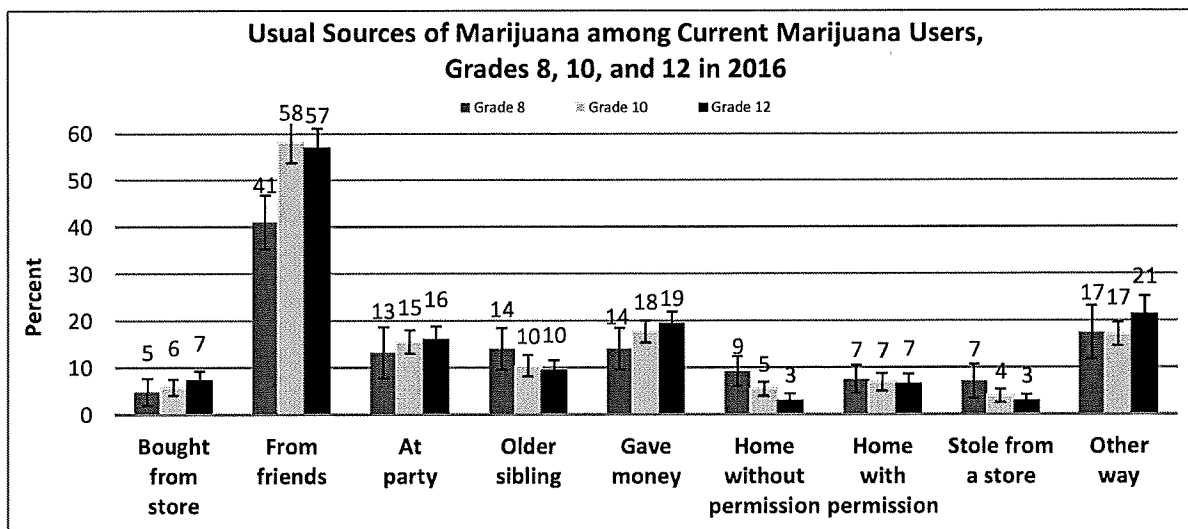
- Grade 10 and 12 students were more likely than Grade 8 students to get marijuana from friends.
- Among Grade 8, 10, and 12 students, as grade levels increase, each grade was less likely to get marijuana at home without permission.
- Grade 8 students were more likely than Grade 12 students to steal marijuana from a store.
- Grade 12 students were more likely than Grade 8 and 10 students to get marijuana some other way.

Differences by gender:

- Grade 10 and 12 males were more likely than females to buy marijuana from a store, and to steal marijuana from a store.
- Grade 8, 10, and 12 females were more likely than males get marijuana from friends.
- Grade 10 females were more likely than males to get marijuana from a sibling.
- Grade 10 males were more likely to get marijuana some other way.

Differences over time:

- Among Grade 8 and 10 students, there were decreases in buying marijuana from a store from 2014 to 2016.
- Among Grade 12 students, there was a decrease in getting marijuana from friends from 2014 to 2016.



Survey Question: During the past 30 days, how did you usually get marijuana? Choose all that apply.

Notes:

- Students could check multiple responses.
- Students who reported that they "did not get marijuana in the past 30 days" were not included in the results.
- The sample sizes for the 2016 results in this figure are: 229 Grade 8; 783 Grade 10; and 847 Grade 12 students.

Source: HYS 2016.

Usual Type of Marijuana

In 2016, students were asked if they used marijuana, and how they usually used it. Among those who said they used marijuana:

- 67 percent of Grade 8 students, 73 percent of Grade 10 students, and 74 percent of Grade 12 students smoked it.
- 15 percent of Grade 8 students, 14 percent of Grade 10 students, and 15 percent of Grade 12 students ate it.
- 6 percent of Grade 8 students, 4 percent of Grade 10 students, and 3 percent of Grade 12 students drank it.
- 5 percent of Grade 8 students, 5 percent of Grade 10 students, and 5 percent of Grade 12 students vaporized it.
- 7 percent of Grade 8 students, 4 percent of Grade 10 students, and 4 percent of Grade 12 students used it some other way.

Differences by grade level:

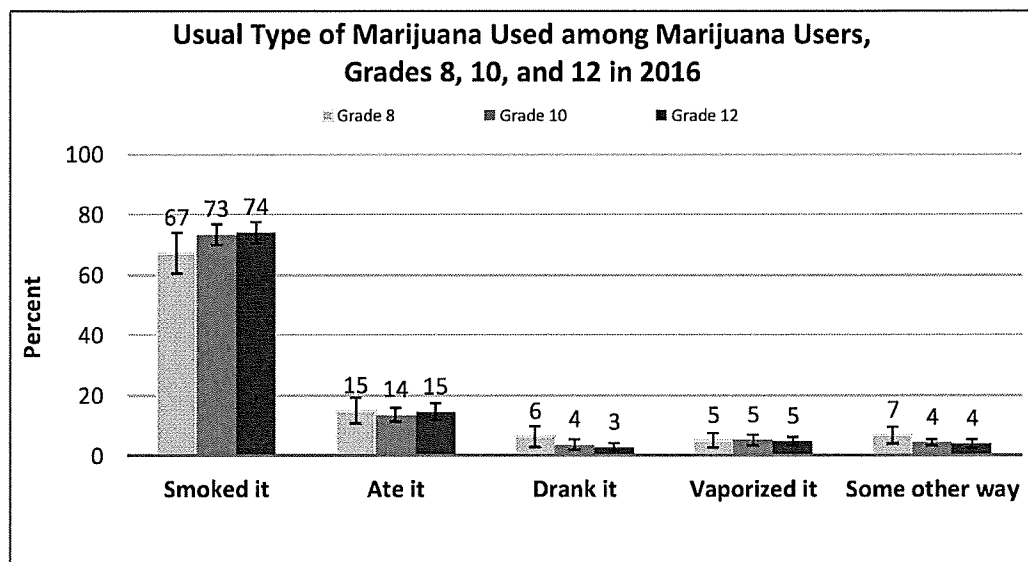
- Grade 8 students were more likely than Grade 12 students to usually drink it.

Differences by gender:

- Grade 10 and 12 females were more likely than males to smoke it.
- Grade 10 males were more likely than females to vaporize it.
- Grade 12 males were more likely than females to use it some other way.

Differences over time:

- Among Grade 12 students, there was a decrease in vaporizing marijuana from 2014 to 2016.



Survey Question: During the past 30 days, if you used marijuana, how did you usually use it?

Notes:

- Percentages represent students who reported that they used marijuana in one of the specified ways.
- Students who reported that they “did not use marijuana in the past 30 days” were not included in the results.
- The sample sizes for the 2016 results in this figure are: 222 Grade 8; 778 Grade 10; and 848 Grade 12 students.

Source: HYS 2016.

THE HEALTH EFFECTS OF CANNABIS AND CANNABINOIDS

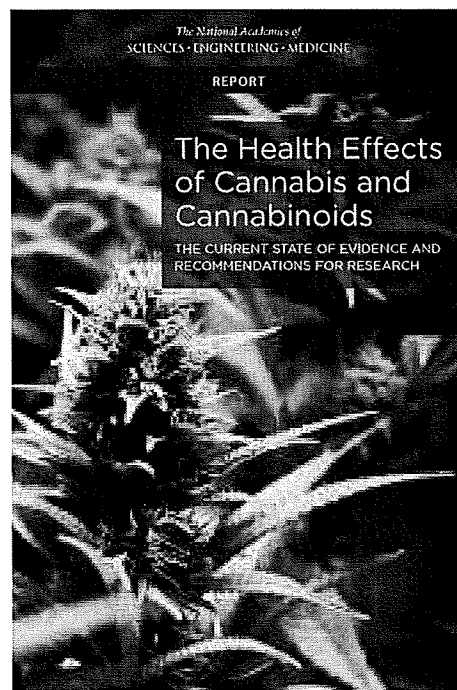
CHAPTER HIGHLIGHTS

January 2017

In the report *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*, an expert, ad hoc committee of the National Academies of Sciences, Engineering, and Medicine presents nearly 100 conclusions related to the health effects of cannabis and cannabinoid use and makes recommendations for an agenda to help expand and improve cannabis research efforts and better inform future public health decisions.

The Chapter Highlights below provide broad overview statements of the report's chapters regarding certain prioritized health conditions. To read the committee's conclusions in detail, as well as the definitions of weights of evidence, please see the "Committee's Conclusions" document at nationalacademies.org/CannabisHealthEffects.

Each blue header below links to the corresponding chapter in the report, providing much more detail. To read the full report, please visit nationalacademies.org/CannabisHealthEffects.



THERAPEUTIC EFFECTS

In adults with chemotherapy-induced nausea and vomiting, oral cannabinoids are effective antiemetics.

In adults with chronic pain, patients who were treated with cannabis or cannabinoids are more likely to experience a clinically significant reduction in pain symptoms.

In adults with multiple sclerosis (MS)-related spasticity, short-term use of oral cannabinoids improves patient-reported spasticity symptoms.

For these conditions, the effects of cannabinoids are modest; for all other conditions evaluated, there is inadequate information to assess their effects.

CARDIOMETABOLIC RISK

The evidence is unclear as to whether and how cannabis use is associated with heart attack, stroke, and diabetes.

CANCER

The evidence suggests that smoking cannabis does not increase the risk for certain cancers (i.e., lung, head, and neck) in adults.

There is modest evidence that cannabis use is associated with one subtype of testicular cancer.

There is minimal evidence that parental cannabis use during pregnancy is associated with greater cancer risk in offspring.

RESPIRATORY DISEASE

Smoking cannabis on a regular basis is associated with chronic cough and phlegm production.

Quitting cannabis smoking is likely to reduce chronic cough and phlegm production.

It is unclear whether cannabis use is associated with COPD, asthma, or worsened lung function.

IMMUNITY

There exists a paucity of data on the effects of cannabis or cannabinoid-based therapeutics on the human immune system.

There is insufficient data to draw overarching conclusions concerning the effects of cannabis smoke or cannabinoids on immune competence.

There is limited evidence to suggest that regular exposure to cannabis smoke may have anti-inflammatory activity.

There is insufficient evidence to support or refute a statistical association between cannabis or cannabinoid use and adverse effects on immune status in individuals with HIV.

PRENATAL, PERINATAL, AND NEONATAL EXPOSURE

Smoking cannabis during pregnancy is linked to lower birth weight in the offspring.

The relationship between smoking cannabis during pregnancy and other pregnancy and childhood outcomes is unclear.

PROBLEM CANNABIS USE

Greater frequency of cannabis use increases the likelihood of developing problem cannabis use.

Initiating cannabis use at a younger age increases the likelihood of developing problem cannabis use.

CANNABIS USE AND ABUSE OF OTHER SUBSTANCES

Cannabis use is likely to increase the risk for developing substance dependence (other than cannabis use disorder).

INJURY AND DEATH

Cannabis use prior to driving increases the risk of being involved in a motor vehicle accident.

In states where cannabis use is legal, there is increased risk of unintentional cannabis overdose injuries among children.

It is unclear whether and how cannabis use is associated with all-cause mortality or with occupational injury.

PSYCHOSOCIAL

Recent cannabis use impairs the performance in cognitive domains of learning, memory, and attention. Recent use may be defined as cannabis use within 24 hours of evaluation.

A limited number of studies suggest that there are impairments in cognitive domains of learning, memory, and attention in individuals who have stopped smoking cannabis.

Cannabis use during adolescence is related to impairments in subsequent academic achievement and education, employment and income, and social relationships and social roles.

MENTAL HEALTH

Cannabis use is likely to increase the risk of developing schizophrenia and other psychoses; the higher the use the greater the risk.

In individuals with schizophrenia and other psychoses, a history of cannabis use may be linked to better performance on learning and memory tasks.

Cannabis use does not appear to increase the likelihood of developing depression, anxiety, and posttraumatic stress disorder.

For individuals diagnosed with bipolar disorders, near daily cannabis use may be linked to greater symptoms of bipolar disorder than non-users.

Heavy cannabis users are more likely to report thoughts of suicide than non-users.

Regular cannabis use is likely to increase the risk for developing social anxiety disorder.

TO READ THE FULL REPORT AND VIEW
RELATED RESOURCES, PLEASE VISIT

**NATIONALACADEMIES.ORG/
CANNABISHEALTHEFFECTS**



Washington State
Liquor and Cannabis Board

Marijuana

Know the Facts

Marijuana is not harmless.

Marijuana impairs coordination and perception, affects learning and memory, and can increase anxiety, panic and paranoia. Research shows one in eight youth who use marijuana by age 14 become dependent.

Some of the risks of smoking marijuana vs. consuming marijuana-infused foods are different.

Inhaling any kind of smoke harms your lungs. Consuming marijuana-infused foods can also be dangerous because it takes longer to feel the effects. It's easier to have too much because the effects are delayed.

Recreational marijuana use has age restrictions.

Only those 21 and older can possess marijuana, with a limit of 1 ounce of useable marijuana, 16 ounces in solid form, 72 ounces in liquid form, and 7 grams of concentrate.

Where you can use marijuana is limited.

Marijuana cannot be used in view of the public. It is also not allowed on federal and most tribal lands.

The penalties for marijuana use for those under 21 can be severe.

If you are under 21, you can be charged with Minor in Possession. If you have more than 40 grams, it is a Class "C" felony (\$10,000 fine and/or 10 years in jail).

It's not okay for parents to share marijuana with their kids.

It is a felony to provide marijuana to any minor.



Washington State
Liquor and Cannabis Board

Marijuana

What Parents Should Know

Most youth choose not to use marijuana. However, some will try it, and some will continue to use it.

Brain development continues through age 25. The use of any drug, including marijuana, can impair brain development.

Marijuana use increases risk of academic problems. Marijuana's effect on learning, memory, and motivation can lead to difficulties in school.

Talk Early. Talk Often.

- You are the number one influence in your child's life.
- Talk early and talk often about making the right choices.
- Set expectations.
- Discuss rules and enforce consequences.

For more information about marijuana:
www.LearnAboutMarijuanaWA.org
or www.StartTalkingNow.org

To contact the WSLCB email:
prevention@lcb.wa.gov



If someone you know is struggling with
substance use, call:
Washington Recovery Helpline at 1.866.789.1511.

To obtain this publication in an
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Washington State
Department of Social
& Health Services

Transforming lives

CIB70/07-13



2016 Washington State Healthy Youth Survey

Data Brief: Marijuana

In fall 2016, over 230,000 students participated in the Healthy Youth Survey. Over 1,000 schools administered the survey, representing all 39 Washington counties and 236 school districts.

Rates of teen marijuana use have remained steady, despite the changing landscape.

- In 2016, six percent of 8th graders, 17 percent of 10th graders, and 26 percent of 12th graders reported past 30-day marijuana use.
- About half of those who used marijuana in the past month indicated they used on six or more days: 41% of 8th graders, 45% of 10th graders, and 52% of 12th graders.

The majority of current marijuana users, about two-thirds of 8th and three-quarters of 10th and 12th graders, usually smoke marijuana.

- A much smaller percentage reported usually eating, drinking, or vaping marijuana.
- There was a decline from 2014 in 12th grade current users who usually vaporized it (7% to 5%).

Perceived ease of obtaining marijuana remained stable (8th & 12th grade) or declined (10th grade) between 2014 and 2016.

- Fewer 10th graders thought marijuana was “very easy” to obtain in 2016 (27%) than 2014 (32%).
- Among 8th and 12th graders, the percentage believing marijuana is very easy to obtain held steady, but about 40 percent of 12th graders think it’s very easy to get.

Where teens obtain marijuana may be changing.

- Of those who obtained marijuana in the past month, the percentage buying it at a store decreased from 2014 to 2016 among 8th graders (11% to 5%) and 10th graders (9% to 6%).
- Among 12th graders who obtained marijuana, the percentage getting it from friends decreased (63% to 57%) and giving money to someone else to purchase it increased (16% to 19%).

Declining perceived risk of regular marijuana use among 8th graders should be carefully monitored.

- The percentage of 8th graders perceiving great risk of regular marijuana use fell from 53% in 2014 to 48% in 2016. Decreases in perceived risk are often followed by increased use.
- Many teens perceive little risk of regular marijuana use. In 2016, about one in five 8th graders, one in three 10th graders, and almost half (45%) of 12th graders perceived no/slight risk to regular use.

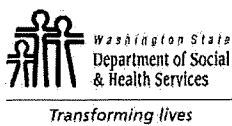
Too many teens are driving after using marijuana.

- Half (51%) of the 12th graders who reported using marijuana in the past 30 days reported driving within 3 hours of using marijuana at least once in the past 30 days.

State, local, and community prevention efforts are crucial for addressing youth marijuana use.

- Prevention organizations have worked diligently to prevent the expected rise in teen marijuana use following legalization for adults. See TheAthenaForum.org/SPEplan to learn more.
- Find out more about what you can do at www.starttalkingnow.org and learnaboutmarijuanawa.org.

For more Healthy Youth Survey fact sheets and reports, visit www.AskHYS.net.



Washington State
Liquor and Cannabis Board



General Information about Marijuana

What is marijuana?

Marijuana is defined by Washington state law as all parts of the plant cannabis, whether growing or not, with a THC concentration greater than 0.3 percent on a dry weight basis. Hashish and hash oil are other products derived from the cannabis plant. Hashish is made from the resin of the plant. Hash oil is obtained from the plant by separating resins from the buds/flowers, using solvent extraction methods. Hashish and hash oil are more concentrated and therefore more potent than smoked marijuana.

The main psychoactive chemical in cannabis is delta-9-tetrahydrocannabinol, commonly known as THC. Marijuana potency has increased significantly over the past few decades, primarily due to changes in how it is grown.

How is marijuana used or consumed?

Marijuana can be:

- Smoked in hand-rolled cigarettes, pipes or water pipes,
- Consumed in marijuana-infused food products, usually called edibles, or
- Through powders or oils.

Smoking or vaporizing marijuana

Marijuana can be smoked in hand-rolled cigarettes, pipes or water pipes. The effects of smoking marijuana are felt within seconds or minutes. Due to the increased potency of marijuana, it is often no longer necessary for a consumer to take repeated hits or smoke an entire joint to feel the effects.

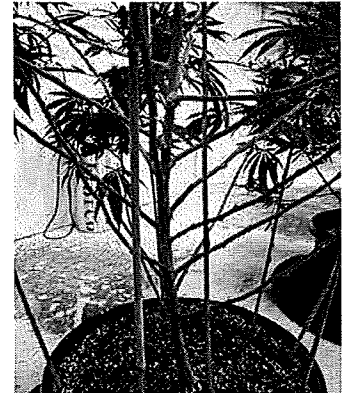
Vaporizing marijuana is similar to using an e-cigarette. Because vaporizers heat marijuana below the combustion point, it is believed they produce a lower level of tar than cigarettes (Grottenham, 2001). However, more research on the potential use of vaporizers to reduce harm is needed.

It should be noted that marijuana smoke contains a similar range of harmful chemicals as tobacco smoke (Hoffman et al, 1975). Here is a summary of what is known about smoking marijuana based on scientific research:

- Based on the current scientific research, there is no definitively proven "safe" way of inhaling marijuana (smoke or vapor).
- Inhaling marijuana smoke in the long-term is likely to result in damage to the respiratory tract.
- Smoking both marijuana and tobacco increases the risk of damage from both substances.
- While marijuana smoke contains carcinogens, research about the association between marijuana smoking and cancer is limited and conflicting. The same is true for other lung-related diseases.
- Marijuana smoking does appear to increase cough, sputum production, airway inflammation, and wheeze.
- Using a water pipe or bong does nothing to reduce exposure to tar and carcinogens in marijuana smoke; using a vaporizer may reduce the harm associated with smoking marijuana; however vaporizers may carry their own risks and more research is needed.
- Learn more about respiratory effects at learnaboutmarijuana.org.

Edible products

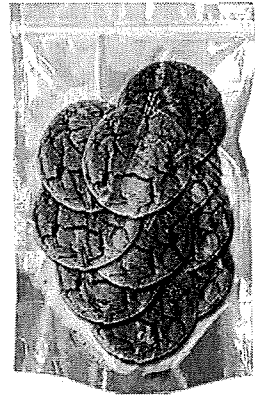
Marijuana-infused food products can be made with the dried, useable marijuana or with concentrated cannabis oil. Edibles made with concentrates tend to be higher in THC and therefore stronger. In addition, it can take up to two hours to feel the effects, making it easier to consume too much. The effects from consuming edibles also last longer, impairing the user for a



longer period of time.

Because of their similarity to non-infused products, edibles pose a unique danger to children and pets. To avoid accidental ingestion and poisoning, **keep edibles far away from children and pets.**

If your child accidentally ingests a marijuana-infused product or if you are worried about the health and safety of yourself or others, **call the Washington Poison Center at 1-800-222-1222** for free, fast, expert help. All calls are confidential. If the symptoms are severe, call 911 or go to an emergency room.



What are the potential health risks of marijuana use?

Although marijuana may help reduce symptoms of certain medical conditions, it also may have some harmful effects depending on how often it is used, who is using it, and whether other substances are also being consumed.

There is clear evidence that regular use of marijuana increases the risk of heart, lung and mental health problems. Less is known about the health issues that might be caused by casual or infrequent use.

What are the short-term effects of using marijuana?

The effects of marijuana may include:

- A happy, relaxed or "high" feeling
- Slower reactions
- Dizziness
- Trouble with thinking, learning and memory
- Confusion, anxiety, panic or paranoia
- Fast heart rate
- Increased blood pressure
- Less interest in normal activities
- Hunger
- Dry mouth
- Red eyes
- Psychosis (rarely) – seeing or hearing things that are not real.

These effects typically last two to three hours after marijuana is smoked or inhaled. When consuming edibles, the effects take longer to be felt (possibly up to two hours) and may last 4 to 10 hours.

Is marijuana addictive?

Contrary to common belief, marijuana is addictive. Estimates from research suggest that about nine percent of users become addicted to marijuana; this number increases among those who start young (to about 17 percent, or 1 in 6) and among people who use marijuana daily (to 25-50 percent). (National Institute on Health)

More detailed information about marijuana and addiction can be found [here](#).

What about marijuana use by women who are pregnant or breastfeeding?

As with alcohol and cigarettes, there likely is no "safe" amount of marijuana use during pregnancy. THC, the chemical in marijuana that makes a person "high," can pass from mother to the unborn child through the placenta. This means the unborn child is exposed to THC used by the mother. Smoking also passes carbon monoxide to the unborn child, which disrupts the oxygen supply and can result in growth issues, possible premature birth, miscarriage or stillbirth. There is some evidence marijuana use during pregnancy can result in babies with low birth weight, certain birth defects and symptoms similar to fetal alcohol syndrome. THC can also be passed from the mother's breast milk, potentially affecting the baby.

To learn about marijuana and other potential health impacts, including marijuana and mental health, go to www.LearnAboutMarijuanaWA.org

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By Howard C. Samuels, Special to CNN

⌚ Updated 10:44 AM ET, Mon August 12, 2013

The marijuana debate 03:24

Story highlights

Howard Samuels: Supporters of pot say that it helps those who have health problems

Samuels: But the argument is exploited by people who aren't using it for medical reasons

He says some passionate defenders of pot legalization just want to smoke and get high

Samuels: To marijuana abusers everywhere: Are you really that weak that you need pot?



Howard C. Samuels

At first glance, my 11-year-old son seems like your everyday, all-American kid. He loves baseball and basketball, plays Xbox with his friends when they come over, and posts innocuous pictures of the family dog on his Instagram feed. Given these mundane facts about the boy, you can imagine my surprise when, while watching the news (again, seemingly from out of nowhere) he asked me, "If pot is so bad, why are they trying to legalize it?"

And, just like that, the long and involved talk my wife and I had given our children about drugs was tossed out the window.

We had explained the harmful effects of marijuana. Like cigarettes, smoking marijuana introduces tar, carbon monoxide and cancer-causing agents into your body.

Americans agree: Marijuana shouldn't be criminalized

Neither my wife nor I anticipated that our son would be stopped on the street by unscrupulous potheads petitioning outside of the local grocery store and being fed a line of rhetoric that went against what we were trying to teach him.

It turns out that potheads weren't exactly the problem; they were the symptom. Let me tell you why.

If you have a fever and you go to the doctor and he tells you that you have pneumonia, do you ask him to treat the fever, or do you ask him to treat the pneumonia? Most of us would ask him to treat the pneumonia because the pneumonia is the problem; the fever is the symptom.

It's the same way with the argument about the legalization of marijuana. I'm not interested in focusing on the symptom; I want to eradicate the problem. And the problem is that we're even considering legalizing marijuana at all.

Let's take a look at the medical marijuana issue in Los Angeles (where I live) and we can see where legalization takes us. It has been my experience that anyone can get a medical marijuana card in L.A.; all you need is \$25-\$100 and the ability to lie about needing it. You just make an appointment with some company, walk in and state your problem(s) and why you need a card (with no proof of medical conditions whatsoever) and you will be prescribed a card that is good for one year. It's a toothless system that isn't well-regulated.

Why are some of the people who petition for legalizing marijuana so passionate about it? Because when you smoke pot, you get loaded. You fry your brain. That's why the patients I see in my treatment center call it "getting baked." Pot is all about getting really high.

pot.

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pot. In fact, I believe it is a crime to put someone in prison for smoking pot and find himself locked in a cage with a monster for six months?



Kevin Sabet, a former senior adviser to the White House Office of National Drug Control Policy poses a terrific point when he says that criminal processing for possession of marijuana needs improvement, but legalization is a step too far.

Marijuana supporters like to argue that marijuana is similar to alcohol. While alcohol is legal, it also accounts for tens of thousands of deaths every year in car accidents or other drinking-related misfortunes. But we can't turn the clock back on that one because it's too embedded in our society.

Opinion: Why I changed my mind on weed

Supporters of marijuana say that marijuana should be legalized because old people and women and children who have ailments like glaucoma or cancer or intractable seizures need it.

It is painful to watch people suffer. I am not against helping people. In a perfect world, a woman suffering from cancer should be able to get a prescription from her doctor, go to a pharmacy, acquire her medical marijuana, go home and recuperate from her last round of chemotherapy. But we don't live in a perfect world, and you don't need a Ph.D. to see that the spirit of that argument is being exploited by people who aren't using the marijuana for medical reasons at all; they are using it to get high.

Introducing legalized marijuana into our culture would be like using gasoline to put out a fire, because it stunts growth.

Do you know why we don't see potheads out in public? It's because they're sitting at home smoking weed and staring at their television sets or playing video games all day. Do you have any idea how many marijuana addicts I encounter at my rehab on a daily basis? They talk about wanting to be productive. But what pot does is it kills their motivation -- it destroys people's ability to go out and work and to have a career. It makes them want to do nothing but lie around all day. Is that what you want for your children? Is that what you want for your loved ones?

And how do you market marijuana? We have only just now moved into an era where cigarette smoking is commonly known to be harmful, but now advertisers have a new product to sell. Who do you think they're going to market their product to? Not you or me, because we're not stupid enough to believe the lie; we know too much. They're going to follow in the footsteps of the cigarette companies in the 1980s and market this stuff to young people.

The very idea of that sickens me. I know what marijuana does to the human mind because I started smoking weed when I was 15 years old. It literally robbed me of my motivation to participate in my own life. I was absolutely OK with sitting around all day eating cookies and watching television and getting high with my friends. But, to go out and earn a living and do something with my life? That was all stuff that I was going to do later after I came down off of the marijuana. But, then I'd smoke some more and think, "Why bother?" . . . and, eventually, I started shooting heroin. If my family had not intervened and sought professional help, I would probably still be wandering aimlessly through the streets today, searching for that elusive "perfect high."

Melissa Etheridge: Pot got me through

Even if you only stay with marijuana in your repertoire of illicit drugs to abuse, it will never yield positive results. Ever.

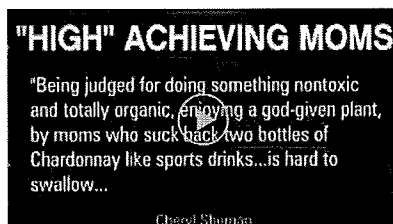
And, I posit this to marijuana abusers everywhere: Are you really that weak? Are you really that uncomfortable in your own skin that you can't handle living your life or having real experiences without being high? Is it really impossible for you to live life without a drug? Because, if it is, it breaks my heart and I feel sorry for you. Because that's no way to live.

And my kid, he's going to know the truth about you. He's going to know that every time you approach him arguing for the legalization of marijuana, what you're really doing is asking him to vote to make it OK for you to spend the rest of your life half-baked on your sofa, too stoned to go out and play with your own kids or do the things you've always dreamed of doing. To my kid, I'm going to say that this means one less competitor on his road to a successful and fulfilling life.

Related Video: Dr. Sanjay Gupta: 'I have tried' pot 01:02



Related Video: The debate on marijuana 02:29



Related Video: The pot debate 01:31

And, to the potheads who are so passionate about being allowed to smoke their lives away, I have only one thing to say: Dream On.

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Marijuana Use: What Do We Really Know?

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Beatriz H. Carlini, PhD, MPH, Senior Research Scientist

Marijuana is the most widely used illegal substance in America, with a reported 19.8 million adults using at least once in the last 30 days.¹ With legalization of marijuana for recreational purposes spreading to more and more states, the demand for scientifically sound information about marijuana has outpaced the capacity of the scientific community to accurately answer many questions.

The mismatch between demand for accurate information and the availability of scientific knowledge has created both gross exaggerations and complacent dismissals of the short and long term risks of using marijuana. In this document, we present a brief summary of the most frequently discussed issues about possible negative effects of marijuana use. Our intent is to educate the public on what is known and where the knowledge gaps are.²



No Exaggeration, No Minimization: What We Know

Marijuana and the Teenage Brain. The human brain is not fully developed until the mid-twenties. Some research has shown that regular use of marijuana during teen years may impact the development of the pre-frontal cortex and other areas of the brain, resulting in permanent difficulties with memory, learning, planning and problem-solving. A contrary finding was reported in a recent longitudinal study that followed males from adolescence into their mid-thirties, which found no differences in any of the mental or physical health outcomes measured regardless of the amount or frequency of marijuana used during adolescence.

In Washington State, 27% of high school seniors reported using marijuana in the last month.³ Adolescents that are already using marijuana will not necessarily develop irreversible damage, but they are risking it. There is no clear threshold for safe use – teenagers should not use marijuana or other substances such as alcohol, tobacco and other drugs until their brain is fully developed.

School Performance. It is well documented in Washington State and nationwide that marijuana users present poorer school performance and higher rates of school dropout. This could be related to short memory impairment caused by marijuana use. It could be also be related to other factors: Marijuana use is highly correlated with other risky behaviors such as smoking, drinking, rebellious lifestyle, peers who do not value academics and disinterest in school in general. Singling out marijuana use as the cause of low school performance can result on missing the mark – a comprehensive approach to improving teenage school performance is more likely to be effective.

The factsheet *Adolescents and Marijuana* discusses this age group in more detail.

Addiction. Marijuana addiction is well documented, affecting 9% of all marijuana users. Marijuana addiction is more common among people who started using marijuana in their teens (about 16%). The rate of life time dependence among near daily users is estimated to be 35-50%.

The fact sheet [Dependence on Marijuana](#) discusses marijuana addiction in more detail.

Marijuana and Driving. There is insufficient research on marijuana use and driving to definitively answer some of the most pressing questions on this topic. A robust body of research informs legal limits for driving after drinking, supporting guidelines on number and types of drinks consumed and time needed to wait before driving, according to gender. The same is not true for marijuana; we do know however that marijuana affects coordination, reaction time, alertness and concentration. It also impairs our ability to judge distances. Based on these facts, the general recommendation has been to wait at least 4 hours after smoking and much longer after ingesting marijuana.

The fact sheet [Marijuana and Driving - Research Brief](#) discusses this topic in more detail.

Pregnancy. Several large epidemiological studies report that marijuana use in pregnancy is associated with reduced birth weight, even after adjusting for other variables. However, smoking tobacco and marijuana overlap so often in this group that it is difficult to entirely tease apart the two behaviors. Some studies report cognitive problems in children of heavy marijuana users; other studies with more than 5 years of follow-up found no problems. More research is needed since marijuana using mothers are different than non-marijuana abusing mothers in many other aspects. In the meanwhile, total abstinence of marijuana during gestation and while breastfeeding is strongly recommended and the safest alternative, giving insufficient knowledge in this area.

The fact sheet [Marijuana and Reproduction/Pregnancy](#) discusses this topic in more detail.

Mental Health.

Anxiety and paranoia: Many users report feeling less anxious and depressed when under the effect of marijuana. By the same token, many users report episodes of anxiety and paranoia when high on marijuana. It is possible that the specific components of the marijuana used play a role on triggering or buffering these symptoms. Cannabis plants with high levels of THC are more likely to produce generalized anxiety or paranoia, while plants with relatively high levels of Cannabidiol (CBD) can have calming effects. The plant composition may also interact with users' specific genetic makeup and the environment. At this point in time, the relationship between anxiety, paranoia and marijuana use is poorly understood.

Schizophrenia: Research suggests that marijuana may trigger schizophrenia in those who are already at risk of developing the disorder, such as having a family history of the illness. Those with a vulnerability to develop schizophrenia should be strongly advised against using marijuana. People with existing psychotic disorders should be strongly advised and assisted to cut-down and/or cease their cannabis use. More studies are needed to determine if marijuana use can cause schizophrenia and psychosis – at this point in time, there is no clear evidence one way or another.

The fact sheet [Mental Health and Marijuana](#) discusses these topics in more detail.

Lung Cancer. Marijuana use affects the respiratory system and can cause cough, airways inflammation and wheezing. So far, studies have not shown that marijuana causes lung cancer. However, as many marijuana users also smoke tobacco (with or right after marijuana) it is possible that the relationship is hard to detect. It is also possible that it does not exist at all.

The fact sheet [Respiratory Effects of Marijuana](#) discusses this topic in more detail.

Medicinal Cannabis (medical marijuana). Half of the states in the US have legalized the use of marijuana for medical purposes, despite federal regulations deeming marijuana as a substance with no medical benefit. The lack of research

is also concerning when it comes to determine marijuana use benefits, particularly because the use of marijuana as a medicine.

While a lot of research is still needed regarding medicinal cannabis, the National Institutes of Health explains cannabis therapeutic potential: “Currently, the two main cannabinoids from the marijuana plant that are of medical interest are THC and CBD. THC increases appetite and reduces nausea. The FDA-approved THC-based medications are used for these purposes. THC may also decrease pain, inflammation (swelling and redness), and muscle control problems. CBD is a cannabinoid that does not affect the mind or behavior. It may be useful in reducing pain and inflammation, controlling epileptic seizures, and possibly even treating mental illness and addictions.”⁴

The fact sheet Medicinal Cannabis and Chronic Pain discusses this topic in more detail.

Final Comments

This fact sheet presents key marijuana-related topics of great societal interest and for which there are not clear scientific answers to date. Fortunately, things seem to be slowly changing, as state and federal funding agencies have been expressing interest in supporting research projects that can shed light on the topics presented. Meanwhile, the best approach is to be aware of the uncertainties surrounding marijuana use risks – and cautious when making decisions surrounding a topic with not enough research evidence to back them up.

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Marijuana

Is marijuana addictive?

Marijuana use can lead to the development of problem use, known as a marijuana use disorder, which takes the form of addiction in severe cases. Recent data suggest that 30 percent of those who use marijuana may have some degree of marijuana use disorder.¹⁸ People who begin using marijuana before the age of 18 are four to seven times more likely to develop a marijuana use disorder than adults.¹⁹

Marijuana use disorders are often associated with *dependence*—in which a person feels withdrawal symptoms when not taking the drug. People who use marijuana frequently often report irritability, mood and sleep difficulties, decreased appetite, cravings, restlessness, and/or various forms of physical discomfort that peak within the first week after quitting and last up to 2 weeks.^{20,21} Marijuana dependence occurs when the brain adapts to large amounts of the drug by reducing production of and sensitivity to its own endocannabinoid neurotransmitters.^{22,23}

Marijuana use disorder becomes addiction when the person cannot stop using the drug even though it interferes with many aspects of his or her life. Estimates of the number of people addicted to marijuana are controversial, in part because epidemiological studies of substance use often use dependence as a proxy for addiction even though it is possible to be dependent without being addicted. Those studies suggest that 9 percent of people who use marijuana will become dependent on it,^{24,25} rising to about 17 percent in those who start using in their teens.^{26,27}

In 2015, about 4.0 million people in the United States met the diagnostic criteria for a marijuana use disorder;³ 138,000 voluntarily sought treatment for their marijuana use.²⁸

Rising Potency

Marijuana potency, as detected in confiscated samples, has steadily increased over the past few decades.² In the early 1990s, the average THC content in confiscated marijuana samples was roughly 3.8 percent. In 2014, it was 12.2 percent. The average marijuana extract contains more than 50 percent THC, with some samples exceeding 80 percent. These trends raise concerns that the consequences of marijuana use could be worse than in the past, particularly among those who are new to marijuana use or in young people, whose brains are still developing (see "[What are marijuana's long-term effects on the brain?](#)").

Researchers do not yet know the full extent of the consequences when the body and brain (especially the developing brain) are exposed to high concentrations of THC or whether the recent increases in emergency department visits by people testing positive for marijuana are related to rising potency. The extent to which people adjust for increased potency by using less or by smoking it differently is also unknown. Recent studies suggest that experienced people may adjust the amount they smoke and how much they inhale based on the believed strength of the marijuana they are using, but they are not able to fully compensate for variations in potency.^{30,31}

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THE UNEXPECTED SIDE EFFECTS OF LEGALIZING WEED

BY MARJORIE HAUN ON 6/6/15 AT 4:24 PM



A variety of medical marijuana strains are seen at marijuana dispensary Alpine Herbal Wellness in Denver June 20, 2011.

RICK WILKING/REUTERS

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OPINION

De Beque is little more than an outpost nestled along I-70 as it winds its way through the rugged hills of western Colorado. Clearly visible from the highway is the quirky façade of Kush Gardens, the first recreational pot shop to be approved in Mesa County.

After the resounding passage in November 2012 of Amendment 64, the law that made recreational pot legal in Colorado, many counties and cities in the state quickly placed moratoriums on the commercial growing and retail marketing of cannabis. Mesa County's Board of Commissioners passed such a moratorium shortly after the election in 2012, but in 2014 officials in De Beque took up the matter and opted to allow commercial pot interests to operate in their town.

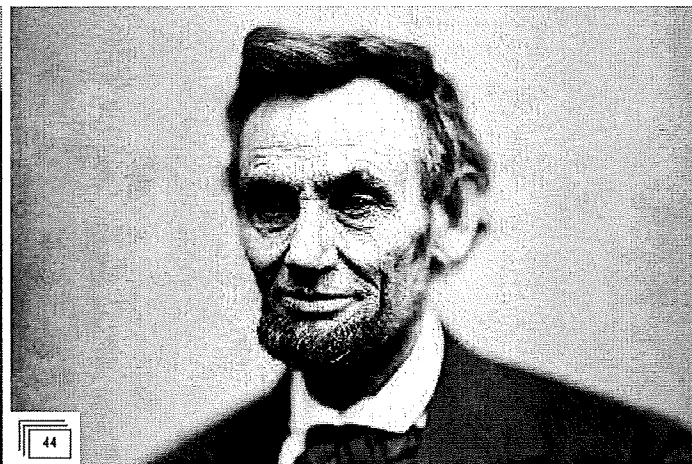
A town built on oil and gas, mining and agriculture, De Beque has suffered a series of economic blows, first because of the recession of 2008, then due to onerous clean air regulations handed down by the Environmental Protection Agency (EPA) that drove up the cost of exploration and extraction of fossil resources and, most recently, as a result of the drop in gas prices that made it unviable for many oil and gas companies to operate in the area. The hemorrhaging of jobs and oil and gas revenues likely made the temptation of cannabis tax revenues irresistible for a town struggling against extinction.

Retail marijuana was not the first choice among De Beque's stop-gap economic measures. Early in 2014, the town lobbied the state to establish what would be western Colorado's only gambling casino. After state legislators quashed plans for a casino along the I-70 corridor, in April 2014, residents of De Beque voted narrowly to welcome retail cannabis into their town.

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But the saga of De Beque is more than that of an economically strapped small town glomming onto a means of survival. Retail recreational cannabis is changing Colorado's social, economic and political landscapes in ways that few could have imagined.

Breathtaking oversimplification

Amendment 64 was approved of by 55 percent of Colorado voters in 2012. Promoted as a revenue-generating "regulate marijuana like alcohol" measure, its passage and ensuing repercussions caught many by surprise. Regulating marijuana like alcohol, it appears, is a breathtaking oversimplification of what is required to turn an illegal intoxicant into a viable commodity.

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The citizen-led ballot initiative behind Amendment 64 went beyond simple decriminalization and created a new civil right by encoding the possession and use of pot into the Colorado State Constitution.

Following the amendment's passage, Colorado had just six months to create a legal and regulatory framework for the growing, sale and distribution of recreational cannabis. At that time, medical marijuana, which was recognized by the state in 2000, remained largely unregulated, lacking rules governing dosage, purity, growing practices, etc.

In the months since the law legalizing recreational pot was implemented, the state of Colorado has awarded more than 600 licenses to medical marijuana growers and nearly 400 to recreational marijuana growers. Separate licenses are required for medical vs. recreational outlets and growing facilities.

Often a single proprietor will have several licenses covering the growing, sale and manufacturing of marijuana "edibles" and infused products for both medical and recreational cannabis. Despite the demand of state-issued licenses, few regulations governing either medical or recreational pot existed at the time the law was implemented in July 2013.

Amendment 64 provided some guidelines regarding what amounts of pot could be legally possessed, how many plants could be grown under what circumstances, etc., but the Colorado Department of Revenue was tasked with licensing and regulating all recreational and medical cannabis operations. Critical matters beyond fees and licensing criteria were overlooked, including agricultural issues such as pesticide use and the impact of outdoor growing facilities on other crops.

Agriculture is a dominant economic driver in most of Colorado's small towns outside of the Front Range cities of Boulder, Denver and Colorado Springs. With cannabis still illegal under federal law, a dearth of information about what pests attack cannabis and what pesticides can be used safely on the plants has resulted in confusion and, in some cases, dangerous growing practices.

Addiction to cannabis revenue

In March of this year plants at several growing facilities in the Denver area had to be quarantined because of the misuse of "pesticides." The pesticides, it turns out, were improvised concoctions of chemicals, including some unidentifiable mixtures. Cannabis growers have been left to improvise since no commercial pesticides are labeled for legal use on cannabis plants.

Some farmers have expressed alarm over the potential of marijuana growing operations in close proximity to established crops. Plans for a medical marijuana facility in Palisade, a tiny farming town whose main crop is peaches, have peach growers worried about the potential spread of pests, molds and fungi from cannabis to their established orchards. The agricultural implications of the cannabis industry, it seems, were not a consideration at the time it became a legal crop.

The wave of enthusiasm following the passage of Amendment 64 has given way to a drip, drip, drip of unintended consequences. Law-enforcement issues, such as marijuana-intoxicated driving and the illegal movement of vast amounts of cannabis product into other states, are the tip of the iceberg.

Social and law-enforcement issues resulting from the Colorado interstate pot pipeline prompted Nebraska and Oklahoma to file lawsuits against the state, citing the fact that marijuana commerce violates federal law and increases the burdens of law enforcement in other states.

Other symptoms of Colorado's pot culture include increased use among teens, resulting in educational problems in middle schools and high schools, a spike in "edibles"-related emergency room visits, consumption by children and pets resulting in illness and death and regulatory confusion surrounding public consumption and enforcement.

Colorado's addiction to cannabis revenue may prove to be the most harmful implication of all. Towns such as De Beque, where cannabis is replacing coal and cattle as a means of income, imperil themselves by staking the future on a substance that is still illegal in most states and that half of Americans still regard as a social evil.

In 2014 and 2015, nearly \$6 million in pot revenues have been distributed to local governments. But the cost of increased law enforcement, drugged-driving incidents, fatal crashes, loss of productivity and a huge spike in gang-related crime bring into question the cost-benefit of those dollars.

Teen drug-related school expulsions are also on the rise. And the notion that prisons filled with minor drug offenders would be relieved of overcrowding—a selling point of legalizing marijuana—has been blown to smithereens.

N's homeless population has exploded since Amendment 64 went into effect. And there are indications that finite tourist dollars are going more to pot and less to Colorado's iconic natural wonders.

Cannabis is an intoxicant, proven to be dangerous to adolescents who use regularly, as well as to adults who are addicted to its calming, high-producing chemical, THC. But building a tax empire on a narcotic substance may be a dangerous proposition for the Centennial State.

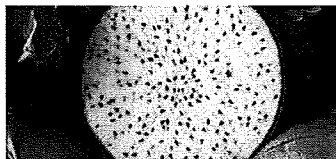
Colorado's Cannabis-Industrial Complex cannot sustain a complex economy traditionally built on natural resources, agriculture, innovation and family-friendly tourism. The eyes of other states eager to legalize pot should be firmly fixed on the unfolding saga of towns such as Denver, Boulder and De Beque, Colo.

Marjorie Haun is a Colorado resident who blogs on Colorado state policies and good government. This article first appeared on [The Daily Signal](#).

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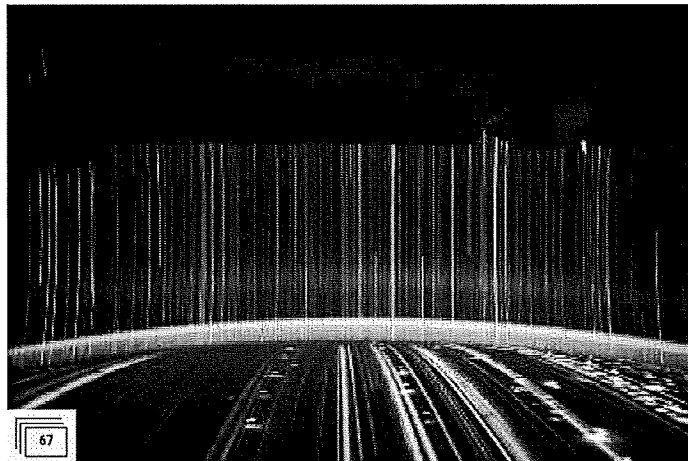
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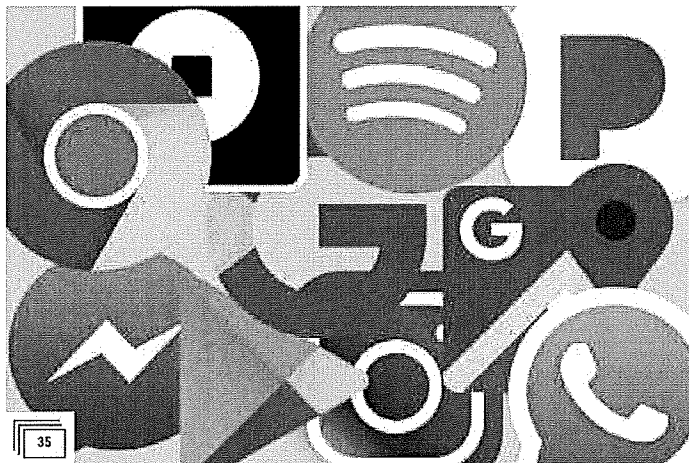
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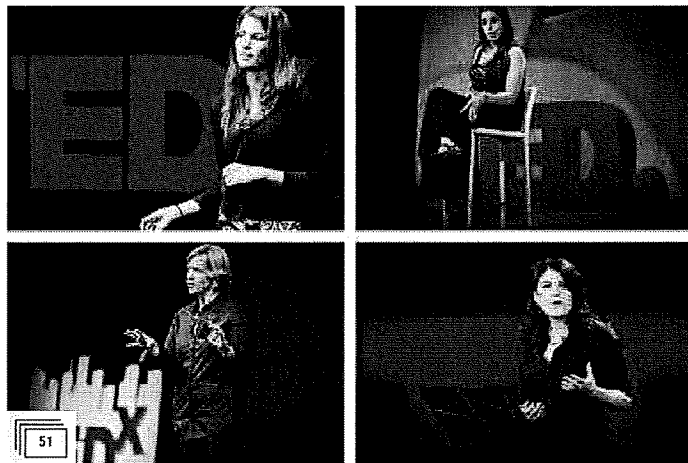
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Erica Schorn

From: Nancy Williams <ganawilliams72@comcast.net>
Sent: Saturday, April 21, 2018 11:49 AM
To: Erica Schorn; Devin M Sola; Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: Marijuana Shops in Stanwood

Dear Mayor, City Council, Planning Commissions:

There are two public schools that are only a few blocks from that area. Children from the high school walk along 271st ST NW daily. It is dangerous to allow a marijuana shop to be located on that street. The public library is down the street, and a church where many youth gather during the week that is only one block away. If marijuana shops should not be next door to a school or library or park, then why are we hearing you might possibly locate this shop across the street from a cupcake shop where kids go? Downtown Stanwood is a hub and gathering place for our city – we have parades, farmers markets, glass quest, car shows, art festivals, holiday decorations and activities, shopping, restaurants – downtown attracts people of all ages!

- Allow the citizens to Vote: We request that this issue be voted on by the citizens of Stanwood. This issue needs to be on the ballot for us to voice our concerns. It will affect our entire community and our voice needs to be heard. We voted the city council in trusting that they would work for the people of Stanwood and would listen to our voice! They can be voted out at another election.
- How many Retail Marijuana Shops does the Major and City Council Members plan on allowing in Stanwood?
- We need more clarification and discussion. WAC 314-55-010 when discussing ‘Other Topics’ states, “The maximum number of retail marijuana stores allowed in the City of Stanwood shall not exceed two.
- Further answers need to be addressed pertaining to where to permit a retail marijuana shops in Stanwood. Staff is suggesting allowing retail use within the Mainstreet Business I and II and in the General Commercial zones. Some cities are allowing for the retail use within industrial type zones and not allowing them within any of their retail zones. Also, they are suggesting making them an administrative conditional use permit within the zone.
- Can a customer buy as much retail marijuana from the owner as he/she wants?
- I am offended by the insensitivity of some of the council members that want this marijuana shop so badly that they forget the people that will become addicted because of it.
- Some people talk about how regulated these shops are and forget that it takes one person to enter the marijuana shop, purchase marijuana and illegally sell it on the streets. It happens ---there is no denying it. My greatest concern is how much can an owner sells to a buyer?
- : Marijuana is considered a Schedule 1 Drug. Marijuana is highly addictive. It is considered a Gateway Drug to many and leads to harder drug use. THC is dangerous! Under age recipients would have greater access to marijuana in Stanwood. If it becomes more normalized in our culture, younger people will try it and think it is safe. The risk of addiction is higher among teens (17%) than adults, as noted by the Snohomish Regional Drug Task Force. <http://www.srdtf.org/articles/marijuana-facts-teens>
- Is revenue more important to you? The revenue from marijuana sales that Stanwood would receive from the state is paltry. The state keeps the vast majority of revenues from marijuana and distributes a very small portion to counties and cities. Cities get a portion based on the retail sales in that city and on a per-capita basis. The total amount that is divided out to counties and cities is capped at \$20 million. "Local

jurisdiction distributions may not exceed \$15 million per fiscal year for the 2017-2019 biennium and \$20 million per fiscal year thereafter." I looked at a few cities (Goldendale, Ephrata, Forks) with one retail location (and adjusted for population) and estimated that a Stanwood location would have about \$2 million in annual sales. That results in an estimated revenue to the City of Stanwood of about \$10,000 per year. Also, that will diminish as more cities open retail shops across the state and the pieces of pie get smaller. Money is NOT the answer to every situation! Rather than looking at the potential revenue and income, we should look at the moral character of the community.

Thank you for taking the time to read our email.

Gary and Nancy Williams

27832 72nd Avenue, NW

Stanwood, WA 98292



Published on *Snohomish Regional Drug Task Force* (<http://www.srdtf.org>)

[Home](#) > Marijuana - Facts for Teens

Marijuana - Facts for Teens ^[1]

Addiction:

Marijuana is addictive. Of course, not everyone who smokes marijuana will become addicted—that depends on a whole bunch of factors— including your family history (genes), the age you start using, whether you also use other drugs, your family and peer relationships, success in school, and so on. Repeated marijuana use can lead to addiction—which means that people have trouble controlling their drug use and often cannot stop even though they want to. Research shows that approximately 9 percent, or about 1 in 11, of those who use marijuana will become addicted. This rate increases to 17 percent, or about 1 in 6, if you start in your teens, and goes up to 25–50 percent among daily users.

Driving:

Marijuana is unsafe if you are behind the wheel. Marijuana is the most common illegal drug involved in auto fatalities. It is found in the blood of around 14 percent of drivers who die in accidents, often in combination with alcohol or other drugs. Marijuana affects a number of skills required for safe driving—alertness, concentration, coordination, and reaction time—so it's not safe to drive high or to ride with someone who's been smoking. Marijuana makes it hard to judge distances and react to signals and sounds on the road. And combining marijuana with drinking even a small amount of alcohol greatly increases driving danger, more than either drug alone.

School:

Marijuana is linked to school failure. Marijuana's negative effects on attention, memory, and learning can last for days and sometimes weeks—especially if you use it often. Someone who smokes marijuana daily may have 'dimmed-down' brain most or all of the time. Compared with their peers who don't use, students who smoke marijuana tend to get lower grades and are more likely to drop out of high school. Research even shows that it can lower your IQ if you smoke it regularly in your teen years. Also, longtime marijuana users themselves report

being less satisfied with their lives, having memory and relationship problems, poorer mental and physical health, lower salaries, and less career success.

Psychosis/Panic:

High doses of marijuana can cause psychosis or panic when you're high. Some people experience an acute psychotic reaction (disturbed perceptions and thoughts, paranoia) or panic attacks while under the influence of marijuana. This usually goes away as the drug's effects wear off. Scientists do not yet know if marijuana use causes lasting mental illness, although it can worsen psychotic symptoms in people who already have the mental illness schizophrenia, and it can increase the risk of long-lasting psychosis in some people.

 [marijuana_teens_brochure_2013.pdf](#) [2]

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Erica Schorn

From: Bang <banganjack@aol.com>
Sent: Saturday, April 21, 2018 5:14 PM
To: Leonard Kelley; elizabeth.callaghan@ci.stanwoos.wa.us; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; june.white@ci.stannwood.wa.us; dianne.white@stanwood.wa.us; judith.williams@ci.stanwood.wa.us; Erica Schorn; Devin M Sola
Subject: Please no marijuana sties in Stanwood



29



Please we do not need to bring bad money to Stanwood. Life is full of bad choices. All Choices have consequences. A good choice Equals a good consequence. A bad choice equals a bad consequence. If only the youth and the government could learn that truth we would all be much better off.

Verona Montgomery

banganjack@aol.com

38326. 71st dr NW

Stanwood , Washington 98292

Bang Montgomery

✉ Cmontgomery0129@yahoo.com

☎ I phone 425-344-3222



h

o

m

Erica Schorn

From: Irene Lyford <imlyford2@gmail.com>
Sent: Sunday, April 22, 2018 12:51 AM
To: Erica Schorn
Subject: No Marijuana sales in Stanwood!

Dear Ms. Schorn,

Please forward this to the mayor and city council members and make this part of the public record.

I think it would be far more detrimental to have a marijuana shop in town than it would be positive. I doubt that the revenue for the city will be enough to provide for the extra law enforcement and drug educational programs that will be needed if we allow a shop in Stanwood.

Even worse is the most assuredly statistical increase in auto accidents related to marijuana use. Kids and some adults don't realize how impaired they are when driving high. A shop in town will make it more accessible and likely increase the number of people driving while high.

I wish our state government had never made this law that requires recreational marijuana to be sold if medical is sold. But, we are stuck with that law for now. Many cities in Washington have chosen not to allow marijuana to be sold within their city limits and I think we should be one of them. Those towns who don't sell it will be those known for it and people will be attracted to our continued small town charm and family friendly businesses.

Please vote against allowing marijuana to be sold in Stanwood!

Thank you for your time,

Irene Lyford
27928 80th Ave NW
Stanwood WA

Erica Schorn

From: karim khoury <kkhoury3333@outlook.com>
Sent: Sunday, April 22, 2018 12:44 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: City council

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

The City has not conducted any due diligence to assess the potential negative impacts to the people of Stanwood.

The burden of proof is on the City to demonstrate that the Council's proposal will not be harmful to the citizens of Stanwood.

Alyssa Khoury
kkhoury3333@outlook.com
1113 Juniper Beach Rd.
[Camano Island, Washington 98282](#)

Sent from my iPhone

Erica Schorn

From: Marilyn Nienhuis <nanabear224@frontier.com>
Sent: Sunday, April 22, 2018 12:46 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: Marijuana shop

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

There has been an increase in drug-related referrals for high school students testing positive for marijuana following legalization and the expansion of accessible retail marijuana storefronts. According to the National Institutes of Health, one out of every six adolescents who use marijuana will become addicted. Marijuana use, especially among young people is significantly associated with poor learning outcomes, mental illness, reduction in IQ and addiction.

Marilyn Nienhuis
nanabear224@frontier.com
8023 283stnw
[Stanwood, Washington 98292](#)

Sent from my iPhone

Erica Schorn

From: Sarah Cookston <sfcookston@hotmail.com>
Sent: Sunday, April 22, 2018 5:32 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: Re: Ordinance 1456

I am a concerned citizen of Stanwood, Washington.

As with any drug, I believe the drug marijuana has many pros and cons. When used medicinally, it can improve quality of life for those suffering from nausea and tremors. When used recreationally, it can bring a nice “high” or relaxation to an individual.

Despite the mantra of the 80’s “Just say no to drugs” – the culture has shifted to “Just say yes to Marijuana – compared to other drugs it is so harmless!” But that is not completely true. Just like any other drug, penicillin included, there are risks to using marijuana.

My concern is that these are not known to the public. The marijuana industry has done a fabulous job touting the benefits of marijuana to the public but has left out the darker side effects. The website www.drugabuse.gov states: the number of young people who believe regular marijuana use is risky is decreasing

Washington state has a mandatory label that must be placed on all retail marijuana products. It is short and vague. Canada is in the process of legalizing marijuana and has proposed a much lengthier description of the risks.

“WARNING: Cannabis smoke is harmful – Harmful chemicals found in tobacco smoke are also found in cannabis smoke. WARNING: Do not use if pregnant or breastfeeding – Using cannabis during pregnancy may harm your baby and result in low birth weight or Substances found in cannabis are also found in the breast milk of mothers who use cannabis. WARNING: Do not drive or operate machinery after using cannabis – More than 4,000 Canadians were injured and 75 died from driving after using cannabis (in 2012) or After cannabis use, coordination, reaction time and ability to judge distances are impaired. WARNING: Cannabis can be addictive – Up to half of people who use cannabis on a daily basis have work, social or health problems from using cannabis or 1 in 11 people who use cannabis will become addicted or Up to 1 in 2 people who use cannabis daily will become addicted. WARNING: Regular use of cannabis can increase the risk of psychosis and schizophrenia – Higher THC content can increase the risk of psychosis and schizophrenia or Higher THC content can lower the age of onset of schizophrenia or Young people are especially at risk. WARNING: Adolescents are at greater risk of harms from cannabis – Early and regular use increases the risk of psychosis and schizophrenia or using cannabis as a teenager can increase your risk of becoming addicted or 1 in 6 people who start using cannabis in adolescence will become addicted.

I am a middle-aged, college graduate, mom to two, teacher – but I was not aware of all of the risks associated with marijuana till I sat down at my computer and did some research. My guess is that other adults and teenagers in the area are not aware as well. I think that if the city stands to inherit revenue from a retail marijuana shop in city limits, it bears the responsibility to fill-in where the state has so severely failed – to put money towards educating the public, young and old, about the dangers of marijuana. It is addictive and using it can affect your health and the health of your children. Edibles are potent and while the state thinks a sticker with a red hand on it is suffice – drugs that look like gummy bears and suckers pose a huge risk to the public.

We are a free country – and given the freedom to choose whether or not to participate in risky behavior or not. But, if as a city we benefit from increasing the availability of a risky behavior, we ought to be investing in educating the public about those risks so they can make an informed decision. It would be an awesome thing to dedicate all the tax proceeds from the proposed business, back into educating the local population about the full picture of marijuana use.

Thank you,

Sarah Cookston

28420 Nordic Way

Stanwood, WA 98292

Erica Schorn

From: Debbie Klein <debbieklein335@frontier.com>
Sent: Monday, April 23, 2018 10:52 AM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; rob.johnson@ci.stanwood.wa.us; Timothy Pearce; conrad.ryer@stanwood.wa.us; Larry Sather; Dianne White [BOH]; judith.williams@ci.stanwood.wa.us
Subject: ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits (ord. #1456.) Many arguments have been made against a retail marijuana store in Stanwood. Among them:

- taking away the family -friendly atmosphere of Stanwood. A "pot" store doesn't fit in with the quaint downtown businesses or with farmer's markets or Fourth of July parades, etc.
- protecting the youth of our community -- it is still taught in our health classes that marijuana is a gateway drug, even if only as an emotional crutch, as stated by Councilman Pearce
- having a retail store in the city "normalizes" marijuana to our youth and goes against the school's (and many family's) teaching that there are many dangers to the drug.
- a majority of citizens of Stanwood voted "no" for initiative 502 to legalize marijuana in 2012, so listen to the constituents or let them vote about this specific issue
- more police presence would be needed for retail marijuana store. Local newspapers have had articles lately detailing this.
- this doesn't fit with Stanwood's comprehensive plan

The main objections I heard related to medical marijuana. Both kinds can be purchased by driving a few miles onto Camano. Those people who are not able to drive would have to have someone get it for them, so locating a store in Stanwood is not really a help unless the person lives a few blocks away. The argument that alcohol and tobacco are also not good for people's health also is not logical. I was taught that two wrongs don't make a right. People can get intoxicated from alcohol, they can get high on marijuana. Why do we need to have the second just because the first is already here?

Many people spoke out against marijuana shops in Stanwood and many articles have been forwarded to the council members. Please listen to the will of the people of Stanwood.

Please distribute my comments to the city council, major and planning commissioners.

Thank you.

Sincerely,

Debbie Klein

Erica Schorn

From: Peggy Kitting <peggypooh321@yahoo.com>
Sent: Monday, April 23, 2018 12:05 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Conrad Ryer; Ryan C. Larsen; Dianne White [BOH]; Timothy Pearce; Elizabeth Callaghan; Larry Sather; judith.williams@ci.stanwood.wa.us; rob.johnson@ci.stanwood.wa.us
Subject: Make my email a party of the Record

To the Mayor and City Council Members:

Please make my email a party of the record.

Just because recreational marijuana is legal, don't make it right!

Even though recreational marijuana is legal, it does not make it a good thing. It's hard enough to teach our children right from wrong and how to make good, healthy choices. It makes it more challenging as a parent when a business exists just a few miles from where we live, and is blocks from our church, that encourages the use of a drug that is a gateway drug and is addictive.

Just because many States including Washington have legalized Retail Marijuana, (I am not talking about medicinal), does NOT make it right. Only time will tell what the results of these decisions will forfeit.

I am looking forward to the time when the Federal government 'steps up to the plate' and makes retail marijuana illegal in all States and Towns --as it should be. Medical marijuana should be dispensed some other way to those who are truly in pain and are terminally ill.

Sincerely,
Peggy Kitting
7229 286th PL NW
Stanwood, WA 98292

Erica Schorn

From: Margaret DuPree <schoolbus55@msn.com>
Sent: Monday, April 23, 2018 12:14 PM
To: Erica Schorn
Subject: Please No Marijuana shop in Stanwood.

To my elected official,

I'm writing this as I sit in Everett. On my way to Everett I passed a few "pot" shops. As I did some shopping here around 28th St and Colby, there have been 3 totally wasted guys walking the streets. They are obviously not in their right mind. It saddens me to see this and there are other people I would not "trust", hanging around the area.

I am not a judgmental person, in fact I came from a very dysfunctional background. I have been clean n sober for 32 years and believe that by having local pot shops in Stanwood would make this awesome town...much less appealing!

Please please don't allow this to happen. It will prove to be a wrong choice, in time.

Thank you for reading this.

Sincerely, Margaret Dupree

Sent from my iPhone

Erica Schorn

From: Bruce Kitting <bkitting1@yahoo.com>
Sent: Monday, April 23, 2018 12:17 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley
Subject: The Mayor of Stanwood and City Council Members swore an oath

Please make this a party of the record

The Major and City Council swore an oath!

When someone takes office, they are sworn in to uphold the Constitution and the Laws of the United States (the Federal Government) and the Constitution and Laws of the State of Washington.

By voting for a Retail Marijuana Shop in Stanwood, they are breaking the laws of the federal government. Currently we see this happening all over the nation. The feds are not going to do anything about this yet, but I would like to remind the Mayor and City Council members of what they swore to do when they took office ---

--- to faithfully and impartially perform and discharge the duties of the office of the City of Stanwood according to the law **to the best of their ability which includes Federal laws.**

When you swear to uphold the laws of the United State of America, you PROMISED to uphold the Federal laws. You signed your signature to this Oath. You are outwardly blatantly breaking the Federal laws just because of personal gain and because other States are doing it.

DO THE RIGHT THING and change your minds by keeping your vow.

Bruce R. Kitting
7229 286th PL NW
Stanwood, WA 98292-8141

Erica Schorn

From: pbn3yellow <pbn3yellow@gmail.com>
Sent: Monday, April 23, 2018 12:51 PM
To: Erica Schorn
Subject: No pot in Stanwood

To whom it may concern. I am a law abiding citizen and have seen first hand the effects of marijuana in my son and how it was a beginning to the other drugs he used to numb the pain and sadness in his life. It even came to be a suicide attempt with the hopeless it brings. It is only good for a pleasures moment and then when the buzz dies off reality hits. Life is hard enough without drugs. So as a tax payer and community evolved citizen I SAY NO TO THE POT SHOP AND ALSO TO THE RUMORS OF A TATOO PARLOR! I will be voting also for the opened positions on the ballot in 2019 so I hope we can count on you to defend us correctly. I want a Wonderful Life here for our kids and NOT a Pottersville!
Thank you very much

Barbara Mazzio

Sent via the Samsung Galaxy S7 edge, an AT&T 4G LTE smartphone

Erica Schorn

From: Dawn <markdawncera@gmail.com>
Sent: Tuesday, April 24, 2018 1:53 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; Rob Johnson; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; Judith Williams
Subject: No marijuana sales in Stanwood City Limits

Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

I am a homeowner within the city limits of Stanwood.

What is the long-term vision for our city? Mine does not include a marijuana shop, but family gathering places and perhaps a bike trail for healthful living.

It is important that we send the right message, you don't need to get high to get through the day. Marijuana is often a precursor to harder drugs, for those needing a bigger and longer high.

Cannibis/marijuana is sold in Conway, a short ride on Pioneer Highway, and a little further down the frontage road going into Mount Vernon there are many marijuana options, including medical marijuana. People drive farther then that to go to Costco. The area these stores are in is not very appealing.

We can do better in Stanwood by not allowing marijuana sales. We can have a thriving, inviting town where we will feel comfortable walking down the street with our children and grandchildren.

Sincerely,

Dawn, Cerasuolo,
8411 276th Place NW

=====

Talking Points:

No marijuana on Main Street:

The zones deemed acceptable by the City for marijuana retail include many areas frequented by children and youth – downtown shops, the Dairy Queen, the cupcake & ice-cream shop, restaurants, homes, apartments, even

a church with 100's of children and youth present throughout the week. No other small town in Washington allows marijuana retail in their downtown.

Marijuana in Stanwood isn't good for our schools:

There has been an increase in drug-related referrals for high school students testing positive for marijuana following legalization and the expansion of accessible retail marijuana storefronts. According to the National Institutes of Health, one out of every six adolescents who use marijuana will become addicted. Marijuana use, especially among young people is significantly associated with poor learning outcomes, mental illness, reduction in IQ and addiction.

Due diligence not done:

The City has not conducted any due diligence to assess the potential negative impacts to the people of Stanwood. The burden of proof is on the City to demonstrate that the Council's proposal will not be harmful to the citizens of Stanwood.

It isn't worth the risk:

The secondary affects of marijuana could unnecessarily place Stanwood residents and others in danger of bodily harm, increase police enforcement risks and costs and generally create undesirable liability exposure for the city.

Our streets will be less safe:

Fatalities involving drivers testing positive for marijuana have risen dramatically since marijuana has become legal. Drivers who test positive for marijuana are more than twice as likely as other drivers to be involved in motor vehicle crashes. Drivers in accidents need to be transported to hospitals for blood drug tests by our tiny police force, which can leave Stanwood citizens vulnerable.

Marijuana brings more shady characters into town:

There are likely harmful secondary effects associated with marijuana retail sales which include increased invasion of marijuana business facilities for purpose of theft, burglary, and robbery resulting from the cash and marijuana maintained for retail sales. At least eight Washington marijuana retailers have been robbed at gunpoint in the past 6 months, most in the Puget Sound area. With only one police officer often on duty, Stanwood can't afford to bring more crime into the city.

Dawn Cerasuolo

Sent from my iPhone

Erica Schorn

From: Mark Cerasuolo <mcerasuolo@sustainable-rhythm.com>
Sent: Tuesday, April 24, 2018 1:49 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; Rob Johnson; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; Judith Williams
Subject: Ordinance 1456

Dear Ms. Schorn and Ms. Sola,

Please make me a party of record stating my opposition to Marijuana Retail within the City limits of Stanwood (Ordinance 1456).

Please distribute my comments to the City Council, the City Mayor, and the Planning Commissioners.

Dear elected representatives,

As a taxpayer and small business owner in Stanwood, I'm adding my voice to those opposed to marijuana retailing within Stanwood city limits. My opposition is pragmatic more than anything. Drugs are a proven magnet to crime, along with a catalyst in creating substandard outcomes for schoolchildren who are most vulnerable to its effects. Those problems not only degrade our community but further burden our already-strained law enforcement and educational infrastructure.

More important, our kids face enough challenges with our society and culture today. As responsible adults it's supposed to be our job to make things easier instead of harder for them, and when it comes to questions about what best serves their interests exercise maturity, responsibility, good judgment, and common sense. I'd like to think that those four items are standard operating procedures for elected officials as well as parents and citizens. As well as a higher priority for the Council than chasing a bit more business licensing revenue.

Also, if anyone wants to "shop until they drop" for pot there's a convenient place to do that. It's called Mt. Vernon, just up the street. And if I wanted a town celebrating all things cana-cultural I'd live and work there instead.

Thank you for your consideration.

Sincerely,

Mark Cerasuolo
Stanwood, WA
Mark Cerasuolo
360.932.6887 mobile

Erica Schorn

From: Leonard Kelley
Sent: Wednesday, April 25, 2018 7:36 AM
To: Erica Schorn
Subject: Fwd: New Pot Shop in Stanwood

Sent from my iPhone

Begin forwarded message:

From: Michael Schopf <mschopf@remax.net>
Date: April 24, 2018 at 8:32:06 PM PDT
To: Leonard.Kelley@ci.stanwood.wa.us
Subject: New Pot Shop in Stanwood

Dear Mayor Kelley and the City of Stanwood,

I am a resident of Camano Island for the past 8 years now, I moved here from Lake Tahoe where I lived for 16 years. Similar to Stanwood and Camano Island, South Lake Tahoe, CA has a joint Chamber of Commerce combined with Stateline, NV. Both beautiful communities at the south end of Lake Tahoe. The busy end of Lake Tahoe, the end with all the big Casinos. Plenty of bickering about how to run the town, usually over small stuff but mainly arguing the use of TOT (Tahoe Occupancy Tax) dollars which are collected from every hotel, casino resort and lodge, so they would have money to market the destination as a whole. Looking back on it, they were arguing about spending money at the Reno/Tahoe Airport vs billboards on the main highway up from Sacramento. It's been going back and forth for twenty years and I bet if you made a graph of where the money went over the years, it would almost even out. Maybe they are arguing, but at least it was within the local commercial framework and relevant.

That is how America works, small towns filled with entrepreneurs and business owners, belonging to their local chambers and rotary organizations and using the local commercial process to run the community in a manner that is far and equal to all legitimate businesses. We are a land of laws, and I do not want to ever give the impression that I would condone prejudice or favoritism in our community's business arena.

As for the impact and effects on society by the legalization of marijuana, I am sure there is plenty of science behind the decision. I imagine years of data from European countries assisted the acceptance of first Colorado and then Washington state passing the law.

Personally I think legalization takes the drugs off the streets. It brings significant useful tax dollars into the community. If you are worried about your 21 year old having access, consider them going to some strangers house with all kinds of stronger drugs. Houses that might have dangerous criminals around. Marijuana is safe now. It's not hidden behind the school buildings. It's not being dealt in the parking lots of churches. It is right out in the open for those who want to use it legally and responsibly. It is paying back our communities instead of feeding a black market industry that never gives to community.

I welcome any legal business to our community.

Sincerely, Mike Schopf

Erica Schorn

From: Markdawn Cera <markdawncera@gmail.com>
Sent: Wednesday, April 25, 2018 2:37 PM
To: Erica Schorn; Devin M Sola
Cc: Leonard Kelley; Elizabeth Callaghan; Rob Johnson; Timothy Pearce; Conrad Ryer; Larry Sather; Dianne White [BOH]; Judith Williams
Subject: No marijuana sales in the City of Stanwood

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Below is part of the body of a letter originally sent, but my understanding was it may not have been received.

When my children were in high school I remember having a conversation with them and some of their friends and recently graduated college students about marijuana and drinking. It came up that marijuana seems to be pretty harmless. But, the conversation was quickly turned around by many stating that it was always a precursor to harder drugs. They had all known fellow students who innocently started getting high and then needed a bigger high. Right now our state, and the nation, are facing an opioid epidemic. We need to send a message to the youth, and adults, of Stanwood that you don't need to get high to make it through your day. I know that teenagers will not be able to purchase cannabis, but knowing that adults of Stanwood are buying it and using it recreationally, and that it was approved by the city council, tells everyone that getting high is acceptable. It won't stop with marijuana. Addictive behaviors, and yes pot is addictive, should not be sanctioned by our city.

Please vote no to the sale of marijuana/cannabis within the city limits of Stanwood.

Also, without even getting on to the I-5, taking Pioneer Hwy to Conway, you can buy cannabis right there off the rotary. If you go a bit further on the frontage road toward Mt Vernon there are options galore! Medical marijuana and recreational marijuana. People drive further then this to go to Costco, Walmart, or Target. The argument to have it in Stanwood just doesn't hold up.

Finally, we are a family town. We need to have businesses and events that invite families to gather.

Again, please vote no to marijuana sales within the Stanwood City Limits. Thank you for taking time to read this letter.

Dawn Cerasuolo
Homeowner
Youth Leader

Dawn Cerasuolo
markdawncera@gmail.com
8411 276th Place NW
Stanwood, Washington 98292

Erica Schorn

From: Leonard Kelley
Sent: Wednesday, April 25, 2018 11:35 AM
To: Erica Schorn
Subject: FW: I support retail marijuana in Stanwood

Follow Up Flag: Flag for follow up
Flag Status: Flagged

From: Scott Grainger [mailto:segdev@gmail.com]
Sent: Wednesday, April 25, 2018 10:47 AM
To: Dianne White [BOH] <dianne.white@ci.stanwood.wa.us>; Timothy Pearce <Timothy.Pearce@ci.stanwood.wa.us>; Larry Sather <Larry.Sather@ci.stanwood.wa.us>; Leonard Kelley <Leonard.Kelley@ci.stanwood.wa.us>; rob.johnson@ci.stanwood.wa
Subject: I support retail marijuana in Stanwood

I support retail marijuana in the MB1 and MB II zones where they have been proposed. In my opinion any retail marijuana location should be as close to the **police station** as possible to help alleviate a lot of the fears some citizens have. This would be satisfied by the current proposed locations. We all know 271st west of the historic district is **depressed** based upon the amount of vacancy there, and allowing retail marijuana in Stanwood in the MB1 and MBII zones where proposed is also a good decision.

Erica Schorn

From: Josh Woolman <jandswoolman1997@aol.com>
Sent: Wednesday, April 25, 2018 7:53 PM
To: Erica Schorn
Subject: theMayorandCouncil:@aol.com, leonard.kelley@ci.stanwood.wa.us, elizabeth.callaghan@ci.stanwood.wa.us, rob.johnson@ci.stanwood.wa.us, timothy.pearce@ci.stanwood.wa.us, conrad.ryer@ci.stanwood.wa.us, larry.sather@ci.stanwood.wa.us, dianne.white@ci.stanwo...

Dear Mayor and City Council Members,

I am writing this letter to voice my concerns and opposition to the potential opening of a marijuana shop within the city limits of Stanwood. I have been a resident of Stanwood for 14 years and I have always enjoyed the fact that Stanwood has a small town feel and does not have the questionable enterprises that you see in other cities. I am a Juvenile Detention Officer at Denney Juvenile Justice Center in Everett. I see firsthand everyday what the regular use of cannabis can do to a young person and adults. I would say that from my experience of 15 years of employment at Denney that probably 80-90% of the detainees are regular users of cannabis and many of the parents are as well. I certainly see the direct link between use of marijuana and the use of other licit and illicit substances. Today's weed is much different than that of 20-30 years ago. Many growers have greatly increased the amount of THC in their product to give their customers a greater high and keep them coming back for their product. Pot that is high in THC carries a greater risk of psychiatric problems, including psychosis, addiction and memory impairment. One study, for example, published in the *British Journal of Psychiatry* evaluated cannabis use in 280 people and compared them to a control group of 174 non-cannabis users. The study found that people who experienced their first psychotic episode were more likely to have used a higher THC potency form of the drug. Researchers have found that levels of dopamine are lower in long-term cannabis smokers and those who began using the drug at a younger age. Lower dopamine is linked to less ambition and motivation, depression and a host of other mental health problems. We have seen a rise in homelessness to record levels since the legalizing of cannabis here in Washington. Colorado has seen a significant rise since they legalized marijuana as well. The more access people have to the drug the more use there will be and I do not believe that is good for the individual or a community. Please keep this out of the Stanwood City Limits!!

Sincerely,
Josh Woolman

Erica Schorn

From: Rebecca <RJ58@pm.me>
Sent: Thursday, April 26, 2018 11:57 AM
To: Erica Schorn
Subject: Meeting tonight re: Main Street Pot Shop
Attachments: No2potshop.docx

Hi Erica - Aleph Fackenthall asked me to forward this letter I wrote, hoping someone will be able to read it at tonights meeting as I am not able to attend. Thank you, Becki Brandis

Sent from ProtonMail, encrypted email based in Switzerland.

Thursday, April 26, 2018

Dear Stanwood City Council Members –

I am unable to attend this very important meeting tonight, as I work late afternoon in to early evening. I am hoping that this letter will be read on behalf of my family. We have been long time residence of Stanwood, and have seen many changes throughout the years.

I understand the importance of growth in the community and how diversity and change keeps a city welcoming and vibrant. I am a supporter of small business, as we own and operate a small business outside of the city limits. With that being said, every business has a place.

Downtown Stanwood is a very special place. It has several businesses that welcome people to sit outside and enjoy a meal with their family and friends. Main street is a gathering place for various events throughout the year and is centered on family and community and the closeness that this community emits through their carefully thought out celebrations of heritage and culture.

As I drive through town to run errands, I see so many families taking walks through town, visiting the various shops and enjoying the family friendly atmosphere that this town offers. It is a place where you feel safe to walk, even after dark. There are not many places like this left.

I remember the first bikini barista stand that opened in Stanwood. It didn't last long, and I think it is because of the strong moral value that the people of Stanwood have. We are family oriented and didn't like the stigma attached with such a business. What does that teach our children and grandchildren.

I strongly believe that allowing a marijuana shop to open on the Main Street of Stanwood would be equally degrading. I work in the public sector in Everett. I see what the pot shops in that city attract, and it isn't pretty. I deal with people that have indulged in too much pot use. I have had to call law enforcement to remove them because of their actions towards my elderly and young passengers. I feel this would add a huge burden to Stanwood's law enforcement and I feel that the crime rate would increase.

I just cannot imagine having our Parade, our Car Show, the antique RV show or even eating outside with the aroma of pot wafting through the air of Main Street Stanwood. I hope you seriously consider the impact that this would have and what door you may be opening up for the future of our town.

Please, Please, No Main Street Marijuana Shop.

Respectfully, Scott and Rebecca Brandis

Erica Schorn

From: Marcus Metz <marcusalanmetz@gmail.com>
Sent: Thursday, April 26, 2018 2:56 PM
To: Leonard Kelley; Erica Schorn; Devin M Sola
Subject: Ordinance 1456

To whom it may concern,

Please make me a party of record stating my support for allowing Marijuana Retail stores within the City limits of Stanwood.

Having heard hours of public comments across multiple Planning Commission meetings, I'm quite familiar with the theme of most objections, and would like to address some of them at this time.

Generally I've heard people say "We have the Bud Hut just 3 minutes away and that is enough, we need not have marijuana or a retail marijuana store in our community." I'd like to think that the silliness of this statement would be obvious to most, but apparently it is not. Some then go on to recall statistics or accounts of alleged negative impacts retail marijuana stores have had in other areas. My issues with these statements are as follows:

The Bud Hut IS in our community, because Stanwood and Camano Island are very explicitly the same community - they even share the same school district. The claim that having something 2 minutes outside of the city limits or past the county line is keeping the store or its resulting product out of the Stanwood "community" is asinine. Marijuana itself and marijuana retail stores have existed, do exist, and will continue to exist in our community. As for trying to project the potential anegative impact on our area by citing the statistics and reports of the impact on other areas that have recently allowed marijuana retailers - there's no need to try to project a potential impact - We already know the impact because we live in it every day as we live in a community that has had, currently has, and will continue to have both marijuana itself and marijuana retail stores; and by the grace of god, we maintain a higher standard of living than surrounding areas, and will continue to do so.

Thank you for your time and consideration,

Marcus Metz
Planning Commissioner
9827 270th Pl NW
Stanwood, WA 98292



CITY OF STANWOOD COUNCIL AGENDA STAFF REPORT

ITEM NUMBER: 6c

DATE: April 26, 2018

SUBJECT: Public Works Monthly Report – March 2018

CONTACT PERSON: Lisa Sokolik, Administrative Assistant

ATTACHMENTS: A – March Activity Reports

SUMMARY STATEMENT

The attached information shows tasks and activities associated with operations in the Public Works Department for the month of March 2018. This report includes the following:

- Water production
- Leak repairs
- Wastewater Treatment Plant testing and efficiency
- Work requested and completed in the Parks, Street, Drainage, and Buildings and Grounds divisions
- Volunteer hours
- Waste Management activity



ATTACHMENT A

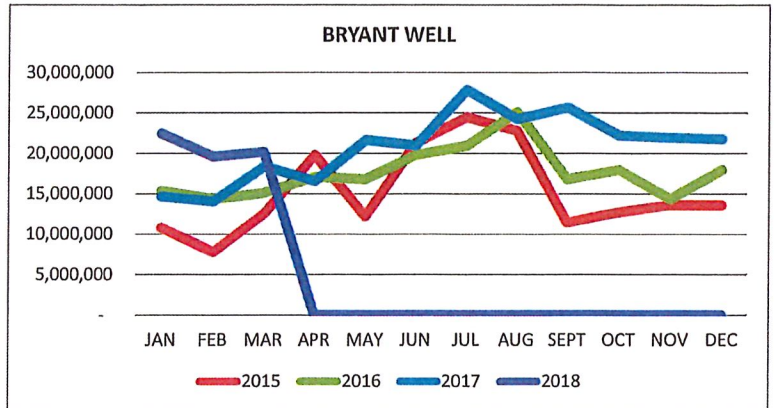
WELL PRODUCTION for 2018

MONTH	BRYANT WELL FIELD TREATMENT PLANT		CEDARHOME WELL				TOTAL PRODUCED	FLUSHES GALLONS	MISC. AUTHORIZED USAGE	UNACCOUNTED FOR WATER in GALLONS	LEAK LOCATIONS	HRS TO FIX	Cedarhome Well Rainfall inches
	RUN TIME HOURS	GALLONS PRODUCTION	RUN TIME HOURS	GALLONS PRODUCTION									
JAN	317	22,466,000	0	-		22,466,000	1,000,000	39,699	-2,271,367				12.4
FEB	296	19,596,000	0			19,596,000	2,000,000	26,031	3,389,419				14.4
MAR	308	20,187,000	101	3,259,000		23,446,000	3,000,000	46,130	-2,417,597	271st St, Florence Rd, 72nd Ave		42	4.95
APR						-			0				
MAY						-			0				
JUN						-			0				
JUL						-			0				
AUG						-			0				
SEP				-		-			0				
OCT				-		-			0				
NOV						-			0				
DEC						-			0				
TOTALS	921	62,249,000	101	3,259,000		65,508,000	6,000,000	111,860	-1,299,544			42	31.75

CITY of STANWOOD - Production Past 4 Years

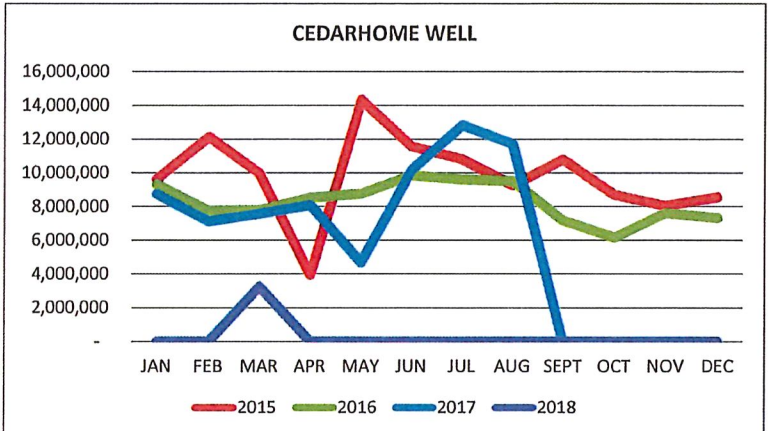
BRYANT WELL

	2015	2016	2017	2018
JAN	10,808,000	15,341,000	14,657,000	22,466,000
FEB	7,806,000	14,366,000	14,054,000	19,596,000
MAR	12,520,000	15,081,000	18,362,000	20,187,000
APR	19,825,000	17,062,000	16,567,000	-
MAY	12,209,000	16,799,000	21,656,000	-
JUN	21,291,000	19,791,000	20,950,000	-
JUL	24,512,000	20,936,000	27,868,000	-
AUG	22,841,000	25,141,000	24,262,000	-
SEPT	11,430,000	16,796,000	25,681,000	-
OCT	12,696,000	17,937,000	22,204,000	-
NOV	13,604,000	14,367,000	21,933,000	-
DEC	13,616,000	17,983,000	21,760,000	-
TOTAL	183,158,000	211,600,000	249,954,000	62,249,000



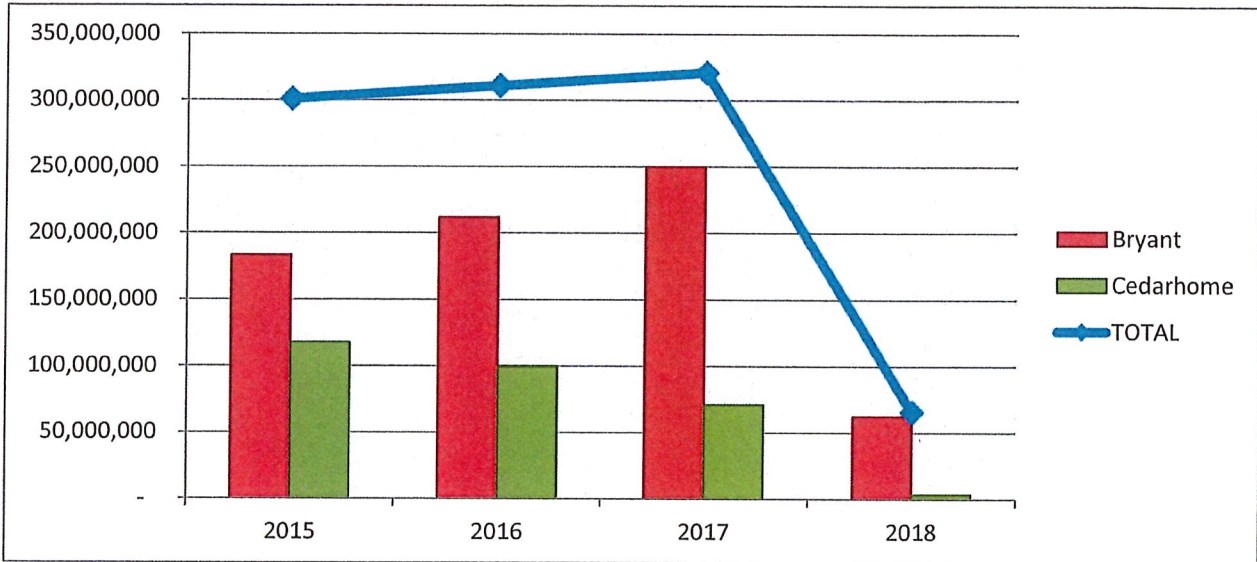
CEDARHOME WELL

	2015	2016	2017	2018
JAN	9,634,000	9,320,000	8,735,000	-
FEB	12,138,000	7,757,000	7,120,000	-
MAR	9,954,000	7,784,000	7,569,000	3,259,000
APR	3,944,000	8,526,000	8,081,000	-
MAY	14,349,000	8,771,000	4,683,000	-
JUN	11,574,000	9,859,000	10,183,000	-
JUL	10,820,000	9,602,000	12,828,000	-
AUG	9,266,000	9,515,000	11,696,000	-
SEPT	10,790,000	7,170,000	-	-
OCT	8,692,000	6,162,000	-	-
NOV	8,046,000	7,610,000	-	-
DEC	8,551,000	7,320,000	-	-
TOTAL	117,758,000	99,396,000	70,895,000	3,259,000

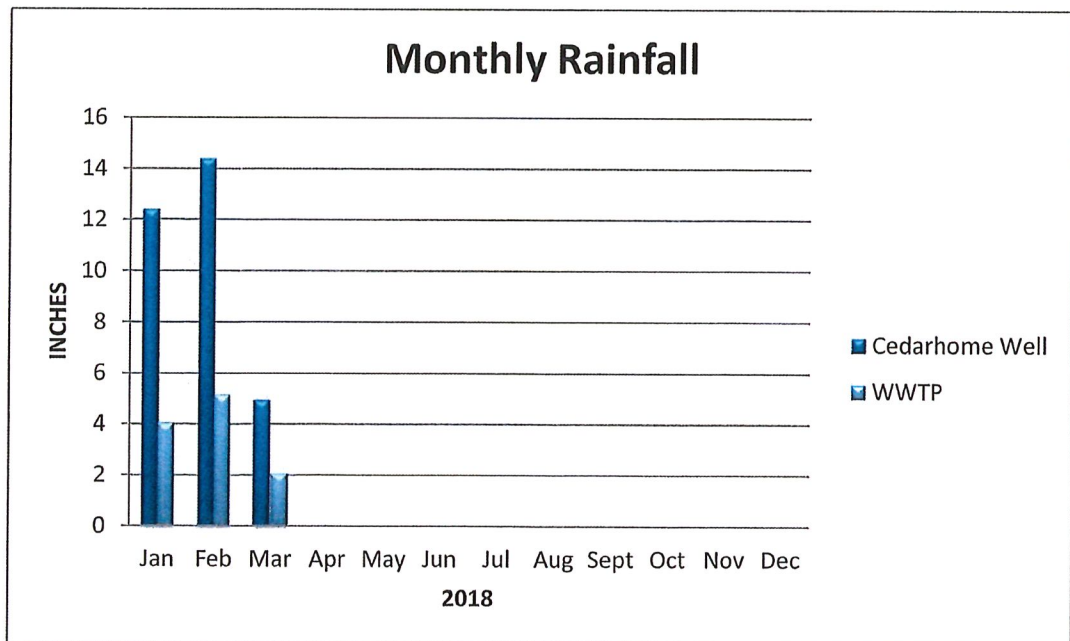


Annual Water Supply Comparison Bryant Well vs. Cedarhome Well

	2015	2016	2017	2018
Bryant	183,158,000	211,600,000	249,954,000	62,249,000
Cedarhome	117,758,000	99,396,000	70,895,000	3,259,000
TOTAL	300,916,000	310,996,000	320,849,000	65,508,000



	<i>Cedarhome Well</i>	<i>WWTP</i>
Jan	12.4	4.04
Feb	14.4	5.16
Mar	4.95	2.05
Apr	0	0
May	0	0
Jun	0	0
Jul	0	0
Aug	0	0
Sept	0	0
Oct	0	0
Nov	0	0
Dec	0	0
TOTAL	31.75	11.25



CITY of STANWOOD
Wastewater Treatment Plant
Operational Report 2017 - 2018

[illegible]

2018 ROW Division - Building & Grounds, Streets, Parks and Drainage

BLDG & GROUNDS: Hours per Facility				
	City Hall	Library	Police & Fire	PW & WWTWP
Jan-17	18	6	10	12
Feb-17	9	2	11	16
Mar-17	15	5	9	14
Apr-17				
May-17				
Jun-17				
Jul-17				
Aug-17				
Sep-17				
Oct-17				
Nov-17				
Dec-17				
TOTAL	42	13	30	42

STREETS: Hours						Special Event Set Up HRS
Citizen Request	SIGNS <i>repair/maint</i>	PAINT <i>crosswalks</i>	POTHOLES	Mow & Weed	BANNERS	
8	31	0	44	34	0	0
2	32	0	7	0	1	1
4	8	6	13	0	4	4
14	71	6	64	34	5	5

PARKS									
	# Citizen Requests	Church Creek RSVPs	Picnic Shelter Fees Collected	Other Facility Rental Fees	Vandalism # times	Mow & Weed HRS	Infield HRS	Field Use Fees Collected	Volunteer Work-In Kind
Jan-17	1	0	\$ -	\$ 52.50	12	0	0	\$ 90.00	\$ -
Feb-17	0	0	\$ -	\$ 25.00	6	0	0	\$ -	\$ -
Mar-17	0	0	\$ 40.00	\$ 52.50	8	0	1	\$ 7,235.00	\$ -
Apr-17									
May-17									
Jun-17									
Jul-17									
Aug-17									
Sep-17									
Oct-17									
Nov-17									
Dec-17									
TOTAL	1	0	\$ 40.00	\$ 130.00	26	0	1	\$ 7,325.00	\$ -

RETENTION PONDS
Maint HRS
0
0
2

2

Total Fees Collected	\$7,495.00
----------------------	------------

DRAINAGE ISSUES			
	Address & Issue	Response	HRS
Jan	Homeless shelter needed to be cleaned up at Irvine Slough		3
Feb-Mar	none		0
TOTAL			3

TOTAL	3
-------	---

[illegible]

2018 Yearly Total				
Total	Total	Total	Total	Bags
Volunteers	Days	Hours	Collected	
43	27	77.5	54	

	1st Quarter Jan-Mar 2018				2nd Quarter Apr-Jun 2018				3rd Quarter Jul-Sept 2018				4th Quarter 2018			
	Total Volunteers	Total Days	Total Hours	Bags Collected	Total Volunteers	Total Days	Total Hours	Bags Collected	Total Volunteers	Total Days	Total Hours	Bags Collected	Total Volunteers	Total Days	Total Hours	Bags Collected
Area 1 Available																
Area 2 Kiwanis Club	0	0	0	0												
Area 3 Porsche Club	12	12	28.5	13												
Area 4 Sundberg Family	4	4	4	5												
Area 5 Pearce Family	6	1	12	6												
Area 6 Available																
Area 7 Angels of America	9	9	15	18												
Area 8 Available																
Area 9 Tidelands Church	12	1	18	12												
	43	27	77.5	54	0	0	0	0	0	0	0	0	0	0	0	0

City of Stanwood: Container Counts - March 2018

Residential

Qty	Service Description
1	RECYCLE BINS RS
91	20 GAL CART MSW
25	1-20 GAL MINI CAN MSW
58	32 GAL CAN MSW EOW
41	32 GAL CAN MSW 1X MO
261	1-32 GAL CAN MSW
48	2-32 GAL CANS MSW
6	3-32 GAL CANS MSW
4	4-32 GAL CANS MSW
6	6-32 GAL CANS MSW
1078	1-96 GAL CART YDW
13	2-96 GAL CARTS YDW
765	1-35 GAL CART MSW
401	1-64 GAL CART MSW
2	2-64 GAL CARTS MSW
94	1-96 GAL CART MSW
348	1-35 GAL CART RCY
257	1-64 GAL CART RCY
1173	1-96 GAL CART RCY
4672	

Multifamily

Qty	Service Description
15	64 GAL CART MULTIFAMILY PAPER
1	1-3 YD 1X PER WEEK
2	2-64 GAL CARTS MSW
18	

Roll Off

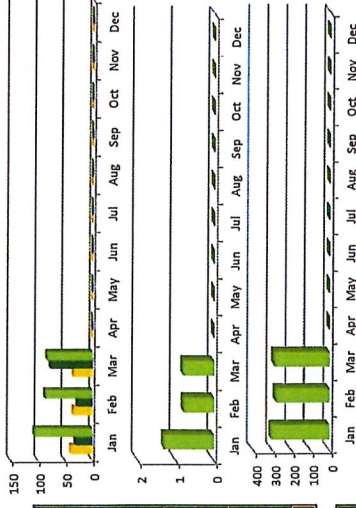
Qty	Service Description
3	20 YD ROLLOFF
1	30 YD RECYCLE TEMPORARY
3	30 YD COMPACTOR
3	30 YD ROLLOFF
1	40 YD RECYCLE TEMPORARY
11	

Commercial

Qty	Service Description
12	64 GAL CART PAPER
2	64 GAL CART TAG
4	64 GAL CART RCY 1X WK
5	96 GAL CART YDW
2	96 GAL CART RCY 1X MO
2	96 GAL CART RCY 1X WK
2	1-96 GAL FOOD WASTE CART 1X WK
1	6 YD OCC 1X WK
19	1-32 GAL CAN MSW
9	1-96 GAL CART MSW
2	1-64 GAL CART SINGLE STREAM RCY
23	1-96 GAL CART SINGLE STREAM RCY
5	1-1 YD SINGLE STREAM RCY
8	1-2 YD SINGLE STREAM RCY
6	1-3 YD SINGLE STREAM RCY
11	1-4 YD SINGLE STREAM RCY
1	1-1.5 YD SINGLE STREAM RCY
3	1-6 YD SINGLE STREAM RCY
2	1-8 YD SINGLE STREAM RCY
1	1 YD RCY EOW
5	1 YD RCY 1X WK
47	1-1 YD 1X PER WEEK
28	1-2 YD 1X PER WEEK
1	1-2 YD 2X PER WEEK
12	1-3 YD 1X PER WEEK
3	1-3 YD 2X PER WEEK
28	1-4 YD 1X PER WEEK
9	1-4 YD 2X PER WEEK
1	1-4 YD 3X PER WEEK
16	1-1.5 YD 1X PER WEEK
5	1-6 YD 1X PER WEEK
4	1-6 YD 2X PER WEEK
5	1-6 YD 3X PER WEEK
2	1-8 YD 1X PER WEEK
1	1-8 YD 2X PER WEEK
2	1-8 YD 3X PER WEEK
4	2-32 GAL CANS MSW
5	2-96 GAL CART SINGLE STREAM RCY
1	2 YD RCY EOW
3	2 YD RCY 1X WK
1	2 YD RCY 2X WK
2	2-2 YD 2X PER WEEK
2	2-3 YD 3X PER WEEK
2	2-4 YD 1X PER WEEK
2	2-6 YD 1X PER WEEK
2	2-6 YD 5X PER WEEK
6	3-32 GAL CANS MSW
3	3-96 GAL CARTS MSW
6	3-96 GAL CART SINGLE STREAM RCY
2	3 YD RCY 1X WK
3	3-6 YD 3X PER WEEK
6	4 YD RCY 1X WK
1	6 YD RCY 1X WK
1	6 YD RCY 2X WK
1	8 YD RCY 3X WK
342	

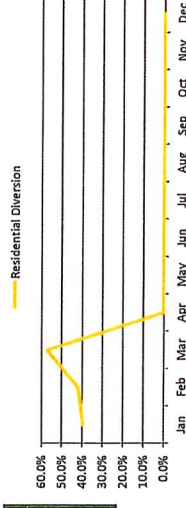
City of Stanwood
Franchise Waste Stream Summary
2018

Waste Stream (Tons Collected)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Residential												
Recycling	38	35	34									107
Organics	31	27	77									135
Solid Waste	107	87	83									227
Total	177	149	194									519
Multifamily												
Solid Waste	1	1	1									3
Total	1	1	1									3
Commercial												
Solid Waste	305	280	290									876
Total	305	280	290									876
Total Waste Stream	483	429	485									1,398



Participation Statistics												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Residential Curbside Recycling												
Average Set-Out %	100.0%	100.0%	100.0%									
Average Lbs. Per Set-out	22	19	19									20
Residential Organics												
Average Set-Out %	100.0%	100.0%	100.0%									
Average Lbs. Per Set-out	15	17	35									22
Residential Solid Waste												
Average Set-Out %	100.0%	100.0%	100.0%									
Average Lbs. Per Set-out	25	25	24									25

Waste Stream Diversions												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Residential												
Recycling	21.8%	23.4%	17.7%									20.7%
Organics	17.6%	18.4%	39.5%									25.0%
Total Diversion	39.4%	41.7%	57.1%									46.7%



Customer Counts												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Residential												
Solid Waste	1,742	1,752	1,761									
Recycling	1,747	1,757	1,767									
Organics	1,031	1,041	1,071									
Multifamily												
Solid Waste	1	1	1									
Solid Waste Roll Off	0	1	1									
Commercial												
Solid Waste	198	199	200									
Solid Waste Roll Off	10	14	9									

City of Stanwood
Recycle Composition
2018

Recycle Composition (tons collected)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year-to-Date
Newspaper	9	7	7										23
Mix Paper	7	5	5										17
OCC	10	10	10										30
Aluminum	0	0	0										1
Glass	8	6	5										19
PET	1	1	1										2
HDPE Natl	0	0	0										0
HDPE Col	0	0	0										0
#3 - 7	0	0	0										1
Plastic Film	0	0	0										0
Tin Cans	1	1	1										2
Scrap Metal	0	0	0										1
Residue	3	4	4										11
Total Recycled Tonnage	38	35	34										107

Tonnages calculated are based on the total percentage of all recyclables brought to the Cascade Recycling Center. The tonnages above are calculated by multiplying the total percentage of recyclables by the total tons of recycling collected in the City of Stanwood.

City of Stanwood
Customer Inquiries
2018

Residential Customers	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year-to-Date
CAD - Complaint about Driver	1	0											1
CID - (non MPU) repeat problem													0
CNT - Container not delivered			1										1
DAM - Damage													0
DCM - Driver Compliment			2										2
FEE - Fee Complaint													0
GLK - Gates and/or Locks													0
INU - Injury													0
LID - Lids not Closed													0
MPC - Misplaced Can													0
MPU - Missed Pickup													0
NCM - Non-Driver Compliment													0
NOC - No communication between WM & Customer													0
RPC - Repeat missed pickup - customer identified			1										1
SEQ - Operating Vehicle Unsafely													0
TOD - Time of Day													0
TIS - Trash in Street, around container													0

Commercial Customers	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year-to-Date
CAD - Complaint about Driver		0											0
CID - (non MPU) repeat problem	1												1
CNT - Container not delivered													0
DAM - Damage													0
DCM - Driver Compliment													0
GLK - Gates and/or Locks													0
INU - Injury													0
LID - Lids not Closed													0
MPC - Misplaced Can													0
MPU - Missed Pickup			1										1
NCM - Non-Driver Compliment													0
NOC - No communication between WM & Customer													0
RPC - Repeat missed pickup - customer identified													0
SEQ - Operating Vehicle Unsafely													0
TOD - Time of Day													0
TIS - Trash in Street, around container													0



CITY OF STANWOOD COUNCIL AGENDA STAFF REPORT

ITEM NUMBER: 10b

DATE: April 23, 2016

SUBJECT: Resolution 2018-09 and 2018-10 RCO Grant Application
Heritage Park

CONTACT PERSON: Ryan C. Larsen, City Administrator

ATTACHMENTS: A – Resolution 2018-09 Washington Wildlife and Recreation
Program (WWRP)
B – Resolution 2018-10 Youth Athletic Facilities (YAF)

ISSUE

The issue in front of the City Council is whether or not to adopt Resolution 2018-09 and 2018-10. The resolution formally acknowledges the city's grant applications request to the Recreation and Conservation Office (RCO) to fund \$850,000 towards the cost of designing, permitting, and construction at Heritage Park.

RECOMMENDATION

1. Review and discuss the proposed resolutions and grant funding request.
2. Adopt Resolution 2018-09 and 2018-10 to submit grant applications to the Washington State Recreation and Conservation Office (RCO) for Heritage Park.

SUMMARY STATEMENT

We have been in the process over the last several months completing a master plan of Heritage Park with our consultant JA Brennan. The reviewing committee includes the PTAC, FOSPAT and have included several of the sports leagues. The master plan was also reviewed by the Planning Commission in March for input into the process. The committee is getting close to having a completed draft that we will take to an open house on May 3rd from 4:00pm to 6:00pm here at City Hall. After the open house we will be able to finalize the master plan. The Planning Commission will also get one last look at the master plan on May 14.

JA Brennen is currently working on finalizing costs of construction for a grant application to the RCO. A draft submittal of our grant application is due on May 1st and then we will be meeting with the RCO the week of May 21st to discuss our proposal. The review with the RCO committee will give the City feedback on the application before the final grant application is due by July 15. The master plan does not need to be one hundred percent

completed in order to submit the grant application(s), the City just needs to identify what the funding will go towards and that we have good construction estimates.

Every two years the RCO oversees the application, review, and award of state grant funds for park and recreation projects. There are several grant programs open for application this year. City staff recommends applying for a Washington Wildlife and Recreation Program (Local Parks) and the Youth Athletic Facilities grant to assist in design and development of Heritage Park. The Washington Wildlife and Recreation Program provides funding for a broad range of land protection and outdoor recreation, including park acquisition and development, habitat conservation, farmland and forestland preservation, and construction of outdoor recreation facilities. The Youth Athletic Facilities grant program provides money to buy land and develop or renovate outdoor athletic facilities such as ball fields, courts, swimming pools, BMX tracks, and skate parks that serve youth

The RCO requires applicants to adopt and submit the authorizing resolution verbatim and include the resolution in the grant application packet. The resolution outlines the city's obligations under the grant agreement including:

1. The Mayor is authorized to make formal application to the Recreation and Conservation Office for grant assistance;
2. Any grant assistance received will be used for direct eligible costs associated with implementation of the project;
3. Matching share of project funding will be derived from city funds, donations, and matching grants from other sources; the city is responsible for supporting all non-cash commitments to this project should they not materialize.
4. Grant assistance, if approved, will be paid directly into an escrow account, or paid on a reimbursement basis, meaning payment requests from the Recreation and Conservation Office will be made after eligible and allowable costs have been incurred and payment remitted to vendors, and that the Recreation and Conservation Office will hold retainage until the project is deemed complete.
5. This resolution becomes part of a formal application to the Recreation and Conservation Office for grant assistance; and
6. The city provided appropriate opportunity for public comment on this application.

FISCAL IMPACT

City staff estimates it will cost approximately \$1,325,000 to finalize design, permit and construct improvements to Heritage Park that will include one ball field with new infield, new outfield with grass, improved dugouts, and drainage, as well as other park amenities like playground equipment, benches, and additional trail.

RCO grant funds are only available in even number years. Grant awards are funded during the state's biennial budget (2019-2020). RCO funding requires a 50% match.

The staff recommendation is to apply for two grants:

Washington Wildlife and Recreation Program (WWRP):	\$500,000
Local Parks	
Youth Athletic Facilities (YAF)	\$350,000
Subtotal Grants	\$850,000
City Match (Local Parks):	\$300,000
City Match (YAF):	<u>\$175,000</u>
Total	<u>\$1,325,000</u>

The funding would be used to design the park, clearing and grading, utilities, permits, one ball field with new infield, new outfield with grass, improved dugouts, and drainage, as well as other park amenities like playground equipment, benches, and additional trails.

The City match will come from potentially REET 1, Park Impact Fees, and/or one time construction dollars from the construction of the Stanwood High School.

COMMITTEE RECOMMENDATION

No committee review for this item.

CITY COUNCIL OPTIONS

1. Authorize the Mayor to sign Resolutions 2018-09 and 2018-10 supporting the City in submitting RCO grant applications for funding of improvements to Heritage Park.

This will allow city staff to submit the grant application to the RCO for review. This action indicates the City Council is prepared to move forward with implementing the master plans for Heritage Park. If the city is awarded funding, there is no obligation to accept the funds unless the City Council is ready to move forward with developing the site.

2. Do not authorize the Mayor to sign Resolutions 2018-09 and 2018-10 supporting the City in submitting RCO grant applications for funding of improvements to Heritage Park.

This indicates the City Council is not prepared to submit the grant application. The RCO grants are only available in even numbered years. The next opportunity to apply for funding through the RCO will be in 2020.

RECOMMENDED MOTION

I MOVE TO ADOPT RESOLUTION 2018-09 AND RESOLUTION 2018-10 TO SUBMIT APPLICATIONS FOR GRANT FUNDING ASSISTANCE FOR WWRP AND YAF AND IN SO DOING, DELEGATE TO AND AUTHORIZE THE MAYOR TO APPLY FOR THE GRANT AND EXECUTE THE GRANT AGREEMENT AND ANY AMENDMENTS THERETO AND CARRY OUT ALL OTHER MEASURES NECESSARY TO QUALIFY

**FOR AND ACCEPT THE GRANT FUNDING THROUGH THE RECREATION AND
CONSERVATION OFFICE GRANT PROGRAM.**

CITY OF STANWOOD
Stanwood, Washington

RESOLUTION 2018-09

**A RESOLUTION OF THE CITY OF STANWOOD, WASHINGTON
ALLOWING CITY STAFF TO APPLY FOR A RECREATION AND
CONSERVATION OFFICE GRANT FOR WASHINGTON WILDLIFE AND
RECREATION PROGRAM (WWRP) FOR LOCAL PARKS**

**Recreation and Conservation Office
Applicant Resolution/Authorization**

Organization Name (sponsor) City of Stanwood

Resolution No. 2018-09

Project(s) Number(s), and Name(s) Heritage Park Revitalization – WWRP Local Parks

WHEREAS, this resolution/authorization authorizes the person identified below (in section 2) to act as the authorized representative/agent on behalf of our organization and to legally bind our organization with respect to the above Project(s) for which we seek grant funding assistance managed through the Recreation and Conservation Office (Office).

WHEREAS, state grant assistance is requested by our organization to aid in financing the cost of the Project(s) referenced above;

NOW, THEREFORE, BE IT RESOLVED that:

1. Our organization has applied for or intends to apply for funding assistance managed by the Office for the above "Project(s)."
2. Mayor Leonard Kelley, and/or his designee is authorized to act as a representative/agent for our organization with full authority to bind the organization regarding all matters related to the Project(s), including but not limited to, full authority to: (1) approve submittal of a grant application to the Office, (2) enter into a project agreement(s) on behalf of our organization, (3) sign any amendments thereto on behalf of our organization, (4) make any decisions and submissions required with respect to the Project(s), and (5) designate a project contact(s) to implement the day-to-day management of the grant(s).
3. Our organization has reviewed the sample project agreement on the Recreation and Conservation Office's WEBSITE at: <https://rco.wa.gov/documents/manuals&forms/SampleProjAgreement.pdf>. We understand and acknowledge that if offered a project agreement to sign in the future, it will contain an indemnification and legal venue stipulation and other terms and conditions substantially in the form contained in the sample project agreement and that such terms and conditions of any signed project agreement shall be legally binding on the sponsor if our representative/agent enters into a project agreement on our behalf. The Office reserves the right to revise the project agreement prior to execution and shall communicate any such revisions with the above authorized representative/agent before execution.
4. Our organization acknowledges and warrants, after conferring with its legal counsel, that its authorized representative/agent has full legal authority to enter into a project agreement(s) on its behalf, that

includes indemnification, and stipulated legal venue for lawsuits and other terms substantially in the form contained in the sample project agreement or as may be revised prior to execution.

5. Grant assistance is contingent on a signed project agreement. Entering into any project agreement with the Office is purely voluntary on our part.
6. Our organization understands that grant policies and requirements vary depending on the grant program applied to, the grant program and source of funding in the project agreement, the characteristics of the project, and the characteristics of our organization.
7. Our organization further understands that *prior to* our authorized representative/agent executing the project agreement(s), the RCO may make revisions to its sample project agreement and that such revisions could include the indemnification, the waiver of sovereign immunity, and the legal venue stipulation. Our organization accepts the legal obligation that we shall, prior to execution of the project agreement(s), confer with our authorized representative/agent as to any revisions to the project agreement from that of the sample project agreement. We also acknowledge and accept that if our authorized representative/agent executes the project agreement(s) with any such revisions, all terms and conditions of the executed project agreement (including but not limited to the indemnification, and the legal venue stipulation) shall be conclusively deemed to be executed with our authorization.
8. Any grant assistance received will be used for only direct eligible and allowable costs that are reasonable and necessary to implement the project(s) referenced above.
9. Our organization acknowledges and warrants, after conferring with its legal counsel, that no additional legal authorization beyond this authorization is required to make the indemnification, and the legal venue stipulation substantially in form shown on the sample project agreement or as may be revised prior to execution legally binding on our organization upon execution by our representative/agent.
10. If match is required for the grant, we understand our organization must certify the availability of match at least one month before funding approval. In addition, our organization understands it is responsible for supporting all non-cash matching share commitments to this project should they not materialize.
11. Our organization acknowledges that if it receives grant funds managed by the Office, the Office will pay us on only a reimbursement basis. We understand reimbursement basis means that we will only request payment from the Office after we incur grant eligible and allowable costs and pay them. The Office may also determine an amount of retainage and hold that amount until the Project is complete.
12. Our organization acknowledges that any property owned by our organization that is developed, renovated, enhanced, or restored with grant assistance must be dedicated for the purpose of the grant in perpetuity unless otherwise allowed by grant program policy, or Office in writing and per the project agreement or an amendment thereto.
13. This resolution/authorization is deemed to be part of the formal grant application to the Office.
14. Our organization warrants and certifies, after conferring with its legal counsel, that this resolution/authorization was properly and lawfully adopted following the requirements of our organization and applicable laws and policies and that our organization has full legal authority to commit our organization to the warranties, certifications, promises and obligations set forth herein.

This application authorization was adopted by our organization during the meeting held at:

Location Stanwood-Camano School District Administration Building Board Room, 26920 Pioneer Highway, Stanwood, WA 98292

Date: April 26, 2018

Signed and approved on behalf of the resolving body of the organization by the following authorized member(s):

Signed _____

Title: Mayor Date _____

Washington State Attorney General's Office

Approved as to form Bruce Tallen 1/19/18
Assistant Attorney General Date

You may reproduce the above language in your own format; text however may not change.

CITY OF STANWOOD
Stanwood, Washington

RESOLUTION 2018-10

**A RESOLUTION OF THE CITY OF STANWOOD, WASHINGTON
ALLOWING CITY STAFF TO APPLY FOR A RECREATION AND
CONSERVATION OFFICE GRANT FOR YOUTH ATHLETIC FACILITIES
(YAF)**

**Recreation and Conservation Office
Applicant Resolution/Authorization**

Organization Name (sponsor) City of Stanwood

Resolution No. 2018-10

Project(s) Number(s), and Name(s) Heritage Park Revitalization – YAF

WHEREAS, this resolution/authorization authorizes the person identified below (in section 2) to act as the authorized representative/agent on behalf of our organization and to legally bind our organization with respect to the above Project(s) for which we seek grant funding assistance managed through the Recreation and Conservation Office (Office).

WHEREAS, state grant assistance is requested by our organization to aid in financing the cost of the Project(s) referenced above;

NOW, THEREFORE, BE IT RESOLVED that:

1. Our organization has applied for or intends to apply for funding assistance managed by the Office for the above "Project(s)."
2. Mayor Leonard Kelley, and/or his designee is authorized to act as a representative/agent for our organization with full authority to bind the organization regarding all matters related to the Project(s), including but not limited to, full authority to: (1) approve submittal of a grant application to the Office, (2) enter into a project agreement(s) on behalf of our organization, (3) sign any amendments thereto on behalf of our organization, (4) make any decisions and submissions required with respect to the Project(s), and (5) designate a project contact(s) to implement the day-to-day management of the grant(s).
3. Our organization has reviewed the sample project agreement on the Recreation and Conservation Office's WEBSITE at: <https://rco.wa.gov/documents/manuals&forms/SampleProjAgreement.pdf>. We understand and acknowledge that if offered a project agreement to sign in the future, it will contain an indemnification and legal venue stipulation and other terms and conditions substantially in the form contained in the sample project agreement and that such terms and conditions of any signed project agreement shall be legally binding on the sponsor if our representative/agent enters into a project agreement on our behalf. The Office reserves the right to revise the project agreement prior to execution and shall communicate any such revisions with the above authorized representative/agent before execution.
4. Our organization acknowledges and warrants, after conferring with its legal counsel, that its authorized representative/agent has full legal authority to enter into a project agreement(s) on its behalf, that

includes indemnification, and stipulated legal venue for lawsuits and other terms substantially in the form contained in the sample project agreement or as may be revised prior to execution.

5. Grant assistance is contingent on a signed project agreement. Entering into any project agreement with the Office is purely voluntary on our part.
6. Our organization understands that grant policies and requirements vary depending on the grant program applied to, the grant program and source of funding in the project agreement, the characteristics of the project, and the characteristics of our organization.
7. Our organization further understands that *prior to* our authorized representative/agent executing the project agreement(s), the RCO may make revisions to its sample project agreement and that such revisions could include the indemnification, the waiver of sovereign immunity, and the legal venue stipulation. Our organization accepts the legal obligation that we shall, prior to execution of the project agreement(s), confer with our authorized representative/agent as to any revisions to the project agreement from that of the sample project agreement. We also acknowledge and accept that if our authorized representative/agent executes the project agreement(s) with any such revisions, all terms and conditions of the executed project agreement (including but not limited to the indemnification, and the legal venue stipulation) shall be conclusively deemed to be executed with our authorization.
8. Any grant assistance received will be used for only direct eligible and allowable costs that are reasonable and necessary to implement the project(s) referenced above.
9. Our organization acknowledges and warrants, after conferring with its legal counsel, that no additional legal authorization beyond this authorization is required to make the indemnification, and the legal venue stipulation substantially in form shown on the sample project agreement or as may be revised prior to execution legally binding on our organization upon execution by our representative/agent.
10. If match is required for the grant, we understand our organization must certify the availability of match at least one month before funding approval. In addition, our organization understands it is responsible for supporting all non-cash matching share commitments to this project should they not materialize.
11. Our organization acknowledges that if it receives grant funds managed by the Office, the Office will pay us on only a reimbursement basis. We understand reimbursement basis means that we will only request payment from the Office after we incur grant eligible and allowable costs and pay them. The Office may also determine an amount of retainage and hold that amount until the Project is complete.
12. Our organization acknowledges that any property owned by our organization that is developed, renovated, enhanced, or restored with grant assistance must be dedicated for the purpose of the grant in perpetuity unless otherwise allowed by grant program policy, or Office in writing and per the project agreement or an amendment thereto.
13. This resolution/authorization is deemed to be part of the formal grant application to the Office.
14. Our organization warrants and certifies, after conferring with its legal counsel, that this resolution/authorization was properly and lawfully adopted following the requirements of our organization and applicable laws and policies and that our organization has full legal authority to commit our organization to the warranties, certifications, promises and obligations set forth herein.

This application authorization was adopted by our organization during the meeting held at:

Location Stanwood-Camano School District Administration Building Board Room, 26920 Pioneer Highway, Stanwood, WA 98292

Date: April 26, 2018

Signed and approved on behalf of the resolving body of the organization by the following authorized member(s):

Signed _____

Title: Mayor Date _____

Washington State Attorney General's Office

Approved as to form Bruce Tallen 1/19/18
Assistant Attorney General Date

You may reproduce the above language in your own format; text however may not change.